

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 Bruce Parker		PHONE (HM) 541 415 0410	
PHONE (WK)	CELL	FAX	
ADDRESS PO Box 136			
CITY Cave Junction	STATE OR	ZIP 97523	E-MAIL* devine@copescrop.com

Organization Information

NAME		PHONE	FAX RECEIVED BY OWRD
ADDRESS		CELL FEB 06 2017	
CITY	STATE	ZIP	E-MAIL*

SALEM, OR

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

AGENT/BUSINESS NAME Valerie Montague (ROA)		PHONE 541 659 0973	FAX
ADDRESS 1000 Applegate Ave		CELL	
CITY Grants Pass	STATE OR	ZIP 97507	E-MAIL* valerie@copescrop.com

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:

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- 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.

SALEM, OR

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

Valerie Montague
Applicant Signature

Valerie Montague
Print Name and title if applicable

8/24/16 Agent **W/ROA**
Date

Applicant Signature

Print Name and title if applicable

Date

For Department Use		
App. No. 6-18452	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.

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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
1	JOSE 6640 unnamed trib to	3451'	~ 80'
2	proposed well unnamed trib to W.F. Illinois		
	same	3798	~ 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*).

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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)
1 bse 0640	☐	☒	L12175D	☐	6"	0-21 1/2		0-18	12/8/10/70		22	12	
2 proposed	☒	☐		☐								(17)	
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐								19	
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									

* 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.

well log had legal description
this was crossed out
and a map was included
WR
Ksmut

need

would accept produced rate

25-1842

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.

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										SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE-FEET)
1 JOSE 10640	☐	☒	2121752	☐	6"	0-21 1/2		0-18	12 8/10/70		22	12	
2 proposed	☒	☐	N/A	☐	6"	20'		18'		Alluvium/Gravel	140	25	
	☐	☐		☐									
	☐	☐		☐								19	
	☐	☐		☐					RECEIVED BY OWRD			total	
	☐	☐		☐					NOV 21 2016			but second well not drilled	
	☐	☐		☐					SALEM, OR			yet so would accept produced rate	

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Revised 2/1/2012

Ground Water/5

well log had legal description wrong
 this was crossed out
 and a map was included

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SECTION 3: WELL DEVELOPMENT, CONTINUED

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										SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE-FEET)
1	USE	☒	2121750	☐	6"	0-21 1/2		0-18	12 8/10/70		22	12	
2	proposed	☒		☐								(17)	
		☐		☐									
		☐		☐								19	
		☐		☐					RECEIVED BY OWRD				
		☐		☐					NOV 23 2016				
		☐		☐					SALEM, OR				
		☐		☐									

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Revised 2/1/2012

Ground Water/5

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WR
Ksmith

total but second well not drilled
yet so would accept produced rate

need

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: 4.9 Acres Supplemental: _____ Acres *The 4.9 acres includes nursery buildings*

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: _____

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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): _____

☐ Other means (describe): _____

well 1

well 2

2hp submers

2hp submers

☒ Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water. *from well to pressure tank to holding tank to handheld hose OR drip irrigation system*

B. Application Method

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

handheld hose or drip irrigation 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. *water use estimated using website formula calculator also actual use at other sites*

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*).

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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: _____

January 2017

Date construction will be completed: _____

April 2017

Date beneficial water use will begin: _____

April 2017

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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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6-18-17

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Land Use

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Information Form

SALEM, OR



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

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Applicant: **Bruce Parker**

AUG 24 2016

Mailing Address: **PO Box 136**
Cave Junction OR
97523

Last
Josephine County
Planning

Daytime Phone: **541 415 0410**

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:
39S	8W	34	SWSW	2000		☒ Diverted	☐ Conveyed	☒ Used	nursery
						☐ Diverted	☐ Conveyed	☐ Used	
						☐ Diverted	☐ Conveyed	☐ Used	
						☐ Diverted	☐ Conveyed	☐ Used	

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

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Josephine

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B. Description of Proposed Use

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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:

licensed recreational marijuana producer

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): Josephine County RLDC Section 65.620.B.5
- ☐ 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:	
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ 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.

