

# Application for a Permit to Use Groundwater

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Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
503-986-0900  
www.oregon.gov/OWRD

## SECTION 1: APPLICANT INFORMATION AND SIGNATURE

### Applicant

|  |                    |                              |                                      |
|--|--------------------|------------------------------|--------------------------------------|
| NAME<br><b>CHARLES DICE</b>            |                    | PHONE<br><b>503-436-0146</b> |                                      |
| PHONE (WK)                             | CELL               |                              | FAX                                  |
| ADDRESS<br><b>79387 RAY BROWN ROAD</b> |                    |                              |                                      |
| CITY<br><b>ARCH CAPE</b>               | STATE<br><b>OR</b> | ZIP<br><b>97102</b>          | E-MAIL*<br><u>CADICE@HOTMAIL.COM</u> |

### Organization

|   |                    |                     |         |
|---|--------------------|---------------------|---------|
| NAME<br><b>FALCON-COVE BEACH DOMESTIC WATER SUPPLY DISTRICT</b> |                    | PHONE               | FAX     |
| ADDRESS<br><b>79387 RAY BROWN ROAD</b>                          |                    | CELL                |         |
| CITY<br><b>ARCH CAPE</b>  | STATE<br><b>OR</b> | ZIP<br><b>97102</b> | E-MAIL* |

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

|  |                    |                              |                                      |
|--|--------------------|------------------------------|--------------------------------------|
| AGENT / BUSINESS NAME<br><b>CHARLES DICE</b> |                    | PHONE<br><b>503-436-0146</b> | FAX                                  |
| ADDRESS<br><b>79387 RAY BROWN ROAD</b>       |                    | CELL                         |                                      |
| CITY<br><b>ARCH CAPE</b>                     | STATE<br><b>OR</b> | ZIP<br><b>97102</b>          | E-MAIL*<br><u>CADICE@HOTMAIL.COM</u> |

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 proposed and final order documents will also be mailed.)

### 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.

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

  
Applicant Signature

**CHARLES A. DICE, SECRETARY**  
Print Name and Title if applicable

**11/15/2019**  
Date

Applicant Signature

Print Name and Title if applicable

Date

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Rev. 08-18

For Department Use: App. Number: 6-10905

**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.

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- YES, there are no encumbrances.
- YES, the land is encumbered by easements, rights of way, roads or other encumbrances.
- NO, I have a recorded easement or written authorization permitting access.
- NO, I do not currently have written authorization or easement permitting access.
- NO, 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).
- NO, because water is to be diverted, conveyed, and/or used only on federal lands.

**Affected Landowners:** List the names and mailing addresses of all owners of any lands that are not owned by the applicant and that are crossed by the proposed ditch, canal or other work, even if the applicant has obtained written authorization or an easement from the owner. *(Attach additional sheets if necessary).*

**State of Oregon Parks and Recreation Department**  
725 Summer St. NE, Salem, OR 97301

**Legal Description:** 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.

T4N, R10W, Willamette Meridian  
Sec 31C, TL 41031C000100

**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        | MASON CREEK                   | 650 Ft                            | 26 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: 50 GPM** (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                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | CLAT 55068                               | <input type="checkbox"/> | 6"              |                            | 60   | 115                      | 105.91 bgs<br>08/14/2019                        | Astoria Formation | 173              | 50                       | 20                        |
|                          | <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.

**SECTION 4: SENSITIVE, THREATENED OR ENDANGERED FISH SPECIES PUBLIC INTEREST INFORMATION**

This information must be provided for your application to be accepted as complete. The Water Resources Department will determine whether the proposed use will impair or be detrimental to the public interest with regard to sensitive, threatened or endangered fish species if your proposed groundwater use is determined to have the potential for substantial interference with nearby surface waters.

To answer the following questions, use the map provided in Attachment 3 or the link below to determine whether the proposed point of appropriation (POA) is located in an area where the Upper Columbia, the Lower Columbia, and/or the Statewide public interest rules apply.

For more detailed information, click on the following link and enter the TRSQQ or the Lat/Long of a POA and click on "Submit" to retrieve a report that will show which section, if any, of the rules apply:

[https://apps.wrd.state.or.us/apps/misc/lkp\\_trsqq\\_features/](https://apps.wrd.state.or.us/apps/misc/lkp_trsqq_features/)

If you need help to determine in which area the proposed POA is located, please call the customer service desk at (503) 986-0801.

**Upper Columbia - OAR 690-033-0115 thru -0130**

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Is the well or proposed well located in an area where the Upper Columbia Rules apply?

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Yes  No

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**If yes, you are notified** that the Water Resources Department will consult with numerous federal, state, local and tribal governmental entities so it may determine whether the proposed use is consistent with the "Columbia River Basin Fish and Wildlife Program" adopted by the Northwest Power Planning Council in 1994 for the protection and recovery of listed fish species. The application may be denied, heavily conditioned, or if appropriate, mitigation for impacts may be needed to obtain approval for the proposed use.

**If yes, and if the Department determines that proposed groundwater use has the potential for substantial interference with nearby surface waters:**

- I understand that the permit, if issued, will not allow use during the time period April 15 to September 30, except as provided in OAR 690-033-0140.
- I understand that the Department of Environmental Quality will review my application to determine if the proposed use complies with existing state and federal water quality standards.
- I understand that I will install and maintain water use measurement and recording devices as required by the Water Resources Department, and comply with recording and reporting permit condition requirements.

