

# 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 SAM HEATH		PHONE (HM) 541 862 8029	
PHONE (WK) 541 862 8029	CELL	FAX	
ADDRESS 248 Cheslock Rd			
CITY GRANTS PASS	STATE OR	ZIP 97527	E-MAIL* MIR900FFFYY@CHARTER.NET

### Organization Information

NAME MOUNTAIN TOP CROP		PHONE 541 862 8029	FAX SAME
ADDRESS 17338 Redwood HWY			CELL
CITY SELMA	STATE OR	ZIP 97538	E-MAIL* SAHEATH24@charter.net

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

AGENT / BUSINESS NAME ALLENE HEATH		PHONE 541 862 8029	FAX None
ADDRESS 248 CHESLOCK Rd			CELL 530-520-3840
CITY GRANTS PASS	STATE OR	ZIP 97527	E-MAIL* twentybird52@charter.net

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.

Applicant Signature

Print Name and title if applicable

Date

Applicant Signature

Print Name and title if applicable

Date

For Department Use

App. No. G-18445

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*).

there is none

**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
205E 56633	Anderson Cr	1441	~40'

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*).

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62-10448

SEP 08 2005

STATE OF OREGON  
 WATER SUPPLY WELL REPORT  
 (as required by ORS 537.765)

WATER RESOURCES DEPT  
 SALEM, OREGON

WELL I.D. # L 77411

START CARD # 177542

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number LOT #7  
 Name JOHN WEST  
 Address P O BOX 1249  
 City MERLIN State OR Zip 97532

(2) TYPE OF WORK  New Well  
 Deepening  Alteration (repair/recondition)  Abandonment  Conversion

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Other \_\_\_\_\_

(4) PROPOSED USE  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION Special Construction:  Yes  No  
 Depth of Completed Well 280 ft.  
 Explosives used:  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10	0	40	BENTONITE	0	40	18 SACKS
6	40	280				

How was seal placed: Method  A  B  C  D  E  
 Other POURED  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+2	98	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4	0	280	.160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) 98

(7) PERFORATIONS/SCREENS Method SAWN

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
260	280	1/4X6	60	4	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
3.5		260	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 (legal description)  
 County JOSEPHINE  
 Tax Lot 500 Lot \_\_\_\_\_  
 Township 37 S Range 8 W WM  
 Section 35 SE 1/4 NE 1/4  
 Lat \_\_\_\_\_ or \_\_\_\_\_ (degrees or decimal)  
 Long \_\_\_\_\_ or \_\_\_\_\_ (degrees or decimal)  
 Street Address of Well (or nearest address) HIDDEN CRK RD WELL #7

(10) STATIC WATER LEVEL  
133 ft. below land surface. Date 8-19-05  
 \_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES  
 Depth at which water was first found 127

From	To	Estimated Flow Rate	SWL
127	181	3.5	133

(12) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To	SWL
BROWN CLAY (UNC)	0	33	
BLUE SHALE WITH CLAY LAYERS (CON)	33	91	
BLACK SHALE (CON)	91	280	133

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Date Started 8-18-05 Completed 8-19-05

(unbonded) Water Well Constructor Certification  
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number 1659 Date 8-19-05  
 Signed Steven Carter

(bonded) Water Well Constructor Certification  
 I accept responsibility for the construction, deepening, 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 675 Date 8-19-05  
 Signed Bob Quinn

G-19445

2-18945

**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 56633	<input type="checkbox"/>	<input checked="" type="checkbox"/>	77411	<input type="checkbox"/>	6"	12-98	260-280	0-40	133	Black Shale	280	3.5 gpm	0.3
	<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"/>									
	<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"/>									
	<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.

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**SECTION 4: WATER USE**

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
	<del>One to two thousand gallons per day</del>	
	<del>Less than 5000 gallon per day</del>	
	<del>we are exempt</del>	
Nursery	year round	21

**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: 3.3 Acres Supplemental:      Acres (*includes greenhouses + indoor room*)

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: 0.3

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- 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:     

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**SECTION 5: WATER MANAGEMENT**

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**A. Diversion and Conveyance**

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

Pump (give horsepower and type): 1 HP Submersible

Other means (describe):     

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*A* Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water.     

**B. Application Method**

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

drip

*well to storage tank to drip system*

**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.

300 outdoor plants 5 gallons per plant 3 times a week and 200 indoor plants 1 gallon per plant 3 times a week times 12 months

**SECTION 6: STORAGE OF GROUND WATER IN A RESERVOIR**

*on drip to prevent waste*

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*).

