

Application for a Permit to Use Ground Water



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900
 www.wrd.state.or.us

SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME <i>Austin L. Hinkle</i>		PHONE (HM) <i>541-479-4734</i>	
PHONE (WK) <i>N/A</i>	CELL <i>541-450-8341</i>	FAX <i>N/A</i>	
ADDRESS <i>9582 Lower River Rd.</i>			
CITY <i>Grants Pass</i>	STATE <i>OR</i>	ZIP <i>97526</i>	E-MAIL* <i>Austin.Hinkle@gmail.com</i>

Organization Information

NAME		PHONE	FAX
ADDRESS			CELL
CITY	STATE	ZIP	E-MAIL*

Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT / BUSINESS NAME		PHONE	FAX
ADDRESS			CELL
CITY	STATE	ZIP	E-MAIL*

Note: Attach multiple copies as needed

* By providing an e-mail address, consent is given to receive all correspondence from the department electronically. (paper copies of the final order documents will also be mailed.)

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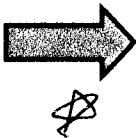
By my signature below I confirm that I understand:

- I am asking to use water specifically as described in this application.
- Evaluation of this application will be based on information provided in the application.
- I cannot use water legally until the Water Resources Department issues a permit.
- Oregon law requires that a permit be issued before beginning construction of any proposed well, unless the use is exempt. Acceptance of this application does not guarantee a permit will be issued.
- If I get a permit, I must not waste water.
- If development of the water use is not according to the terms of the permit, the permit can be cancelled.
- The water use must be compatible with local comprehensive land-use plans.
- Even if the Department issues a permit, I may have to stop using water to allow senior water-right holders to get water to which they are entitled.

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I (we) affirm that the information contained in this application is true and accurate.



<i>[Signature]</i> Applicant Signature	<i>Austin Hinkle</i> Print Name and title if applicable	<i>8-30-16</i> Date
_____ Applicant Signature	_____ Print Name and title if applicable	_____ Date

For Department Use		
App. No. <i>G-18387</i>	Permit No. _____	Date _____

SECTION 2: PROPERTY OWNERSHIP

Please indicate if you own all the lands associated with the project from which the water is to be diverted, conveyed, and used.

- Yes
 - There are no encumbrances.
 - This land is encumbered by easements, rights of way, roads or other encumbrances.
- No
 - I have a recorded easement or written authorization permitting access.
 - I do not currently have written authorization or easement permitting access.
 - Written authorization or an easement is not necessary, because the only affected lands I do not own are state-owned submersible lands, and this application is for irrigation and/or domestic use only (ORS 274.040).
 - Water is to be diverted, conveyed, and/or used only on federal lands.

List the names and mailing addresses of all affected landowners (*attach additional sheets if necessary*).

You must provide the legal description of: 1. The property from which the water is to be diverted, 2. Any property crossed by the proposed ditch, canal or other work, and 3. Any property on which the water is to be used as depicted on the map.

SECTION 3: WELL DEVELOPMENT

WELL NO.	NAME OF NEAREST SURFACE WATER	IF LESS THAN 1 MILE:	
		DISTANCE TO NEAREST SURFACE WATER	ELEVATION CHANGE BETWEEN NEAREST SURFACE WATER AND WELL HEAD
JOSE 12934	Paso Creek	3913	80'

Please provide any information for your existing or proposed well(s) that you believe may be helpful in evaluating your application. For existing wells, describe any previous alteration(s) or repair(s) not documented in the attached well log or other materials (*attach additional sheets if necessary*).

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.766)

JUN 22 1987

County Permit # 1457

3656W-600

JOSE
12934

(1) OWNER:

Name BILL & CAROL BALL Well Number 2858
 Address 9582 Lower River Rd
 City GRANTS PASS State OR Zip 97526

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 105 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	24	Cement	0	24	9 1/2 SACKS
6"	24	105				CEMENT

How was seal placed: Method A B C D E

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					✓				✓			
	6"	0	27 1/2	250								

Final location of shoe(s) 27 1/2

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian
 Yield gal/min 30 Drawdown 95' Drill stem at 105' Time (1 hr)

Temperature of water 56' Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Josephine Latitude _____ Longitude _____
 Township 36 N or S Range 6 E or W W.M.
 Section 6 SE 1/4 SW 1/4
 Tax Lot 2105 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:

10 ft. below land surface. Date 6-11-87
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 45'

From	To	Estimated Flow Rate	SWL
45	50	5	10
50	65	5	10
65	85	5	10
85	105	15	10

(12) WELL LOG:

Material	From	To	SWL
BROWN CLAY & GRANIT	0	15	
HARD DARK GRAY CLAY	15	25	
HARD Decomposed GRANIT	25	105	10'

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Date started 6-11-87 Completed 6-11-87

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number _____
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 20
 Signed Charles J. Shetter Date 6-22-87

Q-10387

SECTION 3: WELL DEVELOPMENT, CONTINUED

Total maximum rate requested: _____ (each well will be evaluated at the maximum rate unless you indicate well-specific rates and annual volumes in the table below).