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**Lower Columbia - OAR 690-033-0220 thru -0230**

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Is the well or proposed well located in an area where the Lower Columbia rules apply?

Yes  No

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**If yes, and the proposed groundwater use is determined to have the potential for substantial interference with nearby surface waters you are notified** that the Water Resources Department will determine, by reviewing recovery plans, the Columbia River Basin Fish and Wildlife Program, and regional restoration programs applicable to threatened or endangered fish species, in coordination with state and federal agencies, as

appropriate, whether the proposed use is detrimental to the protection or recovery of a threatened or endangered fish species and whether the use can be conditioned or mitigated to avoid the detriment.

If a permit is issued, it will likely contain conditions to ensure the water use complies with existing state and federal water quality standards; and water use measurement, recording and reporting required by the Water Resources Department. The application may be denied, or if appropriate, mitigation for impacts may be needed to obtain approval of the proposed use.

**If yes, you will be required to provide the following information, if applicable.**

Yes  No The proposed use is for more than **one** cubic foot per second (448.8 gpm) and is not subject to the requirements of OAR 690, Division 86 (Water Management and Conservation Plans).

If yes, provide a description of the measures to be taken to assure reasonably efficient water use:  
\_\_\_\_\_

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**Statewide - OAR 690-033-0330 thru -0340**

Is the well or proposed well located in an area where the Statewide rules apply?

Yes  No

**If yes, and the proposed groundwater use is determined to have the potential for substantial interference with nearby surface waters you are notified** that the Water Resources Department will determine whether the proposed use will occur in an area where endangered, threatened or sensitive fish species are located. If so, the Water Resources Department, Department of Fish and Wildlife, Department of Environmental Quality, and the Department of Agriculture will recommend conditions required to achieve “no loss of essential habitat of threatened and endangered (T&E) fish species,” or “no net loss of essential habitat of sensitive (S) fish species.” If conditions cannot be identified that meet the standards of no loss of essential T E fish habitat or no net loss of essential S fish habitat, the agencies will recommend denial of the application unless they conclude that the proposed use would not harm the species.

**SECTION 5: WATER USE**

| USE       | PERIOD OF USE | ANNUAL VOLUME (ACRE-FEET) |
|-----------|---------------|---------------------------|
| Municipal | Annual        | 20                        |
|           |               |                           |
|           |               |                           |

**For irrigation use only:**

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

Primary: \_\_\_\_\_Acres                      Supplemental: \_\_\_\_\_Acres

If you listed 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: \_\_\_\_\_

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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: \_\_\_\_\_ (**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 Department Use: App. Number: 6-18905

- If the use is **mining**, describe what is being mined and the method(s) of extraction (*attach additional sheets if necessary*): \_\_\_\_\_

**SECTION 6: WATER MANAGEMENT**

**A. Diversion and Conveyance**

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

- Pump (give horsepower and type): 2.0 HP Centrifugal Submersible
- Other means (describe): \_\_\_\_\_

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water. Well water will be pumped through 4" piping through a meter, chlorinated and delivered to adjacent District reservoirs.

**B. Application Method**

What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler) (*attach additional sheets if necessary*)

Municipal water is delivered to District customers through a network of 4", 6" and 8" pipes.

**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 (*attach additional sheets if necessary*).

Groundwater is metered, treated and delivered to District services. All services are metered and billed for water used. Excess amounts are flagged and contacted.

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**SECTION 7: PROJECT SCHEDULE**

- a) Date construction will begin: 04/2020
- b) Date construction will be completed: 06/2020
- c) Date beneficial water use will begin: 08/2020

**SECTION 8: RESOURCE PROTECTION**

In granting permission to use water the state encourages, and in some instances requires, careful control of activities that may affect adjacent waterway or streamside area. See instruction guide for a list of possible permit requirements from other agencies. Please indicate any of the practices you plan to undertake to protect water resources.

- Water quality will be protected by preventing erosion and run-off of waste or chemical products.  
Describe: N/A

- Excavation or clearing of banks will be kept to a minimum to protect riparian or streamside areas.  
**Note:** If disturbed area is greater than one acre, applicant should contact the Oregon Department of Environmental Quality to determine if a 1200C permit is required.

Describe planned actions and additional permits required for project implementation: LUCS

- Other state and federal permits or contracts required and to be obtained, if a water right permit is granted:  
List: None

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**SECTION 9: WITHIN A DISTRICT**

Check here if the point of appropriation (POA) or place of use (POU) 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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SECTION 2: PROPERTY OWNERSHIP

LEGAL DESCRIPTION:

T4N, R10W, Willamette Meridian  
Sec 31C, TL 41031C000100

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

WELL I.D. LABEL# 132105  
 START CARD # 1041604  
 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. NW  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company Falcon Cove Beach Water District  
 Address 31911 Clatsop Lane  
 City Arch Cape State Or Zip 97102

(2) TYPE OF WORK  New Well  Deepening  Conversion  
 Alteration (complete 2a & 10)  Abandonment (complete 5a)

(2a) PRE-ALTERATION  
 Dia + From To Gauge Stl 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 173 ft.

