

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

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SECTION 1: APPLICANT INFORMATION AND SIGNATURE

MAY 11 2017

Applicant Information

NAME SAUNDRA AND RON MYERS		PHONE (HM) SALEM, OR NO HOME #
PHONE (WK)	CELL 503-367-0727	FAX
ADDRESS 23255 S.E. DOWTY Rd [MAILING: BOX 92]		
CITY EAGLE CREEK	STATE OR	ZIP 97022
E-MAIL* SOLOREN@HOTMAIL.COM Higrade8@hotmail.com		

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.

SALEM, OR

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

Sandra K. Michele Myers
 Applicant Signature Print Name and title if applicable

1-23-17
 Date

Ronald E. Meyers
 Applicant Signature Print Name and title if applicable

1-23-17
 Date

For Department Use

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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
099534	Cleekamas River	1,350 ft	APPR 100 ft ↓

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 1.07 (each well will be evaluated at the maximum rate unless you indicate well-specific rates and annual volumes in the table below). *cf 8*

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)
D99534	<input type="checkbox"/>	<input checked="" type="checkbox"/>	L27753	<input type="checkbox"/>	6	11-205	220-280	16-70 8-16 130-205	135 ft 1/10/99	SOIL - RED CLAY GRAVEL SANDS GRAVEL	275	30	48.399
	<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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Revised 2/1/2012

Ground Water/5

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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)
D99534	<input type="checkbox"/>	<input checked="" type="checkbox"/>	L27753	<input type="checkbox"/>	6	71-205	220-280	16-70 0-16 170-205	135 FE. 4/10/99	TOP SOIL - RED CLAY GRAVEL + BOULDERS Blue sand clay...	275	30	48.399
	<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"/>									

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SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
CROP WATER	1 YR. PLUS see SC	7-8 ACRE-FT PER YR - 0795

7 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: 2 Acres Supplemental: Acres

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:

- If the use is **municipal or quasi-municipal**, attach Form M
 - If the use is **domestic**, indicate the number of households: 1
- If the use is **mining**, describe what is being mined and the method(s) of extraction:

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): 3HP 25 GPM

Other means (describe):

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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

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.

THE SMALL AMT NEEDED IS FOR SUMMER DRY MONTHS. THE DRIP METHOD WOULD ELIMINATE WASTE, THAT WOULD BE NO CONTAMINATED WATER.

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*).

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

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Date construction will begin: 5-01-2017

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Date construction will be completed: 6-01-2017

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Date beneficial water use will begin: 7-01-2017

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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	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).

_____ OWNERSHIP
 WELL INFORMATION
 PLOT PLAN
 LAND INFORMATION
 MAPS OF AREA.
 ARE PROVIDED ON SEPERATE PAPERS INCLUDED.
 B-18514

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: Sandra Ann Ross
First Last

Myers
Last

Mailing Address: Box 92

Eagle Creek
City

OR
State

97022
Zip

Daytime Phone: 503-367-0727

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:
<u>25</u>	<u>4E</u>	<u>31</u>	<u>NW NW</u>	<u>2501</u>		<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Crop water</u>
						<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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<u>Clackamas</u>	<u>MAY 11 2017</u>
	<u>SALEM, OR</u>

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: 0.745 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 Drip

Briefly describe:

<u>NEED TO WATER a 2 acre crop of Cannabis/marijuana outdoor grow box dry Summer months is June-July-Aug-Sept.</u>
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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): _____.

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:	
Type I Marijuana Production Land Use Permit	ZDO Section 841	<input checked="" 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
	MAY 11 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
		<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.

The applicant has received land use approval from Clackamas county for indoor & outdoor recreational marijuana production on the subject property (tax lot 24E31-02501, Address: 23255 SE Dowdy Rd, Eagle Creek, OR 97022). Please see land use permit with file No. 20140-17-MJ.

Name: _____ Title: _____
 Signature: Glen Hamburg, Planner I (503)742-4523 Phone: _____ Date: March 21, 2017
 Government Entity: Clackamas 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: Sandra Myers
 City or County: Clackamas Staff contact: _____

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Until a change is requested,
All Tax statements shall be
Sent to the following Address:

After Recording, Return To:

SAUNDRA KAY MYERS
P.O. BOX 92
EAGLE CREEK, OR 97022

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SAUNDRA KAY MYERS
RONALD L MYERS
P.O. BOX 92
EAGLE CREEK, OR 97022

MAY 11 2017

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The true consideration for this conveyance is \$-1-

Warranty Deed

LORENE K. AICHELE, hereinafter called Grantor, conveys to SAUNDRA KAY MYERS & RONALD L. MYERS, Grantee, all that real property situated in Clackamas County, State of Oregon, described as:

SECTION-31 T.2S R.4E TAX LOT NO. 2 4E 31 2501

and covenants that grantor is the owner of the above described property free of all encumbrances except and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

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 14th day of July, 1998.