Reservoir name: None Acreage inundated by reservoir: None

Use(s): \_\_\_\_\_

Volume of Reservoir (acre-feet): None Dam height (feet, if excavated, write "zero"): None

*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): None

USE OF STORED GROUND WATER	PERIOD OF USE

**SECTION 8: PROJECT SCHEDULE**

Date construction will begin: 4/17/17 *All ready done*

Date construction will be completed: 4/17/23

Date beneficial water use will begin: 4/12/17 *when permit is issued*

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**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 <u>none</u>	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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# 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

Applicant:  Sam A Heath  
First Last

Mailing Address: 248 Cheslock Rd  
Grants Pass Oregon 97527 Daytime Phone: 541-862-8029  
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	¼¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
37	08	35	NESW	60900		<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Nursery
			SESW			<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:

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## B. Description of Proposed Use

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

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: 3     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 cannabis outdoor grow and indoor grow

**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. →

## 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): \_\_\_\_\_.

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:	
LAND USE PERMITS AS APPLICABLE	SECTION 62.024 A&B RLDC	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Being Pursued <b>PER APPLICANT</b> <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
	RECEIVED BY OWRD	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	JAN 26 2017	<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

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.

<p><b>SEE ATTACHED</b></p>	<p><b>Josephine County Planning</b> 700 NW Dimmick Street Suite C Grants Pass, OR 97526</p>	<p><b>RECEIVED BY OWRD</b></p> <p>DEC 19 2016</p> <p>SALEM, OR</p>
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Name: MELISSA OLDER, OFFICE MANAGER  
 Signature: Melissa Older Phone: 541-474-5418  
 Government Entity: JOSEPHINE COUNTY DATE: 01/23/17

**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: \_\_\_\_\_  
 City or County: \_\_\_\_\_ Staff contact: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_



**01/23/2017 OWRD LUCS attachment for Sam Heath – 17338 Redwood Highway/37-08-35,  
TL 900**

**In Residential Zones**

Farm uses shall not cause or result in significant adverse impacts for residential and institutional uses authorized in the residential zones. **IMPORTANT NOTE: ALTHOUGH COMMERCIAL AGRICULTURE IS PERMITTED AS OF THE SIGNING OF THIS DOCUMENT, PENDING RULES – IF APPROVED – COULD DISALLOW SUCH USE.**

All structures (including greenhouses & shipping containers) require development permits and must meet setbacks.

Fences over 7 feet in height are structures and must meet setbacks. Development and Building Safety permits are required. Other types of fences have different restrictions.

Any use within a riparian corridor will be subject to Site Plan Review.

Any use in a wetland will be subject to clearance by the Oregon Department of State Lands.

Proposed structures located in flood hazard areas require permits and must meet current flood regulations.

Farm uses shall not cause or result in significant adverse impacts for residential and institutional uses authorized in the residential zones.

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



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Property Information



North Latitude  
42 18 17.0

West Longitude  
123 36 51.4

MAP NUMBER	3708350000900
OWNER NAME	HEATH, SAM A
SITUS	17338 REDWOOD HWY
OWNER ADDRESS	248 CHESLOCK RD
CITY	GRANTS PASS
STATE	OR
ZIP	97527
ZONE	RR5
ACRES	48
PROPERTY FLAGS	Slopes > 15%
IMPROVEMENTS	MOBILE DOUBLE WIDE DECK FIR ROOF COVER COMP SHINGLE MH DBL WIDE SKIRTING MOBILE DOUBLE WIDE GARAGE DETACHED MH DBL WIDE SKIRTING DECK FIR ROOF COVER COMP SHINGLE

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

Recording Requested By:

Sam A. Heath  
248 Cheslock Road  
Grants Pass OR 97527

When Recorded Mail To:

Sam A. Heath  
248 Cheslock Road  
Grants Pass OR 97527

Mail Tax Statements To:

Sam A. Heath  
248 Cheslock Road  
Grants Pass, OR 97527

PACTD<sup>6</sup> 10278

JOSEPHINE COUNTY OFFICIAL RECORDS  
TRISHA MYERS, COUNTY CLERK 2016-010612

DED-WRD 08/15/2016 01:55 PM  
Cnt=1 Pgs=6 Stn=37 SDICKINS  
\$30.00 \$11.00 \$20.00 \$10.00 \$5.00 Total:\$76.00



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

(This Space for Recorder's Use)

**WARRANTY DEED**

John West and Westlands Contracting, Inc., an Oregon corporation, hereinafter referred to as "Grantor", conveys and warrants unto Sam A. Heath all that real property situated in Josephine County, State of Oregon and described as:

See Exhibit "One" attached.

Grantor covenants that it is the owner of the above- described property free of all encumbrances except: See Exhibit "Two" attached.

The true and actual consideration for this transfer is \$199,000.00.

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, 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, CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009.

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DAVIS, HEARN  
SALADOFF & BRIDGES  
A Professional Corporation  
515 EAST MAIN STREET  
ASHLAND, OREGON 97520  
(541) 482-3111 FAX (541) 488-4455  
www.davishearn.com

Warranty Deed -1-

G-18945

This Deed is signed by authority of the Board of Directors of Grantor this \_\_\_ day of October, 2010.

Westlands Contracting, Inc.