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Name: Jeff Page Title: Planner
Signature: [Signature] Phone: 541-474-5420 Date: 9/9/2016
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: _____
City or County: _____ Staff contact: _____
Signature: _____ Phone: _____ Date: _____

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: _____

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SALEM, OR

- ☐ 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 _____

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MAP

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- ☐ 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 _____

SALEM, OR

G-18452

State Permit No. _____

SP-45656-119

JOSE 59737



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

Application for Well ID Number

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Do not complete if the well already has a Well Identification Number.

MAR 28 2016

I. OWNER INFORMATION

SALEM, OR

Current Owner Name (please print):

Bruce Parker

Mailing Address:

3160 Rockydale rd P.O. Box 136

City, State, Zip:

Cave Junction OR 97523

Mail Well ID Tag to:



SAME AS ABOVE



In Care Of (C/O)

Name & Address:

City, State, Zip:

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SALEM, OR

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township:

39

(North / South)

Range:

8

(East / West)

Section:

34

1/4 of the

1/4

Tax Lot (usually last 3-5 numbers of Tax Map #):

2000

County

Josephine

GPS Coordinates:

Street Address of Well, City:

3160 Rockydale rd. Cave Junction

If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring):

domestic

Date Well Constructed (or property built):

1973

Total Well Depth:

90'

Casing Diameter:

6"

Owner at time the well was constructed (if known):

Parker (parents)

Well Log # (if known):

n/a

Other Information:

Flow test at 12 GPM for 4 hours with
a 1/2 hp sub.

SUBMITTED BY (please print):

PHONE:

541-415-0410

EMAIL &/or FAX:

Devin@wopescrop.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

3-28-16

Well Log Number:

JOSE 59737

Well Identification #:

L-121750

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- NO WELL LOG FOUND -

Last Update: 2/2/16

Well I.D. Number/2

NOV 21, 2016

WCC

SALEM, OR

618452

90 OCT 30 PM 3:51

V126 P2930

90-18727

DEED OF PERSONAL REPRESENTATIVE

BRUCE COURTLAND PARKER, the duly appointed, qualified and acting Personal Representative of the estate of JEANNETTE GABRIELLE DONOHO, Deceased, Grantor, conveys to BRUCE COURTLAND PARKER and NICKI D. PARKER, husband and wife, as tenants by the entirety, Grantees, all that real property situated in Josephine County, Oregon, described as:

The Southwest Quarter of the Southwest Quarter
of Section 34, Township 39 South, Range 8 West of
the Willamette Meridian, Josephine County, Oregon;

The true consideration for this conveyance is \$-0-; this conveyance is made pursuant to the Decree of Distribution entered in Probate No. 90-P-0099, Josephine County Circuit Court.

This instrument will 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 approved uses.

DATED this 25 day of October, 1990.

Bruce Courtland Parker
Bruce Courtland Parker
Personal Representative

STATE OF OREGON)
) ss.
County of Josephine)

October 25, 1990

Personally appeared the above named Bruce Courtland Parker, and acknowledged the foregoing instrument to be his voluntary act and deed as Personal Representative aforesaid.

Nancy E. Muterly
Notary Public for Oregon
My Commission Expires: 8/20/93

After Recording return to:

MYRICK, SEAGRAVES, MYRICK, ADAMS & DAVIS
Attorneys at Law
600 N. W. Fifth Street
Grants Pass, Oregon 97526

Until a change is requested,
all tax statements shall be
sent to:

Bruce & Nicki Parker
P.O. Box 136
Cave Junction, Oregon 97523

Deed of Personal Representative

90-18727
State of Oregon,)
County of Josephine,)
I, County Clerk and ex-officio Recorder of)
Conveyances, In and for said County, do here-)
by certify that the within instrument was)
received for record and recorded)
At Page 2932 of Vol. 126)
Book of Records, Josephine County, Oregon)
By George J. Gresham COUNTY CLERK)
Fees 25.00)
Hand Returned ☒ Mailed ☐ Noted ☐