| BORE HOLE |      |     | SEAL            |      |            | sacks/lbs |
|-----------|------|-----|-----------------|------|------------|-----------|
| Dia       | From | To  | Material        | From | To         | Amt       |
| 10        | 0    | 115 | Bentonite Chips | 0    | 115        | 58        |
| 8         | 115  | 166 |                 |      | Calculated | 47.9      |
| 5.5       | 166  | 173 |                 |      | Calculated | 47.9      |

How was seal placed: Method  A  B  C  D  E  
 Other poured dry  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from 120 ft. to 173 ft. Material silica Size 6/9  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(5a) ABANDONMENT USING UNHYDRATED BENTONITE  
 Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER  
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  

|                                     |                                     |   |                                     |   |     |       |                                     |                                     |                                     |  |
|-------------------------------------|-------------------------------------|---|-------------------------------------|---|-----|-------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 6 | <input checked="" type="checkbox"/> | 1 | 166 | .250  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | 4 | <input type="checkbox"/>            | 1 | 113 | sch40 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |  |

 Shoe  Inside  Outside  Other Location of shoe(s) 166  
 Temp casing  Yes Dia \_\_\_\_\_ From + \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
 Perforations Method machined  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_  

| Perf/S | Casing/Screen | Dia | From | To  | Scrn/slot width | Slot length | # of slots | Tele/ pipe size |
|--------|---------------|-----|------|-----|-----------------|-------------|------------|-----------------|
| Perf   | Casing        | 6   | 151  | 162 | .125            | 6           | 81         |                 |
| Screen | Liner         | 4   | 113  | 173 | .032            |             |            |                 |

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

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 21            |          | 160                   | 4             |

 Temperature 51 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount 210 ppm  

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
|      |    |             |        |       |

(9) LOCATION OF WELL (legal description)  
 County CLATSOP Twp 4 N N/S Range 10 W E/W WM  
 Sec 31 NW 1/4 of the SE 1/4 Tax Lot N/A  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

Cove Beach Road by resevoir (easement on Oswald State Park)

(10) STATIC WATER LEVEL  

| Existing Well / Pre-Alteration Completed Well | Date       | SWL(psi) | + SWL(ft) |
|---|------------|----------|-----------|
|   | 01-02-2019 |          | 141       |

 Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 90

| SWL Date   | From | To  | Est Flow | SWL(psi) | + SWL(ft) |
|------------|------|-----|----------|----------|-----------|
| 01-02-2019 | 90   | 94  | 7        |          |           |
|            | 151  | 162 | 21       |          | 141       |

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

| Material   | From | To  |
|--|------|-----|
| clay, brown w/boulders                           | 0    | 2   |
| clay, orange/brown                               | 2    | 5   |
| clay, brown w/rock                               | 5    | 6   |
| clay, orange/brown                               | 6    | 12  |
| clay, grey, sticky                               | 12   | 18  |
| sandstone, grey, med, soft                       | 18   | 34  |
| sandstone, brown, med                            | 34   | 50  |
| sandstone, grey, soft                            | 50   | 53  |
| sandstone, brown, med                            | 53   | 63  |
| sandstone, grey, med                             | 63   | 76  |
| sandstone, brown/orange                          | 76   | 78  |
| sandstone, grey, med                             | 78   | 91  |
| rock, black w/dark brown sandstone               | 91   | 94  |
| sandstone, grey, med                             | 94   | 151 |
| rock, black/brown, broken w/grey sandstone seams | 151  | 162 |
| clay, grey                                       | 162  | 173 |

Dickerson Well Drilling, Inc.  
 (503)623-2664  
 Date Started 12-27-2018 Completed 01-02-2019

(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 1574 Date 01-30-2019  
 Signed William A. Blair

(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 1571 Date 01-30-2019  
 Signed William A. Blair  
 Contact Info (optional) \_\_\_\_\_

6-18905

## Minimum Requirements Checklist

Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.140)

### 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.

Please submit the original application and signatures to the Water Resources Department. Applicants are encouraged to keep a copy of the completed application.

- SECTION 1: Applicant Information and Signature
- SECTION 2: Property Ownership
- SECTION 3: Well Development
- SECTION 4: Sensitive, Threatened or Endangered Fish Species Public Interest Information
- SECTION 5: Water Use
- SECTION 6: Water Management
- SECTION 7: Project Schedule
- SECTION 8: Resource Protection
- SECTION 9: Within a District
- SECTION 10: Remarks

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#### Include the following additional items:

- Land Use Information Form with approval and signature of local planning department (*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.
- Fees - Amount enclosed: \$ \$2,210  
See the Department's Fee Schedule at [www.oregon.gov/owrd](http://www.oregon.gov/owrd) or call (503) 986-0900.
- Map that includes the following items:

- 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 diversion, by reference to a recognized public land survey corner (distances north/south and east/west)
- Indicate the area of use by Quarter/Quarter and tax lot identified clearly.
- 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)

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Note: In addition to a groundwater application, a standard reservoir application is required to store groundwater in a reservoir. If an applicant proposes to divert water from a reservoir, a surface water application is also required.

# 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

## NOTE TO APPLICANTS

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you. Please be aware that your application will not be approved without land use approval.

**This form is NOT required if:**

- 1) Water is to be diverted, conveyed, and/or used only on federal lands; **OR**
- 2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and **all** of the following apply:
  - a) The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
  - b) The application involves a change in place of use only;
  - c) The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; **and**
  - d) The application involves irrigation water uses only.

## NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for or modifying a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan. Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan. Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.