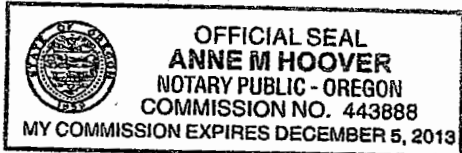
By: \_\_\_\_\_

John W. West, President

John W. West, in his personal capacity

STATE OF OREGON )  
 ) §  
COUNTY OF JOSEPHINE )

On the 1<sup>st</sup> day of ~~October~~ Nov, 2010, personally appeared John W. West, the President of Grantor corporation, and in his personal capacity, first being sworn, stated that this Deed was voluntarily signed and sealed on behalf of said corporation by authority of its Board of Directors. Before me:



Anne M Hoover  
Notary Public for Oregon  
My Commission Expires: 12/5/2013

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SALEM, OR

DAVIS, HEARN  
SALADOFF & BRIDGES  
A Professional Corporation  
515 EAST MAIN STREET  
ASHLAND, OREGON 97520  
(541) 482-3111 FAX (541) 488-4456  
www.davishearn.com

Warranty Deed -2-

G-18445

3

**PRELIMINARY REPORT**  
(Continued)

Order No.: 470310006802-TTJA26

**EXHIBIT "ONE"**

Parcel "A"  
Parcel 1 of Partition Plat No. 2003-051, Josephine County, Oregon.

Parcel "B":  
Beginning at the Northeast corner of the Northwest Quarter of Section 2, Township 38 South, Range 8 West of the Willamette Meridian, Josephine County, Oregon; thence West along the North line of said Northwest Quarter, 495.68 feet to the Northwest corner of a parcel of land described in Volume 221, Page 267, Josephine County Deed Records; thence South along the West line of said parcel, 219.70 feet to the Northwest corner of a parcel of land described in Volume 21, Page 435, Josephine County Miscellaneous Records; thence East along the North line of said tract described in Volume 21, Page 435, Josephine County Miscellaneous Records, 495.68 feet to the East line of said Northwest Quarter; thence North 219.70 feet to the true point of beginning.

Parcel "C":  
A parcel of land lying in the Northwest Quarter of the Northeast Quarter of Section 2, Township 38 South, Range 8 West of the Willamette Meridian, Josephine County, Oregon and being a portion of that property described in that deed to the State of Oregon, by and through its State Highway Commission, in Volume 77, Page 330, Josephine County Deed Records, said point being that portion of said property lying North of the Easterly extension of the of the South boundary of that property described in the contract to Ernestine Ann Cunningham, ET AL in Volume 331, Page 378, Josephine County Deed Records.

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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 - *no*
- SECTION 7: use of stored groundwater from the reservoir - *no*
- 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: \$ \_\_\_\_\_  
See the Department's Fee Schedule at [www.oregon.gov/owrd](http://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) *OK*
- Other \_\_\_\_\_

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# Oregon

Kate Brown, Governor

## Water Resources Department

North Mall Office Building  
725 Summer St NE, Suite A  
Salem, OR 97301  
Phone (503) 986-0900  
Fax (503) 986-0904  
www.wrd.state.or.us

December 21, 2016

Sam Heath  
248 Cheslock Rd.  
Grants Pass, OR 97527

Dear Sam Heath:

The Water Resources Department has received your application for a permit to use groundwater. At this time, however, we are unable to accept your application because the minimum filing requirements have not been met according to the Oregon Administrative Rules (OAR 690-310-0040 and 0050).

We are therefore returning the incomplete application and fees. You may resubmit the application with the additional required information and fees noted on the enclosed checklist(s).

Should you have any questions, please contact Water Right Customer Service at 503-986-0801.

Sincerely,

Jerry Sauter  
Water Rights Program Analyst

Cc: OWRD Fiscal

*This review is based only on the completeness of your application(s). Any determination of water availability, compliance with basin plan rules, or any other water related issues has not been made. Fees may change.*

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per Terri  
on 12/15/16  
\$1900.00  
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Thank You

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# Application Completeness Checklist

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

- For a GW Application: Well Development Tables completed and/or a well log report included (if existing)
- Proposed water use
  - Amount of water from *each* source in GPM, CFS, or AF
  - Period of use indicated
  - If for supplemental irrigation, primary acreage or underlying permit or certificate number listed (*Primary and Supplemental Irrigation counts as 2 uses*)
- A completed **Land-Use Form** or receipt signed and dated by the appropriate planning department officials. *Please be certain that the Land-Use form lists all lands involved and all uses proposed. Date of signature must be within the past 12 months.*
- A **Legal Description** of all the properties involved where water is diverted, crossed, and used. The Legal description includes a metes and bounds or other government survey description. A copy of the deed, land sales contract or title insurance policy can provide this information, or applicant may submit a lot book report prepared by a title company. Copies of tax bills are not acceptable.
- The proposed source **IS / IS NOT** (circle one) restricted or withdrawn from further appropriation. *NOTE: If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.*
- The **map** must meet all the minimum requirements of OAR 690-310-0050.
  - Place of use, ¼-¼'s and tax lot clearly identified
  - Even map scale not less than 4" = 1 mile (1"= 1320 ft.); examples: 1" = 100 ft., 1" = 200 ft.
  - Location of *each* diversion point, well or dam by reference to a recognized public land survey corner. Multiple wells shall be uniquely labeled, and identified on well logs if existing.
  - Reference corner on map
  - Number of acres per ¼-¼ if for irrigation, nursery, or agriculture

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