



State of Oregon
 Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900

Application for Permit Amendment

Part 1 of 5 – Minimum Requirements Checklist

This permit amendment application will be returned if Parts 1 through 5 and all required attachments are not completed and included.
 For questions, please call (503) 986-0900, and ask for Transfer Section.

Check all items included with this application. (N/A = Not Applicable)

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- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have questions, call Customer Service at (503) 986-0801.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Permits to be Amended: **Number of permits to be amended: 1 List them here: G11503**
 Please include a separate Part 5 for each permit. (See instructions on page 6)
- Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; **or** the landowner of the proposed place of use is **not** the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at <http://www.oregon.gov/owrd/pubs/docs/forms>). Assignment is not needed if the applicant is the permit holder of record.
- N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant **or** other permit holders of record that are not listed as applicants.
- N/A Land Use Information Form with approval and signature (or signed land use form receipt stub). Land use form is not required if any of the following apply:
 - Water is to be diverted, conveyed, and/or used only on federal lands.
 - All of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
 - The proposed changes are all located on the property reviewed in Land Use form enclosed in Water Right Application Folder # _____.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

___ Application fee not enclosed/insufficient	___ Map not included or incomplete
___ Land Use Form not enclosed or incomplete	___ Assignment Form and fee not enclosed/insufficient
___ Additional signature(s) required	Part ___ is incomplete

Other/Explanation _____

Staff: _____ 503-986-0_____ Date: ___/___/___

Part 2 of 5 – Permit Amendment Map Checklist

Your permit amendment application will be returned if any of the map requirements listed below are not met.

Please be sure that the map you submit includes all the items listed below and meets the requirements of OAR 690-380-3100, however, the map does not have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

- N/A If **more than three** permits are involved, separate maps for each permit.
- Permanent quality printed with dark ink on good quality paper.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
- A north arrow, a legend, and scale.
- The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes separate hachuring for each water use permit, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the permit is being changed, a separate hachuring is needed for the portion of the permit left unchanged.
- N/A If you are proposing a change in place of use, show the proposed place of use with hachuring that includes separate hachuring for each permit, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water use permit.
- N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

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Applicant Information

APPLICANT/BUSINESS NAME City of Chiloquin		PHONE NO. (541) 783-2717	ADDITIONAL CONTACT NO.
ADDRESS 122 S 2nd Ave			FAX NO.
CITY Chiloquin	STATE OR	ZIP 97624	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

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

AGENT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			FAX NO.
CITY	STATE	ZIP	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Explain in your own words what you propose to accomplish with this permit amendment; and why:
 The City of Chiloquin is proposing to add an additional point of appropriation to Permit G-11503. The purpose of this APOA is due to recent water calls preventing the City from using wells inside the one mile buffer zone from the Sprague and Williamson Rivers as described in OAR 690-009-0040. The new APOA will fall outside of the 1 mile buffer zone and be able to operate during water calls.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

Is the applicant the permit holder of record? Yes No

If NO, include either:

- A completed assignment form (with required statutory assignment fee), assigning all or a portion of the permit to the applicant(s), **OR**
- An affidavit of consent from the permit holder(s) of record that gives permission for the applicant to amend the permit.

I understand that prior to Department approval of the permit amendment, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the permit is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: Herald and News.

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

Mark Cobb
Applicant Signature

Mark Cobb Mayor
Print Name (and Title if applicable)

6-12-18
Date

Applicant Signature

Print Name (and Title if applicable)

Date

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Check one of the following:

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- The permit holder(s) of record will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to the permit holder(s) of record.

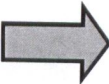
Check the appropriate box, if applicable:

- Check here if any of the permits proposed for amendment are or will be located within or served by an irrigation or other water district.

IRRIGATION DISTRICT NAME N/A	ADDRESS	
CITY	STATE	ZIP

- Check here if water for any of the permits supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME N/A	ADDRESS	
CITY	STATE	ZIP

 To meet State Land Use Consistency Requirements, you must list all local governments (each county, city, municipal corporation, or tribal government) within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME Klamath County	ADDRESS 335 S. Spring St	
CITY Klamath Falls	STATE OR	ZIP 97601

ENTITY NAME N/A	ADDRESS	
CITY	STATE	ZIP

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Part 5 of 5 – Water Use Permit Information

Please use a separate Part 5 for each permit being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

PERMIT # G-11503

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)
 (Note: If the POD/POA name is not specified in the permit, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POA 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	KLAM 58404	34	S	7	E	34	SE	SE		964 feet north and 1267 feet west from SE corner of section 34
POA 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	KLAM 51957	34	S	7	E	34	NE	SW		379 feet south and 1532 feet east from W 1/4 corner of section 34.
POA 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	N/A	34	S	7	E	28	NE	SW		2157 feet north and 2802 feet west from the southeast corner of section 28

Check all type(s) of change(s) proposed below (change “CODES” are provided in parentheses):

- | | |
|---|--|
| <input type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Surface water POD to Ground Water POA (SW/GW) |

Will all of the proposed changes affect the entire water use permit?