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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: Falcon Cove Beach Water District.  
First Last

Mailing Address: 31911 Clatsop Lane

Arch Cape OR 97102 Daytime Phone: (503) 436-0146  
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: |
|----------|-------|---------|----------|-----------|---|--|--------------------|
| 4N       | 10W   | 31      | NW or SE | 100       | RM  | <input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used | Well access        |
|          |       |         |          |           |   | <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:

Clatsop County,  
Arch Cape, OR, 97102

## 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: 0.11  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 \_\_\_\_\_

Briefly describe:

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

See bottom of Page 3. →

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### For Local Government Use Only

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

**Please check the appropriate box below and provide the requested information**

Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): SEC. 3.144, LWDDU

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<br>(e.g., plan amendments, rezones, conditional-use permits, etc.) | Cite Most Significant, Applicable Plan Policies & Ordinance Section References | Land-Use Approval:   |  |
|---|--|--|--|
|   |  | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being Pursued<br><input type="checkbox"/> Not Being Pursued |
|   |  | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being Pursued<br><input type="checkbox"/> Not Being Pursued |
|   |  | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being Pursued<br><input type="checkbox"/> Not Being Pursued |
|   |  | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being Pursued<br><input type="checkbox"/> Not Being Pursued |
|   |  | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being Pursued<br><input type="checkbox"/> Not Being Pursued |
|   |  | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being Pursued<br><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.

Name: GAIL HENRIKSON Title: Community Development Dir.

Signature: GAIL HENRIKSON Phone: 503-325-8611 Date: 1-10-20

Government Entity: CLATSOP 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: \_\_\_\_\_

6-18905



**Clatsop County**  
Community Development – Planning

800 Exchange St., Suite 100  
Astoria, OR 97103  
(503) 325-8611 phone  
(503) 338-3606 fax  
www.co.clatsop.or.us

March 21, 2019

Charles Dice  
Falcon Cove Beach Domestic Water Supply District  
31911 Clatsop Lane  
Arch Cape, OR 97102

RE: LUCS FINDINGS FOR A WELL AT THE NORTH RESERVOIR SITE  
T4N, R10W, SECTION 31C, TAX LOT #00100

Dear Mr. Dice:

Below are the written findings required by ORS 215.416(8), supporting the Land Use Compatibility Statement that has been reviewed by Clatsop County staff.

Please let me know if you have any questions or if you require any additional information.

Sincerely,

Gail Henrikson, AICP, CFM  
Community Development Director

**STATE OF OREGON DEPARTMENT OF HUMAN SERVICES  
DRINKING WATER PROGRAM  
LAND USE COMPATIBILITY STATEMENT  
FINDINGS SUPPORTING DECISION OF COMPATIBILITY WITH CLATSOP COUNTY  
COMPREHENSIVE PLAN AND LAND USE REGULATIONS**

**General Information**

**Comprehensive Plan Designation:**

Conservation Other Resources  
Planning Area: Southwest Coastal

**Zoning:**

RM – Recreation Management

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**STAFF FINDINGS:** The RM zone does not specifically authorize uses such as water district . However, Clatsop County would typically consider this as a utility or a utility necessary for public service. Section 2.052(11) of the Clatsop County *Land and Water Development and Use Ordinance #80-14* (LWDUO), lists uses that are exempt from development permits and is discussed in further detail, below.

G-10905

**LAND USE COMPATIBILITY DETERMINATION (Complete either 2 or 3)**

**2. PLANNING AUTHORITY STATEMENT: (To be completed by local planning authority)**

a. I certify that this project has been reviewed for compatibility with:

- 1.  The acknowledged comprehensive plan and land use regulations.
- 2.  Statewide planning goals. The goals apply because:
  - ~ There is no acknowledged plan, or
  - ~ Conditions described in OAR 660-31-025(3) apply.

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b. I find that this project (**circle one**) IS or IS NOT, compatible.  
Attach appropriate land use decision(s) written findings as required in ORS 215.416 (8) or (9) or 227.173 (1) OR (2), or OAR 660-31-025 (2) or (3).

Signed G. Alvarado Title Comm. Dev. Director  
Date 3-21-19

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**3. APPLICANT REQUEST FOR PLAN REVIEW APPROVAL**

I hereby certify that I have applied to the local governments cited in 1.e above for a determination of compatibility with the local acknowledged plan or the statewide planning goals as applicable. I hereby request that the Department issue the plan review approval with the understanding that issuance of said approval is not a finding of compliance with the statewide planning goals or compatibility with the applicable, acknowledged comprehensive plan and land use regulations, but will be conditional, pending the applicant receiving a land use approval from each unit of local government. When signed, such approval shall be forwarded to the Department. I understand that plan review approval for this project will not be effective until and unless the Department of Human Services has received a copy of the land use approval and determined it to be complete and adequate.