The table below must be completed for each source to be evaluated or the application will be returned. If this is an existing well, the information may be found on the applicable well log. (If a well log is available, please submit it in addition to completing the table.) If this is a proposed well, or well-modification, consider consulting with a licensed well driller, geologist, or certified water right examiner to obtain the necessary information.

OWNER'S WELL NAME OR NO.	PROPOSED	EXISTING	WELL ID (WELL TAG) NO.* OR WELL LOG ID**	FLOWING ARTESIAN	CASING DIAMETER	CASING INTERVALS (IN FEET)	PERFORATED OR SCREENED INTERVALS (IN FEET)	SEAL INTERVALS (IN FEET)	MOST RECENT STATIC WATER LEVEL & DATE (IN FEET)	PROPOSED USE			
										SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE-FEET)
JOSE 12934	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	6" 11	+1-27 1/2	to	0-24	10'	hard decomposed granite	105	30	1
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>					6-17-87	RECEIVED BY OWRD			
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>						SEP 19 2016			
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>						SALEM, OR			
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									

* Licensed drillers are required to attach a Department-supplied Well Tag, with a unique Well ID or Well Tag Number to all new or newly altered wells. Landowners can request a Well ID for existing wells that do not have one. The Well ID is intended to serve as a unique identification number for each well.
 ** A well log ID (e.g. MARI 1234) is assigned by the Department to each log in the agency's well log database. A separate well log is required for each subsequent alteration of the well.
 *** Source aquifer examples: Troutdale Formation, gravel and sand, alluvium, basalt, bedrock, etc.

G-18107

SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
nursery	year round	1

Exempt Uses: Please note that 15,000 gallons per day for single or group **domestic** purposes and 5,000 gallons per day for a single **industrial or commercial** purpose are exempt from permitting requirements.

For irrigation use only:

Please indicate the number of primary and supplemental acres to be irrigated (*must match map*).

Primary: ~~1.8~~^{2.5} Acres Supplemental: _____ Acres (*includes greenhouses*)

List the Permit or Certificate number of the underlying primary water right(s): _____

Indicate the maximum total number of acre-feet you expect to use in an irrigation season: 1

- If the use is **municipal or quasi-municipal**, attach **Form M**
- If the use is **domestic**, indicate the number of households: _____
- If the use is **mining**, describe what is being mined and the method(s) of extraction: _____

SECTION 5: WATER MANAGEMENT

A. Diversion and Conveyance

What equipment will you use to pump water from your well(s)?

- Pump (give horsepower and type): submersible and unknown Hp.
- Other means (describe): _____

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water. PVC or polypipe above ground.

B. Application Method

What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler)

Plants will be watered via drip systems and or hand watering -

C. Conservation

Please describe why the amount of water requested is needed and measures you propose to: prevent waste; measure the amount of water diverted; prevent damage to aquatic life and riparian habitat; prevent the discharge of contaminated water to a surface stream; prevent adverse impact to public uses of affected surface waters.

NA no stream close by
NA a meter will be placed on system

SECTION 6: STORAGE OF GROUND WATER IN A RESERVOIR

If you would like to store ground water in a reservoir, complete this section (*if more than one reservoir, reproduce this section for each reservoir*).

NA water for about 5 gallons per plant every 2-3 days. all year plant numbers will vary depending on time of year.

Reservoir name: _____ Acreage inundated by reservoir: _____

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Use(s): _____

Volume of Reservoir (acre-feet): _____ Dam height (feet, if excavated, write "zero"): _____

Note: If the dam height is greater than or equal to 10.0' above land surface AND the reservoir will store 9.2 acre feet or more, engineered plans and specifications must be approved prior to storage of water.

SECTION 7: USE OF STORED GROUND WATER FROM THE RESERVOIR

If you would like to use stored ground water from the reservoir, complete this section (*if more than one reservoir, reproduce this section for each reservoir*).