- Yes Complete only the proposed (“to” lands) section of Table 2 on the next page. Use the “CODES” listed above to describe the proposed changes.

- No Complete all of Table 2 to describe the portion of the permit to be changed.

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For a change in place of use:

Does the permit holder of record own or control the land TO which the place of use is being moved?
 Yes No

If NO, the landowner of the land TO which the place of use is being **moved must be assigned to the permit as a permit holder of record** by submitting a completed Request for Assignment form and the required statutory fee for an assignment.

Is the proposed place of use contiguous to the authorized place of use? Yes No

The permitted place of use can be moved only to lands that are contiguous to the authorized place of use **unless** the change to non-contiguous lands is in furtherance of mitigation or conservation efforts undertaken for the purposes of benefiting a species listed as sensitive, threatened, or endangered under ORS 496.171 to 496.192 or the federal Endangered Species Act of 1973 (16 U.S.C. 1531 to 1544), as determined by the listing agency. Contiguous land being either adjacent land or land separated from the land to which a permit is authorized by roads, utility corridors, irrigation ditches or publicly owned rights of way.

Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Use Permit # G-11503


List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.										Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.													
Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acre(s) (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acre(s) (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date				
EXAMPLE																								
2	S	9	E	15	NE	NW	100		15.0	POD #1 POD #2		POU/POD	2	S	9	E	15	NW	NW	100	1	10.0	POD #5	
"	"	"	"	"	"	"	"	"	EXAMPLE	"		"	2	S	9	E	15	SW	NW	200		5.0	POD #6	
TOTAL ACRES											TOTAL ACRES										N/A			

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Are there other water rights certificates, water use permits or ground water registrations associated with the "from" or "to" lands? Yes No

If YES, list the other certificate, permit, or ground water registration numbers: _____

 If the permit(s) are for irrigation or supplemental irrigation use, other water rights existing on the same land for irrigation that are subject to transfer must either change concurrently or be cancelled. Any change to a water right certificate or ground water registration must be filed separately in a water right transfer application or ground water registration modification application, respectively.

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

- Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map. (Tip: You may search for well logs on the Department's web page at: http://apps2.wrd.state.or.us/apps/gw/well_log/Default.aspx)

AND/OR

- Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag No. L-____	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well - specific rate (cfs or gpm). If less than full rate of water right
POA 3	No	N/A	750'	16"	UNK	60'	UNK	UNK	Quaternary-Late Tertiary Volcanic and Volcaniclastic Rock Aquifers	1350 GPM

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WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

*KLAM
51957*

Completed well #2

State Well No. _____

State Permit No. _____

The original and first copy of this report are to be filed with the
STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date of well completion.

OWNER:

Name City of Clifton
Address Clifton, Oregon 97626

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in item 12.

(3) TYPE OF WELL:

Notary Driven Domestic Industrial Municipal
Cable Jetted Irrigation Test Well Other
Dug Bored

(4) PROPOSED USE (check):

(5) CASING INSTALLED:

Threaded Welded
16" Diam. from 0 ft. to 40 ft. Gage 250
12" Diam. from 0 ft. to 231 ft. Gage 250

(6) PERFORATIONS:

Perforated? Yes No.
Type of perforator used _____
Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name _____ Model No. _____
Diam. _____ Slot size _____ Set from ft. to ft.
Diam. _____ Slot size _____ Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
Ballot test: gal./min. with ft. drawdown after hrs.
Artesian flow: g.p.m.
Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used Cement
Well sealed from land surface to 60 ft.
Diameter of well bore to bottom of seal 20" in.
Diameter of well back below seal 16 in.
Number of sacks of cement used in well seal 50 sacks
Number of sacks of bentonite used in well seal none sacks
Brand name of bentonite _____
Number of pounds of bentonite per 100 gallons of water _____ lbs./100 gal.
Was a drive shaft used? Yes No Flange _____ Size location _____ ft.
Any strata contain unusable water? Yes No
Type of water _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County Clatsop Driller's well number 2
SW 1/4 SW 1/4 Section 34 T. 36S R. 7 W.M.
Bearing and distance from section or subdivision corner
25.45' 49" E --- 425.43 From NE corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found 05 ft.
Static level _____ ft. below land surface. Date _____
Artesian pressure none lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 12"
Depth drilled 750 ft. Depth of completed well 750 ft.

