



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1271
(503) 986-0900
www.wrd.state.or.us

Application for Limited Water Use License

License No.: LL-1765

Applicant Information

NAME <u>Weedman Brothers</u>			PHONE (HM) <u>541 442-5888</u>
PHONE (WK) <u>541 565 3491</u>	CELL <u>541 980-0503</u>		FAX
ADDRESS <u>POB 386</u>			
CITY <u>WASCO</u>	STATE <u>OR</u>	ZIP <u>97065</u>	E-MAIL * <u>Weedmanmike@yahoo.com</u>

Agent Information

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

I (We) make application for a Limited License to use or store the following described surface waters or groundwater – not otherwise exempt, or to use stored water of for a use of a short-term or fixed-duration:

- SOURCE(S) OF WATER:** GU Gill 50766 a tributary of Columbia River BASA/TS
- AMOUNT OF WATER** to be diverted;
Maximum and instantaneous rate (cubic feet or gallons per minute): 30 gpm
Total volume (gallons or acre-feet): 8.5. If water is to be used from more than one source, give the quantity from each: NO
- INTENDED USE(S) OF WATER:** (check all that apply)
 - ☐ Road construction or maintenance
 - ☐ General construction
 - ☐ Forestland and rangeland management; or
 - ☒ Other: AGRICULTURE USE AND DOMESTIC
- DESCRIPTION OF PROPOSED PROJECT:** Include a description of the place of use as shown on the accompanying site map, the method of water diversion, the type of equipment to be used (including pump horsepower, if applicable), length and dimensions of supply ditches and pipelines:
Domestic use for two houses and lawn maintenance
Filling SPRAY TRUCKS for application of pesticides and Herbicides
- PROJECT SCHEDULE:** (List day, month, and year)
Date water use will begin: 3-15-19
Date water use will be completed: 10-31-21
Months of the year water would be diverted and used: MARCH 15 through Oct 31
If for other than irrigation from stored water, how and where will water be discharged after use:

Mike Weedman
Applicant Signature

Mike Weedman (Partner) 9-19-18
Print Name and title if applicable Date

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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: WEEDMAN BROS.
First Last

Mailing Address: PO BOX 386

WASCO OR 97065 Daytime Phone: (541) 442-5888
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:
<u>1N</u>	<u>21E</u>	<u>34</u>	<u>NE NE</u>	<u>2100</u>		☒ Diverted	☐ Conveyed	☒ Used	<u>COMMERCIAL</u>
						☐ 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:

Gilliam Co.

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: 8.5 ☐ cubic feet per second ☐ gallons per minute ☒ acre-feet

Intended use of water: ☐ Irrigation ☒ Commercial ☐ Industrial ☒ Domestic for 2 household(s)
☐ Municipal ☐ Quasi-Municipal ☐ Instream ☐ Other _____

Briefly describe:

Domestic use for TWO Houses And lawn maintenance
filling spray trucks for application of pesticides & Herbicides

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

See bottom of Page 3. →

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WR / FS

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:	
		☐ 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: Michelle L. Colby Title: Planning Director
 Signature: Michelle L. Colby Phone: 541-384-2381 Date: 9-19-18
 Government Entity: Gilliam 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: _____

This page to be completed by the local Watermaster.

WATER AVAILABILITY STATEMENT

Name of Applicant: WEEEDMAN BROS. Limited License Number: LL-1765

1. To your knowledge, has the stream or basin that is the source for this application ever been regulated for prior rights?

☒ Yes ☐ No

If yes, please explain:

GW IN THE LOCAL VICINITY IS ANNUALLY REGULATED FOR RATE COMPLIANCE,

2. Based on your observations, would there be water available in the quantity and at the times needed to supply the use proposed by this application?

☐ Yes ☐ No

I WOULD DEFER THIS DETERMINATION TO THE GW SECTION.

3. Do you observe this stream system during regular fieldwork?

☒ Yes ☐ No

If yes, what are your observations for the stream?

FLOW USUALLY STARTS IN DEC-JAN AND IS PRETTY WELL DRIED UP BY MAY-JUNE.

4. If the source is a well and if WRD were to determine that there is the potential for substantial interference with nearby surface water sources, would there still be ground water and surface water available during the time requested and in the amount requested without injury to existing water rights?

DEFER TO GW SECTION ☐ Yes ☐ No ☐ N/A

What would you recommend for conditions on a limited license that may be issued approving this application?

TO INSTALL: A TOTALIZING FLOW METER W/ INSTANTANEOUS READS.
A ~~LOW~~ REAL TIME WATER LEVEL MEASUREMENT DEVICE
W/ DIGITAL READ OUT, TO REPORT WATER LEVELS MONTHLY.

5. Any other recommendations you would like to make?

None

Signature Kenneth C. Thompson Jr. WM District #: 21 Date: 9/19/2018

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

GILL 50766

7/30/2018

WELL I.D. LABEL# L 127283
START CARD # 1039435
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____
First Name _____ Last Name _____
Company WEEDMAN BROTHERS
Address PO BOX 386
City WASCO State OR Zip 97065

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stil Plstc Wld Thrd
Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Material From To Amt sacks/lbs
Seal: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 844.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	300	Bentonite	0	18	15	S
8	300	844			Calculated	12	
			Cement	18	296	203	S
					Calculated	100	

How was seal placed: Method ☒ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED BENTONITE

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stil Plstc Wld Thrd
☒ ☐ ☐ 8 ☒ 2 296 .25 ☒ ☐ ☐ ☐ ☐
Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/	Casing/	Screen			Scrn/slot	Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	pipe size

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
75 _____ 820 _____ 1 _____

Temperature 71 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 145 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County GILLIAM Twp 1.00 N N/S Range 21.00 E E/W WM
Sec 34 NE 1/4 of the NE 1/4 Tax Lot 2100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

68040 HWY 19 ARLINGTON, OR

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 7/27/2018 _____ 494

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 558.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
7/25/2018	558	575	10		494
7/25/2018	662	689	10		494
7/26/2018	740	834	55		494

(11) WELL LOG

Ground Elevation _____

Material	From	To
Soil	0	21
Cemented Gravel	21	87
Brown Clay/Gravel	87	190
Brown Clay	190	207
Red Basalt	207	245
Cemented Gravel	245	264
Yellow Clay	264	285
Black Basalt	285	351
Black Basalt w/Green Claystone	351	370
Black Basalt	370	410
Black w/ Brown Basalt	410	415
Black Basalt	415	535
Soft Black w/Green Claystone	535	558
Soft Black Basalt	558	575
Hard Black Basalt	575	662
Black Basalt w/Green Claystone	662	689
Black Basalt	689	740
Black and Brown Basalt	740	795
Black and Brown Basalt w/ Blue Claystone	795	810

Date Started 7/6/2018 Completed 7/27/2018

(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.

License Number 1963 Date 7/30/2018

Signed JOHN KLINE (E-filed)

(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.

License Number 1881 Date 7/30/2018

Signed GARRY ZOLLMAN (E-filed)

Contact Info (optional) Garry Zollman

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ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

SEP 24 2018

OWRD

LL-1765

**WATER SUPPLY WELL REPORT -
continuation page**

GILL 50766

WELL I.D. LABEL# L127283

START CARD # 1039435

ORIGINAL LOG #

7/30/2018

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								

Material
From
To
Amt
sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
					Calculated		
					Calculated		
					Calculated		
					Calculated		
					Calculated		

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

[illegible]

(7) PERFORATIONS/SCREENS

[illegible]

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Comments/Remarks

[illegible]

CL-1765