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Signed Amber D... Title SECRETARY Date 2/3/2019



# Receipt

This is not a Permit

Clatsop County Community Development  
800 Exchange St Ste 100  
Astoria, OR 97103

Ph. (503) 325 - 8611 Fax (503) 338 - 3606

## For Department Use Only

Permit #: 20190149  
Permit Type: Type I  
Entry Date: 3/21/2019  
Entered By: Gail Henrikson  
Assigned To: Gail Henrikson  
Permit Status: Completed

## Permit Timeline

| User           | Status    | Date       |
|----------------|-----------|------------|
| Gail Henrikson | Entered   | 03/21/2019 |
| Gail Henrikson | Assigned  | 03/21/2019 |
| Gail Henrikson | Completed | 03/21/2019 |

## Proposed Use

Proposed Use: **Agency Sign-off**

Zone: **RM**  
Overlay District: **GHO**

Description: LUCS for drinking water well for Falcon Cove Beach Domestic Water Supply District

## Owner/Project Location

**Owner:** Name: **Oregon Parks and Recreation Dept**  
Address: 725 Summer St #C  
City, State, Zip: Salem, OR 97301

Ph. #: ( ) -  
Cell: ( ) -  
Fax: ( ) -

**Situs Address:** I R S Q S Q S Taxlot  
**City:** State: OREGON 4 10 31 C 0 00100

## Applicant/Agent

**Applicant:** Name: Charles Dice  
Address: 31911 Clatsop Lane  
City, State, Zip: Arch Cape, OR 97102

Ph. #: ( ) -  
Cell: ( ) -  
Fax: ( ) -  
Ph. #: ( ) -  
Cell: ( ) -  
Fax: ( ) -

## Fees

**Fee Type:**  
Planning/Development

**Permit Fee Total:**  
\$57.00  
Total: \$57.00

## Receipt

| <u>Payor Name:</u> | <u>Pymnt Type</u> | <u>Check #</u> | <u>Pymnt Date</u> | <u>Pymnt Amount:</u> |
|--------------------|-------------------|----------------|-------------------|----------------------|
| Charles Dice       | Credit Card       |                | 03/21/2019        | \$57.00              |

**Balance Due:** \$0.00

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## Signatures

1. For Commercial and industrial uses, include parking and loading plan, sign plan and erosion control plan.
2. For residential and other uses, include an erosion control plan.
3. Review attached applicant's statement and sign below.

I have read and understand the attached APPLICANT'S STATEMENT and agree to abide by the terms thereof.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





**Receipt**

**For Department Use Only**

Clatsop County Community Development  
800 Exchange St Ste 100  
Astoria, OR 97103

Permit #: 20190149

Ph. (503) 325 - 8611 Fax (503) 338 - 3606

**Zoning District Requirements**

Property Access Info.

Access to Property:  
County Permit Required?  
State Permit Required?

| Direction | Setbacks |        |
|-----------|----------|--------|
|           | Req.     | Actual |
| F:        |          |        |
| S1:       |          |        |
| S2:       |          |        |
| R:        |          |        |

**Property Information**

**Compliance/Permit Requirements**

**Clatsop County Compliance**

Except as noted, the Clatsop County Community Development Department finds the proposed use(s)/action(s) in compliance with the Clatsop County Land & Water Development and Use Ordinance and with the Clatsop County Comprehensive Plan.

The evaluation of the land parcels outlined above is based on the information presented at this time, standards provided in the Clatsop County Land & Water Development & Use Ordinance, and policies of the Comprehensive plan, and the Zoning/ Comprehensive Plan Map.

The applicant or property owner must comply with the conditions noted below and on the attached applicants statement.  
This permit is not valid unless the conditions are met.

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Entered by: Gail Henrikson  
Entered Date: 03/21/2019

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Clatsop County Authorization: Gail Henrikson

Date: 3-21-19

**STATE OF OREGON  
DEPARTMENT OF HUMAN SERVICES  
DRINKING WATER PROGRAM  
LAND USE COMPATIBILITY STATEMENT**

Certain plan review approvals for drinking water projects have been identified by the Department of Land Conservation and Development as Class B permits affecting land use. The Department of Human Services is therefore required by ORS 197-180, OAR 660-30-065 to - 070, OAR 660-31-010-040, the Department of Human Services state agency coordination program and OAR 333-61-062 to ensure that projects defined in OAR 333-61-062(1) are compatible with city and county comprehensive plans and land use regulations. This form or other acceptable documentation and necessary attachments must accompany each set of project plans to ensure that compatibility.

**1. GENERAL INFORMATION**

- a. Project Title WELL AT NORTH RESERVOIR SITE
- b. Applicant FALCON COVE BEACH DOMESTIC WATER SUPPLY DISTRICT  
Name of Water System
- c. Type of project DRELL A WELL  
Treatment, Transmission, Storage, Distribution, Etc.
- d. Project contact person CHARLES A. NICE  
Engineer, owners, etc., including title  
31911 CLATSOP LANE  
Street Address  
ARCH CAPE, OR 97102  
City, State, Zip Code Phone
- e. The local government entity\* having comprehensive planning authority over the site of the proposed project is:

Agency Name CLATSOP COUNTY COMMUNITY DEVELOPMENT Phone 503-325-8611  
Address 800 EXCHANGE STREET, ASTORIA, OR Zip 97103  
(\*If the proposed project is located within the jurisdiction of more than one planning authority, all entities must certify compatibility.)