Annual volume (acre-feet): _____

USE OF STORED GROUND WATER	PERIOD OF USE

SECTION 8: PROJECT SCHEDULE

Date construction will begin: 10 1 2016

Date construction will be completed: 10 1 2021

Date beneficial water use will begin: _____ when permit issued

SECTION 9: WITHIN A DISTRICT

Check here if the point of diversion or place of use are located within or served by an irrigation or other water district.

Irrigation District Name	Address	
City	State	Zip

SECTION 10: REMARKS

Use this space to clarify any information you have provided in the application (*attach additional sheets if necessary*).

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WR

Date _____

(For staff use only)



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- SECTION 1: _____
- SECTION 2: _____
- SECTION 3: _____
- SECTION 4: _____
- SECTION 5: _____
- SECTION 6: _____
- SECTION 7: _____
- SECTION 8: _____
- SECTION 9: _____
- Land Use Information Form _____
- Provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map.
- Fees _____

MAP

- Permanent quality and drawn in ink
- Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
- North Directional Symbol
- Township, Range, Section, Quarter/Quarter, Tax Lots
- Reference corner on map
- Location of each well, and/or dam if applicable, by reference to a recognized public land survey corner (distances north/south and east/west). Each well must be identified by a unique name and/or number.
- Indicate the area of use by Quarter/Quarter and tax lot clearly identified
- Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery
- Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use)
- Other _____

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GALEWROB



After recording return to:
Austin L. Hinkle
9582 Lower River Road
Grants Pass, OR 97526

Until a change is requested all tax statements shall be sent to the following address:
Austin L. Hinkle
9582 Lower River Road
Grants Pass, OR 97526

File No.: 7151-1752654 (RAC)
Date: August 23, 2011

THIS SPACE RESERVED FOR RECORDER'S USE

JOSEPHINE COUNTY OFFICIAL RECORDS
ART HARVEY, COUNTY CLERK 2011-011730
DED-WRD 10/11/2011 03:20 PM
Cnt=1 Pgs=2 Stn=3 TMORRIS Total:\$49.00
\$10.00 \$11.00 \$15.00 \$8.00 \$5.00



I, Art Harvey, County Clerk, certify that the within document was received and duly recorded in the official records of Josephine County.

AS

STATUTORY WARRANTY DEED

Robert B. Hedges and Roxanne Hedges, Grantor, conveys and warrants to **Austin L. Hinkle**, a single man, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

LEGAL DESCRIPTION: Real property in the County of Josephine, State of Oregon, described as follows:

BEGINNING AT THE POINT ON THE EAST LINE OF THE SOUTHWEST QUARTER OF SECTION 6, TOWNSHIP 36 SOUTH, RANGE 6 WEST, OF THE WILLAMETTE MERIDIAN, JOSEPHINE COUNTY, OREGON, 1140 FEET NORTH OF THE SOUTHEAST CORNER OF SAID SOUTHWEST QUARTER; THENCE NORTH ALONG THE EAST LINE OF SAID SOUTHWEST QUARTER 225 FEET; THENCE WEST AND PARALLEL WITH THE NORTH LINE OF SAID SOUTHWEST QUARTER 960 FEET, MORE OR LESS, TO THE EAST RIGHT OF WAY LINE OF LOWER RIVER ROAD; THENCE SOUTHERLY ALONG THE EAST RIGHT OF WAY LINE OF SAID ROAD 230 FEET, MORE OR LESS, TO A POINT WEST OF THE POINT OF BEGINNING; THENCE EAST AND PARALLEL WITH THE NORTH LINE OF SAID SOUTHWEST QUARTER 980 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.

NOTE: This legal description was created prior to January 1, 2008.

Subject to:

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$195,000.00**. (Here comply with requirements of ORS 93.030)

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2

APN: R317704

Statutory Warranty Deed
- continued

File No.: 7151-1752654 (RAC)

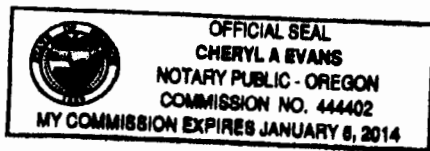
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, OF CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, OF CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009.

Dated this 10 day of October, 2011.
Robert B. Hedges by Guy B. Young
Attorney in Fact
Robert B. Hedges by Guy B. Young as
Attorney In Fact

Roxanne Hedges by Guy B. Young
Attorney in Fact
Roxanne Hedges by Guy B. Young as
Attorney In Fact

STATE OF Oregon)
)ss.
County of Josephine)

On this 10 day of October, 2011 personally appeared **Guy B. Young**, who being duly sworn (or affirmed), did say that he/she is the attorney in fact for **Robert B. Hedges and Roxanne Hedges**, and that he/she executed the foregoing instrument by authority of and in behalf of said principal; and he/she acknowledge said instrument to be the act and deed of said principal.