Formation: Describe color, texture, grain size and structure of materials and show thickness and nature of each stratum and aquifer penetrated. with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Top soil (humus ground)	0	5	
Brown clay and gravel mix	6	15	
Yellow clay	15	30	
Blue clay	30	45	
Blue clay and gravel mix (wh)	45	130	22"
course sand	130	132	
Blue clay and gravel mix	132	160	
Blue clay	160	227	
Black rock	227	335	
Blue clay	335	407	
Sticky blue clay	407	419	
Sandy blue clay	419	423	
Black lava rock (wh)	423	449	
Sandy grey clay (wh)	449	467	
Black lava rock (wh)	467	561	
Cracked rock (wh)	561	550	
Black lava rock (wh)	550	555	
Blue clay	555	750	

Work started 6, 18, 1976 Completed 6, 11, 1976
Date well drilling machine moved off of well 6, 11, 1976

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

(Signed) W. J. ... Date 6.11.1976
(Drilling Machine Operator)

Drilling Machine Operator's License No. 106

Water Well Contractor's Certification:

This well was drilled under my jurisdiction, and this report is true to the best of my knowledge and belief.

Name Steve ... (Name, firm or corporation) (Type or print)
Address 5619 Kellogg, Clatsop Falls,

(Signed) ... (Water Well Contractor)

Contractor's License No. 608 Date 6, 21, 1976

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STATE OF OREGON
(Please type or print)

State Well No. 3419-34
State Permit No. 3419-34

(Do not write above this line)

OWNER:
Name City of Medford
Address 177
Chiloquit, Oregon 97574

(2) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: (4) PROPOSED USE (check):
Rotary Driven Domestic Industrial Municipal
Cable Jetted Irrigation Test Well Other
Dug Bored

(5) CASING INSTALLED: Threaded Welded
4.5" Diam. from 0 ft. to 40 ft. Gage 250
12" Diam. from 0 ft. to 231 ft. Gage 250

(6) PERFORATIONS: Perforated? Yes No.
of perforator used _____
Size of perforations in. by in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

(7) SCREENS: Well screen installed? Yes No
Manufacturer's Name _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
_____ " " " " " "
_____ " " " " " "
_____ " " " " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:
Well seal—Material used Cement
Well sealed from land surface to 40 ft.
Diameter of well bore to bottom of seal 20" in.
Diameter of well bore below seal 16 in.
Number of sacks of cement used in well seal 50 sacks
Number of sacks of bentonite used in well seal none sacks
Brand name of bentonite _____
Number of pounds of bentonite per 100 gallons of water _____ lbs./100 gals.
Was a drive shoe used? Yes No Plugs _____ Site location _____ ft.
any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:
County Clatsop Driller's well number 2
NW 1/4 SW 1/4 section 34 T. 45S R. 7E W.M.
Bearing and distance from section or subdivision corner:
25 45' 49" E - 425.43' From NE corner

(11) WATER LEVEL: Completed well.
Depth at which water was first found 95 ft. below land surface. Date Jul 08 1991
Static level _____ ft. below land surface. Date _____
Artesian pressure none lbs. per square inch. Date _____

(12) WELL LOG: Diameter of well below casing 12"
Depth drilled 750 ft. Depth of completed well 750 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Top soil (pumice ground)	0	6	
Brown clay and gravel mix	6	15	
Yellow clay	15	30	
Blue clay	30	65	
Blue clay and gravel mix (wh)	65	130	281
coarse sand	130	132	
Blue clay and gravel mix	132	140	
Blue clay	140	222	
Black rock	222	335	
Blue clay	335	400	
Spickey blue clay	400	430	
Sandy blue clay	430	430	
Black lava rock (wh)	430	445	
Sandy grey clay (wh)	445	457	
White lava rock (wh)	457	543	
cracked rock (wh)	543	550	
Black lava rock (wh)	550	555	
Blue clay	555	750	

Work started 4-18, 1974 Completed 4-4, 1975
Date well drilling machine moved off of well 4-11, 1975

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Norm Swain Date 4-11, 1975
(Drilling Machine Operator)
Drilling Machine Operator's License No. 101

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name Norm Swain Well Drilling (Type or print)
Address 5618 Island Dr. Medford, Ore.
[Signed] Norm Swain (Water Well Contractor)
Contractor's License No. 408 Date 4-11, 1975

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