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- f. If a statement of compatibility previously has been submitted to the Department to cover a master water system plan, of which this project is a segment, no further information is required. If such a statement has been filed, the date of the submittal was \_\_\_\_\_

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(Continued on the back)



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**Applicant's Statement**

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1. *Pertaining to the subject property described, I hereby declare that I am the legal owner of record, or an agent having the consent of the legal owner of record, and am authorized to make the application for a Development Permit/Action so as to obtain the following permits: Building, Sanitation, U.S. Army Corps of Engineers, Oregon Division of State Lands, Oregon Department of Transportation, Oregon Department of Parks and Recreation, or a Clatsop County Road Approach. I shall obtain any and all necessary permits before I do any of the proposed uses or activities. The statements within this application are true and correct to the best of my knowledge and belief. I understand that if the permit authorized was based on false statements, or it is determined that I have failed to fully comply with all conditions attached to and made a part of this permit, this permit approval is hereby revoked and null and void.*
2. *It is expressly made a condition of this permit that I at all times fully abide by all State, Federal, and local laws, rules, and regulations governing my activities conducted or planned pursuant to this permit.*
3. *As a condition for issuing this Development Permit/Action, the undersigned agrees that he/she will hold Clatsop County harmless from and indemnify the County for any and all liabilities to the undersigned, his/her property or any other person or property, that might arise from any and all claims, damages, actions, causes of action or suits of any kind or nature whatsoever, which might result from the undersign's failure to build, improve or maintain roads which serve as access to the subject property or from the undersign's failure to fully abide by any of the conditions included in or attached to this permit.*
4. **WAIVER OF VESTED RIGHTS DURING APPEAL PERIOD FOR ZONING AUTHORIZATIONS.**  
*I have been advised that this Land and Water Development Permit/Action by the Clatsop County Community Development Director may be appealed within twelve (12) calendar days of the date of permit issuance and authorization (note: if the twelfth day is a Saturday, Sunday or legal holiday, the appeal period lasts until the end of the next day which is not a Saturday, Sunday or legal holiday). I understand that if the approval authorized by the County and referenced above is reversed on appeal, then the authorization granted prior to the end of the appeal period will be null and void. I further understand and consent to the fact that any actions taken by me in reliance upon the authorization granted during the appeal period shall be at my own risk, and that I hereby agree not to attempt to hold Clatsop County responsible for consequences or damages in the event that removal of improvements constructed during the appeal period is ordered because an appeal is sustained.*
5. *I am aware that failure to abide by applicable Clatsop County Land and Water Development and Use Ordinance 80-14, as amended and Standards Document regulations may result in revocation of this permit or enforcement action by the County to resolve a violation and that enforcement action may result in levying of a fine.*
6. *I understand that a change in use, no matter how insignificant, may not be authorized under this permit and may require a new Development Permit/Action (check first, with the Clatsop County Community Development Department).*
7. *I understand that this Development Permit/Action expires 180 days from the date of issuance unless substantial construction or action pursuant to the permit has taken place. Upon expiration, a new development permit must be obtained.*

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**Section 2.052 Exclusions from Development Permit Requirement.**

- 11) The establishment, construction or termination of a public facility or utility that directly serves a limited area of authorized development including such facilities as a private or public, street, sewer, water line, electrical power or gas distribution line, or telephone or television cable system. This activity requires a development permit in special purpose districts and resource zones.

**STAFF FINDINGS:** The subject property is located within a geologic hazard overlay district, which is considered a special purpose district. Therefore a development permit will be required.

Overlay Districts:

**SECTION 4.040 GEOLOGIC HAZARDS OVERLAY DISTRICT (/GHO)**

**Section 4.041 Purpose**

The intent of the geologic hazards overlay is to minimize building hazards and threats to life and property that may be created by landslides, ocean flooding and erosion, weak foundation soils, and other hazards as identified and mapped by the County. This purpose is achieved by basing County decisions on accurate geologic and soils information prepared by qualified professionals.

**Section 4.042 Applicability**

This section applies to all development in the following potentially hazardous areas:

- 1) Areas subject to mass wasting including:  
(A) Active landslides, inactive landslides, landslide topography and mass movement topography identified in the Oregon Department of geology and Mineral Industries (DOGAMI) Bulletins 74 and 79.

\*\*\*

- (4) The determination of whether a property is located in one of the above referenced potentially hazardous areas shall be made at the sole discretion of the Director. The mapping that forms the basis for the identification of the above areas may be generalized in nature. A specific site may not include the characteristics for which it is mapped. In these circumstances, the Director may grant a waiver from the requirements of Section 4.040. The waiver shall be in the form of a written finding. The finding shall be based on a report, from a professional specified in Section 4.044, detailing the basis for the determination that the site does not contain the identified potentially hazardous geologic condition.

**Section 4.024 Geologic Hazard Permit Requirements**

All persons proposing any activity requiring a development permit on property located in potentially hazardous areas identified in Section 4.042 shall obtain a geologic hazard permit.

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**STAFF FINDINGS:** As shown on the attached map, the subject property is located within an area identified by DOGAMI as landslide topography. Falcon Cove Beach Domestic Water Supply District will be required to obtain a geologic hazard permit or a geologic hazard waiver prior to beginning drilling for the well.

**Applicable Comprehensive Plan Goals and Policies**

**Goal 6 - Air, Water and Land Quality**

Goal

To maintain and improve the quality of the air, water and land resources of the state.

Policies

13. Any development of land, or change in designation of use of land, shall not occur until it is assured that such change or development complies with applicable state and federal environmental standards.

**STAFF FINDINGS:** This land use compatibility statement is being reviewed in order to obtain required permits from the Oregon Department of Human Services Drinking Water Program.

**Southwest Coastal Community Plan**

Southwest Coastal Goal: To prevent hazards to life and property through the use of reasonable building controls.