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SALEM, OR

Gr-18452

4 39 08 34 00 2000 00

30310708 6 94 4 5.00
ACCOUNT MA CON 5 35.00

CASE
AREA
NUMBER

OFFICIAL RECORD OF DESCRIPTIONS
OF REAL PROPERTY 4057

JOSEPHINE COUNTY ASSESSOR'S OFFICE

FORMERLY PART OF T.L. NO. _____

LINE NO.	TITLE OWNER'S NAME	TYPE OF INSTRUMENT	DATE OF ENTRY ON THIS CARD	DEED RECORD		ACRES REMAINING
				VOL.	PAGE	
1	Paulin, Bart & Eliane A	WID	JV 10-175	218	151	40.00
2	Donoho, Clifford C. & Jeannette G.	W.D	11-16-66	252	97	
3	Donoho, Jeannette G (Death cert)	NCR	30836 2-4-81			
4	Code Change 3.00 Ac. To Code 4	ORS	54453 3-21-88			
5	30310708	PE REP				
6	PARKER, BRUCE COURTLAND & NICKI D		12-04-90	126	2930	
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SCANNED
MAR 30 2006

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SALEM, OR

G-18452

**LIMITED POWER OF ATTORNEY
FOR LAND-USE AND DEVELOPMENT PERMITS**

I (We), Bruce & Nicki Parker, own real property in Josephine County. The address is: 3160 & 3200 Rockyside Rd Cape Jet on and the Assessor's legal description is: T 39S R 8W, Sec 34-, Tax Lot # 2000.

This power of attorney authorizes Valerie Montague to act as my agent regarding all land use and development actions relating to the property described above. As my agent, this person is fully empowered to sign all required applications, permits and other documents required or requested, and to appear, negotiate and testify on my behalf in any hearing or administrative process, in connection with such actions. I agree to be unconditionally bound by the acts of my agent and to perform any and all conditions or other requirements resulting from approvals or permits. This power of attorney shall remain in effect until I tender to the Planning Director written notice of revocation, submitted in person or by certified mail.

Dated this 17 day of March, 2016

Bruce A. Parker
Signature

Nicki D. Parker
Signature

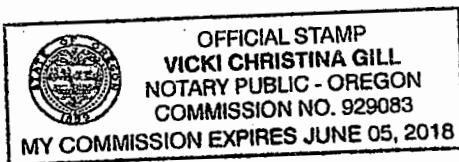
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STATE OF OREGON }
 } ss
County of Josephine }

NOV 21 2016

SALEM, OR

On this 17 day of March, 2016, the above named Bruce and Nicki Parker personally appeared before me, a Notary Public for the State of Oregon, and executed the foregoing *Power of Attorney* freely and voluntarily.



Sieba C. Coill
Notary Public, State of Oregon
My Commission Expires: 06-05-2018

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FEB 06 2017



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

November 30, 2016

Valerie Montague
1000 Applegate Avenue
Grants Pass, OR 97527

Dear Valerie Montague:

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.

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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SALEM, OR

G-18452



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*)
- ☐ Water Management Section (*Estimates if the water system has not been designed*)
- ☐ Wells: Are there two existing and you are requesting to add an additional If so, this should be included on the map. (There is some question about the 20' well listed on the well log, and the additional 90' well on the well ID).
- ☐ Section 3, Page 5: Total maximum rate requested is required.

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SALEM, OR



Oregon Water Resources Department
Apply for a Permit to Appropriate Ground Water and/or Store Ground Water

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Today's Date: Tuesday, February 07, 2017

Base Application Fee for use of Ground, Surface and optionally Stored Water.		\$1,150.00
Number of proposed cubic feet per second (cfs) to be appropriated. (1 cfs = 448.83 gallons per minute)	.5	\$300.00
Number of proposed Use's for the appropriated water. (i.e. Irrigation, Supplemental Irrigation, Pond Maintenance, Industrial, Commercial, etc) *	1	
Number of proposed Ground Water points of appropriation. (i.e. number of wells) (include all injection wells, if applicable) **	2	\$300.00
Number of Acre Feet to be stored in a reservoir/pond from Ground Water.	0	
Number of Acre Feet to be appropriated from reservoir/pond (Only Applies to reservoir/pond constructed under Ground Water Application)	0	
Number of reservoirs.	0	
Permit Recording Fee. ***		\$450.00
* the 1st Water Use is included in the base cost. ** the 1st Ground Water point of appropriation is included in the base cost. *** the Permit Recording Fee is not required when the application is submitted but, must be paid before a permit will be issued. It is fully refundable if a permit is not issued. If the recording fee is not paid prior to issuance of the Final Order, permit issuance will be delayed.	Recalculate	
Estimated cost of Permit Application	✓	\$2,200.00

OWRD Fee Schedule

Fee Calculator Version B20130709

G-18452