X L.A.

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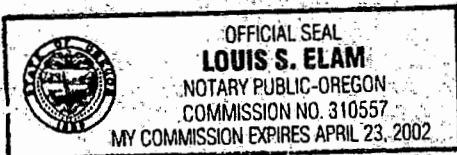
FEB 10 2017

STATE OF OREGON)
) ss.
County of Clackamas)

SALEM, OR

This instrument was acknowledged before me this 14th day of July, 1998 by LORENE K. AICHELE.

Louis S. Elam
Notary Public for Oregon



5-18514

(1) OWNER: Well No. L27753
Name SAUNDRA MYERS
Address 23241 SE DOUTY ROAD
City EAGLE CREEK St OR Zip 97022

(2) TYPE OF WORK: NEW WELL

(3) DRILL METHOD: ROTARY AIR

(4) PROPOSED USE: DOMESTIC

(5) BORE HOLE CONSTRUCTION:
Special Construction Approval NO _____ Depth of Compl. Well 280 ft
Explosives used NO _____ Type _____ Amount _____
HOLE SEAL
Diam. From To Material From To Amount
10 0 70 CEMENT 16 70 38 SACKS
7 5/8 70 205 BENTONITE 0 16 40 SACKS
5 1/2 205 280 CEMENT 180 205 10 SACKS

Seal placement method C & POURED IN
Backfill: from ___ ft to ___ ft Material _____
Gravel: from ___ ft to ___ ft Size _____

(6) CASING/LINER:
Casing
Diam. From To Gauge Material Connection
6 +1 205 .250 STEEL WELDED
Liner
4" PVC 80 280 200LB PLASTIC WELDED

Final Location of shoe(s) 280' 5 1/2" TUBEX

(7) PERFORATIONS/SCREENS:
 Perf. Method SAW
 Screens Type _____ Material _____
Slot Tele/pipe
From To Size Number Diam. Size Casing/liner
220 280 020X9 400 _____ LINER

(8) WELL TESTS: Minimum testing time is 1 hour
Test type AIR
Yield GPM Draw-down Drill stem at Time
30' _____ 270 1 hr.

Temperature of water 51F Depth Artesian Flow Found _____
Was water analysis done? NO By whom _____
Reason for water not suitable for use _____
Depth of strata _____

(9) LOCATION OF WELL by legal description:
County CLACK Lat. ° ' " Long. ° ' "
Township 2 S Range 4 E WM.
Section 31 NW 1/4 NW 1/4
Tax Lot 2501 Lot Block Subdivision
Street Address of Well (or nearest Address)
23241 SE DOUTY ROAD EAGLE CREEK, OR 97022

(10) STATIC WATER LEVEL:
135 ft. below land surface. Date 01/16/99
Artesian pressure _____ lb per square in. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 25
From To Est Flow Rate SWL
25 60 5-10 GPM 25
240 275 30 GPM 135

(12) WELL LOG:
Material Ground elevation From To SWL
TOP SOIL 0 2
RED CLAY 2 16
GRAVEL & BOULDERS 16 60 25
BLUE SAND CLAY 60 180
BLUE CLAY 180 240
BLACK CEMENTED SAND WITH CLAY SEAMS 240 275 135
BLUE CLAY 275 280

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FEB 10 2017 MAY 11 2017
SALEM, OR SALEM, OR
Date started 01/11/99 Completed 01/16/99

(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 water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed _____ WWC Number _____
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed *John D. Williams* WWC Number 616
Date 01/23/99

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FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked _____
Date Hand-Delivered _____
Watermaster Initials _____

W 099534

WRD Receipt _____
Date Fee Received _____

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Check No. _____ RECEIVED BY OWRD