Policies

Landslides/Erosion

1. Favorable site-specific investigations (conducted by qualified geotechnical experts at the developer's expense) shall be prerequisites for the issuance of building or excavation permits in any area recognized as geologic hazard area as shown on the Hazards map included herein.

**STAFF FINDINGS:** As shown on the attached map, the subject property is located within an area identified by DOGAMI as landslide topography. Falcon Cove Beach Domestic Water Supply District will be required to obtain a geologic hazard permit or a geologic hazard waiver prior to beginning drilling for the well.

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3. No trimming of trees, tree removal or improvements are allowed on Department's property.
4. Permittee must follow the following conditions from the Department's Archaeologist:
  - a. Provide archaeological monitoring by a professional archaeologist during all ground disturbing activities. Provide OPRD a copy of the monitoring report detailing the results of the current project.
  - b. Provide OPRD with a copy of the archaeological monitoring report prepared during the initial construction of the tanks in 2009-2010.
  - c. In the event that archaeological or historical resources (historic objects, cultural features, artifact concentrations, or human remains) are encountered during the project, all activities will be stopped at the site of the discovery until the find can be evaluated by a qualified archaeologist. Immediately contact the OPRD cultural resources staff for further guidance. Work should remain stopped at the site of the discovery until the find has been evaluated and recommendations made in consultation with the OPRD Archaeologist, State Historic Preservation Office (SHPO), and affected Tribes if necessary in accordance with applicable State laws and regulations.
5. Except in the case of emergency conditions, such as vehicle or equipment failure, no party shall obstruct the use of Department's property. All risk of loss of Permittee's property shall be that of Permittee. Permittee acknowledges that it examined and has knowledge of Department's property.
6. The Permittee shall not move, cover, disturb, damage or destroy any boundary markers or stakes on Department's lands.
7. Upon the termination of this agreement, or prior thereto, the Permittee shall clean up the area upon which any materials have been piled and stored and shall leave the property in a clean and sightly condition. If Permittee does not remove materials, Department may have the materials removed and recover costs and damages from the Permittee.

**Assignment:** The Permittee shall not assign this permit, nor any rights granted hereunder, in whole or in part.

**Compliance with all Government Regulations:** Permittee shall be responsible to insure that uses under this permit are consistent with the local land use plan for the area. Permittee shall also comply with all applicable federal, state and local laws, regulations and ordinances.

**Indemnity/Hold Harmless:** The Permittee shall indemnify, defend, and hold harmless the State of Oregon and its Parks and Recreation Commission, its Parks and Recreation Department, its

officers, divisions, employees, agents, against any and all damages, claims, suits, or cause of action of any nature arising out of or in connection with the activities of Permittee.

**Acts or Omissions:** The Permittee shall keep the said lands free and clear at all times from all liens and encumbrances, and claims of every character, which are based upon any act or omission on the part of the Permittee or claimed under him/her, or which arise out of his/her exercise of any right granted or failure to perform any obligation imposed hereunder, and which would in any way bind or become a charge or lien against the said lands.

**Amendments:** The terms of this agreement shall not be waived, altered, modified, supplemented or amended in any manner whatsoever without prior written approval of the Department.

**Insurance:** Permittee assumes full responsibility and liability for damages or injury to any member of the public arising out of the Permittees activity, including personal injury and property damage, and for any damage to park property. Permittee shall provide proof of insurance which names the State of Oregon, its Parks and Recreation Department, and its divisions, officers, agents, employees and commission members as additional insured's. The coverage shall be as follows:

- a. Commercial General Liability insurance covering personal injury and property damage in an amount not less than \$1,000,000 combined single limit per occurrence.
- b. Failure to provide the insurance certificate as required herein shall be a default allowing the Department to terminate this Agreement.

Accepted by Permittee

12/21/2018  
Date

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Approved by Oregon Parks and Recreation Department:

Park Manager

12/21/18  
Date

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### Thank you for your payment!

This service has been provided by [Clatsop County Planning Department, OR](#) and [Point & Pay](#). We value your business. Please keep this receipt for future reference.

You have made a payment to [Clatsop County Planning Department, OR](#), your payment was processed at [Planning Department office](#). Clatsop County Planning and Development thanks you for your payment. For questions about your account, please call 503-325-8611

**Name:** Charles Dice  
**Address:** 31911 Clatsop Lane, Arch Cape OR, US, 97102  
**Contact:** 5034360146  
**Comments:** LUCS for Oregon Department of Human Services Drinking Water Program

**Payment ID:** 56194168  
**Date:** 03/21/19 10:01 AM  
**Subtotal:** \$57.00  
**Fee:** \$2.00  
**Total:** \$59.00  
**Method:** Credit Card(\*\*\*\*\*3279)

| Item Purchased   | Transaction Description | Account  | Amount  |
|------------------|-------------------------|----------|---------|
| Land Use Permits | Clatsop Plan Dep GOV    | 20190149 | \$57.00 |

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
By signing this receipt you agree to the terms and conditions of this service.

You will see one line item on your credit or debit card statement indicating the amount you paid and will be identified as *Clatsop Plan Dep GOV*. If you have any questions about the charges please call 1-888-891-6064.