Cheryl A. Evans
Notary Public for Oregon
My commission expires:

Land Use Information Form



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900
 www.wrd.state.or.us

\$125

Applicant: Austin Hinkle
First Last
 Mailing Address: 9582 Lower River Rd.
Grants Pass OR 97526 Daytime Phone: 541-479-4734
City State Zip

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
36S	6W	6	SESW 00 NESH	2105	RURAL RESID. RR-5	<input checked="" type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	nursery
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

Josephine

B. Description of Proposed Use

Type of application to be filed with the Water Resources Department:

- Permit to Use or Store Water
 Water Right Transfer
 Permit Amendment or Ground Water Registration Modification
 Limited Water Use License
 Allocation of Conserved Water
 Exchange of Water

Source of water: Reservoir/Pond Ground Water Surface Water (name) _____

Estimated quantity of water needed: 1 cubic feet per second gallons per minute acre-feet

Intended use of water: Irrigation Commercial Industrial Domestic for _____ household(s)
 Municipal Quasi-Municipal Instream Other nursery

Briefly describe:

Growing Recreational Cannabis outdoors, in greenhouses and indoors.

Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department. See bottom of Page 3. →

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For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): RLDC Section 61.020 – Rural Residential Zones
- Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	RECEIVED BY OWRD	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	SEP 19 2016	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	SALEM, OR	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

Production only (an outright use) – no processing, wholesaling, retailing, laboratory or research activities. All structures (including temporary structures, fences over 7 feet, greenhouses, shipping containers and hoop covers) require DEVELOPMENT PERMITS; proposed structures located within flood hazard areas must also meet current flood regulations.

Name: Nora Schwartz

Title: Planner

Signature: *Nora Schwartz*

Phone: 541-474-5417 Date: 8-31-16

Government Entity: Josephine County

Note to local government representative: Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.

Receipt for Request for Land Use Information

Applicant name: *Austin Hinkle*

City or County: *Josephine*

Staff contact: *N. Schwartz (NORA SCHWARTZ)*

Signature: *Nora Schwartz*

Phone: *541-474-5417* Date: *8-31-16*

Property Information



North Latitude
42 27 56.5

West Longitude
123 27 25.0

MAP NUMBER	36060600002105
OWNER NAME	HINKLE, AUSTIN L
SITUS	9582 LOWER RIVER RD
OWNER ADDRESS	9582 LOWER RIVER RD
CITY	GRANTS PASS
STATE	OR
ZIP	97526
ZONE	RR5
ACRES	4.75
PROPERTY FLAGS	Granitic Soils, Slopes > 15%
IMPROVEMENTS	ENCLOSED PORCH CONCRETE FLAT WORK DECK FIR MAIN.AREA (4 BEDROOMS) DECK FIR ASPHALT POOL SPA MEDIUM ROOF COVER SHAKE BASEMENT, UNFINISHED BASEMENT, PER CLASS

Josephine County Planning
700 NW Dimmick Street
Suite C
Grants Pass, OR 97526

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Minimum Requirements Checklist

Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.615)

Include this checklist with the application

Check that each of the following items is included. The application will be returned if all required items are not included. If you have questions, please call the Water Rights Customer Service Group at (503) 986-0900.

- SECTION 1: applicant information and signature
- SECTION 2: property ownership
- SECTION 3: well development
- SECTION 4: water use
- SECTION 5: water management
- SECTION 6: storage of groundwater in a reservoir
- SECTION 7: use of stored groundwater from the reservoir
- SECTION 8: project schedule
- SECTION 9: within a district
- SECTION 10: remarks

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Attachments:

- Land Use Information Form with approval and signature (*must be an original*) or signed receipt
- Provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map. Example: A copy of the deed, land sales contract or title insurance policy.
- Fees - Amount enclosed: \$ 1900
See the Department's Fee Schedule at www.oregon.gov/owrd or call (503) 986-0900.

Provide a map and check that each of the following items is included:

- Permanent quality and drawn in ink
- Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
- North Directional Symbol
- Township, Range, Section, Quarter/Quarter, Tax Lots
- Reference corner on map
- Location of each well, and/or dam if applicable, by reference to a recognized public land survey corner (distances north/south and east/west). Each well must be identified by a unique name and/or number.
- Indicate the area of use by Quarter/Quarter and tax lot clearly identified
- Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery
- Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use)
- Other _____