START CARD

FEB 1 0 2017 NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

MAY 11 2017

SALEM, OR

SALEM, OR

This form must be completed and the original copy mailed or delivered to the Water Resources Department, 158 12th St. NE, Salem, OR 97310, for all new well construction, or conversion of an existing hole not previously used to seek water. This original copy must be mailed or delivered no later than the day construction or conversion work begins. A \$75 fee shall accompany the original copy for all new well construction and conversion (make checks payable to the Water Resources Department). Notices meeting the submittal requirements but received without the required fee will not be accepted as properly and timely filed. In addition, the constructor shall provide the "Watermaster Copy" of this notice to the office of the district watermaster within which the well is being constructed, altered, converted or abandoned using one of the following options: (a) by regular mail no later than three (3) calendar days (72 hours) prior to commencement of work; or, (b) by hand delivery, during regular office hours, no later than the day work is commenced; or, (c) by FAX no later than the day work is commenced. If method (c) is used, the original "Watermaster Copy" of this notice shall also be mailed or delivered to the office of the district watermaster no later than the day work is commenced. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

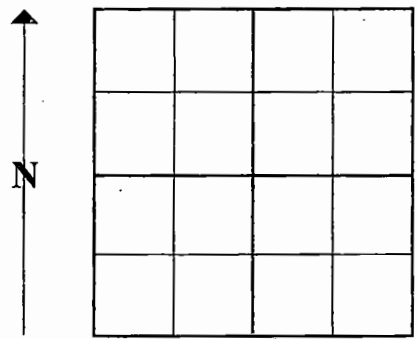
Owner's name and mailing address: Davindra Myers
Home Phone: 23241 SE DOWDY RD.
Work Phone: Eagle Cr OR 97022

Check type of work: Fee Required: New Construction No Fee Required: Alteration (Repair/Recondition)
 Conversion Deepening
Proposed Commencement Date: 1-11-99 Abandonment Original Start Card Number _____

Existing or Proposed Well Depth: 260 Diameter: 6 Original Well I.D. Label Number: _____

Check Use: Domestic Public System (Community) Industrial Irrigation Monitoring
 Thermal Injection Other _____

Proposed Well Location: County _____ Township: 25 Range: 4E Section: 31
North or South East or West



1. NW 1/4 of NW 1/4 of above section.
2. Street Address of well location (or directions if not assigned).
same
3. Tax-lot number of well location: 2501
4. Attach map with location identified. (See reverse for approved maps)
5. Show well location within 1/4, 1/4 of section grid at left.

We hereby certify that we have read the back of this form and that the information provided is accurate to the best of our knowledge.

Owner/Agent _____ Bonded Water/Monitor Well Constructor _____ License No. _____
Date Signed _____ TED PULLMAN WELL DRILLER 1-10-99
Company Date Signed

OWNER PLEASE NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required. The Oregon Health Division requires plans to be submitted and approved prior to construction if the well is to be used as a public system.

ADDITIONAL IMPORTANT INFORMATION ON BACK.

G-18514



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

*ENCLOSED - Corrected forms

February 16, 2017

Sandra and Ron Myers
PO Box 92
Eagle Creek, OR 97022

Dear Mr. and Mrs. Myers:

The Water Resources Department has received your application for a permit to use ground water. 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,

Tamera Smith
Customer Service

Cc: OWRD Fiscal

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SALEM, OR

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.

May 9 2017

Tamera Smith:
WE ARE just now able to re-submit corrected paperwork.
WE ARE IN hopes that WE have now done everything correctly.
AN E-mail is being sent TO you - telling you to expect
this packet.
Thank you so much for the pre-work you did on this,
Sandra and Ron Myers

618514



Application Completeness Checklist

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

- 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*)

- Project schedule (If system is already completed, indicate "existing.")

- 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. (Additional copy returned with packet).*

See Printout:

<input type="checkbox"/> Fees:				
Base Fee	\$ _____	Permit Recording Fees	\$ _____	
1 st CFS or AF	\$ _____			
Addtnl CFS/AF _____	= \$ _____	Mitigation Fee	\$ _____	
Addtnl Use/POD/POA _____	= \$ _____			
Addtnl Reservoir _____	= \$ _____	Amount Paid	\$ _____	
Other _____	= \$ _____	Total Due	\$ _____	
Exam Fee Total	\$ <u>1,900.00</u>	Amount Returned	\$ _____	

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: \$1,900.00
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:

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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 _____

MAY 11 2017

SALEM, OR

618514



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

- [Main](#)
- [Help](#)
- [Return](#)
- [Contact Us](#)

Today's Date: Thursday, February 16, 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)	.07	\$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) **	1	
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		\$1,900.00

OWRD Fee Schedule

Fee Calculator Version B20130709

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