[Print Receipt](#) [Close Window](#)

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1<sup>st</sup> AMENDMENT TO THE LEASE AGREEMENT

THIS 1<sup>st</sup> AMENDMENT TO THE LEASE AGREEMENT, dated as of the latter of the signature dates below, is by and between the State of Oregon, by and through the Oregon Parks and Recreation Department, having a mailing address of 725 Summer St. NE, Suite C, Salem, OR 97301 (OPRD) and the Falcon Cove Beach Domestic Water Supply District (FCBDWSD), having a mailing address of 79387 Ray Brown Road, Arch Cape, Oregon 97102.

WHEREAS, OPRD and FCBDWSD entered into a lease dated December 4, 2009 whereby OPRD leased to FCBDWSD the Premises, therein described, located within Oswald West State Park (Lease Agreement); and

WHEREAS, OPRD and FCBDWSD desire to amend the Lease Agreement to allow FCBDWSD to construct, operate and maintain a water well system on said Premises; and

WHEREAS, OPRD and FCBDWSD, in their mutual interest, wish to amend the Lease Agreement as set forth below accordingly,

NOW THEREFORE, in consideration of the foregoing and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, OPRD and FCBDWSD agree as follows:

1. **Right to Construct Water Well.** FCBDWSD, its contractors, employees, agents and subcontractors shall have the right to go upon the Premises for the purpose of constructing a well water system, to include pump house and utilities necessary for the continued use, operation and maintenance of said well water system.

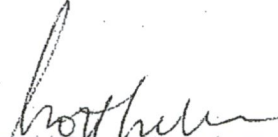
2. **Other Terms and Conditions Remain.** In the event of any inconsistencies between the Lease Agreement and this 1<sup>st</sup> Amendment, the terms of this 1<sup>st</sup> Amendment shall control. Except as expressly set forth in this 1<sup>st</sup> Amendment, the Lease Agreement otherwise is unmodified and remains in full force and effect. Each reference in the Lease Agreement to itself shall be deemed also to refer to this 1<sup>st</sup> Amendment.

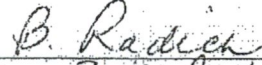
3. **Capitalized Terms.** All capitalized terms used but not defined herein shall have the same meanings as defined in the Lease Agreement.

IN WITNESS WHEREOF, the parties have caused this 1<sup>st</sup> Amendment to be effective as of the last date written below.

OPRD:

FCBDWSD:

By:   
Print Name: **Scott Nebeker**  
Its: **Park Development Administrator**  
Date: 3-19-19

By:   
Print Name: Beth Radich  
Its: Board Chair  
Date: March 16, 2019

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State of Oregon  
Parks and Recreation Department

|   |   |
|---|---|
| Falcon Cove Beach Water District<br>(Permittee) | Right of Entry Permit<br>Oswald West State Park<br>Tillamook County |
|---|---|

This Right of Entry Permit is between the State of Oregon, Parks and Recreation Department, hereinafter called the Department and Falcon Cove Beach Water District, hereinafter called Permittee. The Department's supervising representative for this Permit is Ben Cox, Park Manager, 34600 Gary St., Nehalem, Oregon 97131, phone (503) 368-5943, ext. 222.

The subject property is identified on Exhibit A, hereinafter called Department's property.

**Effective Date and Duration:** This Permit shall become effective on the date signed by all parties and will continue until the project is completed. Department can revoke the permit if the work is not completed within two (2) months of the effective date of the Permit.

**Purpose of Agreement:** The Permit is given for the purpose of allowing Permittee, its contractors, employees, agents and subcontractors, the right and license to go upon Department's property for the purpose of drilling no more than two test wells on the subject property, which is currently being leased by Permittee, and to allow for the monitoring of historical and cultural resources. Said activity is only for drilling test wells to study the feasibility of constructing a new water supply well on Department's property. This permit does not allow for the construction of a new well. Such activity, should one of the test wells prove feasible, will require an amendment to the lease with additional terms and conditions, subject to approval by both parties.

**Fee:** The fee for this Permit shall be \$0.00.

**Terms and Conditions:**

1. This Permit will terminate when the testing work is completed. However, the Department may, in its discretion, restrict this permit effective immediately on notice to the Permittee in the event of an emergency or substantial threat to the public welfare, safety or property arising from the activity, and may cancel the permit effective immediately upon any breach of other permit conditions. The Permittee shall terminate the activity immediately upon receipt of notice from the Department that the permit has been cancelled
2. Permittee shall employ erosion control during activity and restore the property upon completion of their work in a manner agreed to by the Park Manager.

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## EXHIBIT A

LOCATION OF AN EXISTING WELL SITUATED IN THE SOUTHWEST ONE-QUARTER OF SECTION 31, TOWNSHIP 4 NORTH, RANGE 10 WEST, OF THE WILLAMETTE MERIDIAN, CLATSOP COUNTY, OREGON. SAID WELL BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT A FOUND BRASS CAP AT THE SOUTHWEST CORNER OF SECTION 31, THENCE FOLLOWING THE SOUTH RIGHT-OF-WAY LINE OF COLUMBIA STREET DUE EAST A DISTANCE OF 700 FEET TO A POINT; THENCE NORTH  $01^{\circ}20'00''$  EAST, A DISTANCE OF 1780.00 FEET; THENCE DUE EAST A DISTANCE OF 100.00 FEET; THENCE NORTH  $01^{\circ}20'00''$  EAST, A DISTANCE OF 67.00 FEET; THENCE DUE WEST, A DISTANCE OF 11.00 FEET TO SAID WELL, MORE OR LESS.