

Application for an Emergency Use Permit for Groundwater (Drought)



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

Emergency Use Permit Application Processing

Oregon Revised Statute (ORS) 536.700-780 and Oregon Administrative Rule (OAR) 690-019-0040(1) authorize the Director, after the Governor declares that a severe, continuing drought exists, to issue emergency-use permits to replace water not available under an existing right because of the drought. Each application must be for use in a designated drought area.

PLEASE NOTE: Due to widespread drought and decreasing groundwater levels, if a drought emergency is declared in Klamath County, it is unlikely that the Oregon Water Resources Department (Department) will issue Drought Emergency Use Permits for groundwater.

A portion of the application fees for Drought Emergency Use Permits is non-refundable. If the Department evaluates a drought permit application and determines that a permit cannot be issued, the recording fee is refunded, and the Department will retain the exam fee.

1. Completeness Determination

The Department evaluates whether the application and accompanying map contain all of the information required under OAR 690-019-0040, OAR 690-019-0050, and OAR 690-019-0100 (www.oregon.gov/owrd/law). When an application does not contain all the information and supporting material required by the application form and these rules, the application will be declared incomplete, and the applicant notified. Additionally, the application may be returned with a request for additional information, and the applicant will have 30 days to complete the application. If the applicant fails to complete the application within 30 days, it will be rejected.

2. Public Notice

Public notice of receipt of emergency use applications and approval of such applications will be included in the Department's regular public notice of applications.

3. Final Order Issued

The Director shall approve an application for emergency water use upon findings that the proposed use will not cause injury to existing water rights and will not impair or be detrimental to the public interest. In evaluating whether the proposed use will impair or be detrimental to the public interest, the Director shall consider the factors described in OAR 690-310-0120 and OAR 690-310-0130.

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JUL 17 2024
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SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

| | | | |
|---|-------------|----------------------------|---------------------------------|
| NAME TREVOR S. DERSTINE & REGINA KAYE DERSTINE | | PHONE (HM) 541-912-0406 | |
| PHONE (WK) | CELL | FAX | |
| ADDRESS 2285 IRIS LN | | | |
| CITY CULVER | STATE OR | ZIP 97734 | E-MAIL* TREVOR@VALLEYHAY.COM |

Organization Information

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

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

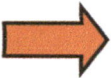
| | | | |
|--|-------------|-----------------------|------------------------------|
| AGENT / BUSINESS NAME JOHN A. SHORT / WATER RIGHT SERVICES, LLC | | PHONE 541-389-2837 | FAX |
| ADDRESS PO BOX 1830 | | | CELL |
| CITY BEND | STATE OR | ZIP 97709 | E-MAIL* JOHNSHORT@USA.COM |

Note: Attach multiple copies as needed

* By providing an e-mail address, consent is given to receive all correspondence from the Department electronically.
(A paper copy of the final order 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. Acceptance of this application neither guarantees an emergency use permit will be issued nor indicates that a permanent water right may be obtained.
- 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

Applicant Signature

Trevor Derstine
Print Name and title if applicable

Regina Derstine
Print Name and title if applicable

7-12-24
Date

7/12/24
Date

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SECTION 2: PROPERTY OWNERSHIP

Please indicate if you own all the lands associated with the project from which the water is to be diverted, conveyed, and used.

Yes

There are no encumbrances.

This land is encumbered by easements, rights of way, roads or other encumbrances.

No

I have a recorded easement or written authorization permitting access.

I do not currently have written authorization or easement permitting access.

Written authorization or an easement is not necessary, because the only affected lands I do not own are state-owned submersible lands, and this application is for irrigation and/or domestic use only (ORS 274.040).

Water is to be diverted, conveyed, and/or used only on federal lands.

List the names and mailing addresses of all affected landowners (*attach additional sheets if necessary*).

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 |
| WELL | CROOKED RIVER | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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*).

SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: _____

Total maximum rate requested: 1.25 CFS

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

Complete the table below. If this is an existing well, the following 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

| 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) |
| WELL | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JEFF 51601 / L-142113 | <input type="checkbox"/> | 10" | +1-76.5' | 537-557', 657'-677', & 757-777' | 0-76.5' | 262' | RYOLITE SANDSTONE LAYERS | 797' | | 300 AF |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | Received | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | JUL 17 2024 | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | OWRD | | | |

right examiner.

* 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: WATER USE

| USE | PERIOD OF USE | ANNUAL VOLUME (ACRE-FEET) |
|-------------------------|-------------------|---------------------------|
| Supplemental Irrigation | APRIL 1 - OCT. 15 | 300 AF |
| | | |
| | | |
| | | |

Rights affected by drought:

County in which use will occur: JEFFERSON

(if the right is located in Klamath Basin/County you must complete Section 8)

Please indicate the total number of acres to be irrigated (*must match map*): 387 acres

List the Permit or Certificate number(s) of the water right(s) affected by drought: C-72279

Indicate the maximum total number of acre-feet you expect to use in an irrigation season: 300 AF

SECTION 5: WATER MANAGEMENT

A. Diversion and Conveyance

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

Pump (give horsepower and type): SUBMERSIBLE 60 HP

Other means (describe): _____

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water.

WATER TO BE PUMPED FROM WELL INTO A PIPELINE TO PIVOTS.

B. Conservation

Please describe why the amount of water requested is needed and measures you propose to: prevent waste; measure the amount of water diverted; and prevent the discharge of contaminated water to a surface stream.

WATER WILL BE APPLIED USING A MODERN CONTROLLED IRRIGATION PIVOT SYSTEM THAT WILL MINIMIZE EVAPORATION.

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SECTION 6: WITHIN A DISTRICT

Check here if any of the water rights affected by drought are located within or served by an irrigation or other water district.

| | | |
|--|-----------------------------|--------------|
| Irrigation District Name NORTH UNIT IRRIGATION DISTRICT | Address 2024 NW BEECH ST | |
| City MADRAS | State OR | Zip 97741 |

Yes No Has the irrigation district transferred the primary irrigation water right to another place of use for this irrigation season?

Projected irrigation season allotment, if known: 0.5-1.0 AF / AC IS THE PREDICTED ALLOTMENT PER WWW.NUID.COM

SECTION 7: DROUGHT INFORMATION

Explain how drought conditions have created an inability to obtain water under your existing right(s), and any other remarks to clarify any other information (*attach additional sheets as necessary*).

The property currently obtains water through the North Unit Irrigation District. The drought conditions have caused a shortage district-wide, allowing for a limited allotment of between 0.5-1.0 af per acre vs. the typical 3 af per acre. The proposed groundwater appropriation will be used to supplement the limited allotment as needed throughout the Place of Use as shown on the application map.

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SECTION 8: KLAMATH BASIN/COUNTY WELL INFORMATION

PLEASE NOTE: Due to the pervasive drought and rapidly declining groundwater levels in the Klamath Basin, the Oregon Water Resources Department is unlikely to issue Drought Emergency Use Permits for groundwater in the Klamath Basin.

A functioning, totalizing flowmeter will be required for any drought permits issued. Is there currently a flowmeter installed on each of the PODs listed in the table in Section 3 of this application? Yes No*

*Please note that watermaster staff will visit the well to confirm flowmeter presence prior to issuance of an emergency drought groundwater permit. Where possible, watermaster staff will take a static water level measurement. Alterations to the well head may be required in order to make the water level measurements and these may be conditions of the permit.

For each well, please provide a description of the flowmeter location, the serial number, the current flowmeter reading and the date the reading was taken in the table below.

| OWNER'S WELL NAME OR NUMBER. | WELL TAG NUMBER (IF AVAILABLE) | WELL LOG ID (E.G., KLAM 1234) | FLOWMETER SERIAL NUMBER | FLOWMETER READING | FLOWMETER DATE | FLOWMETER LOCATION |
|------------------------------|--------------------------------|-------------------------------|-------------------------|-------------------|----------------|--------------------|
| | | | | | | |
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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

JEFF 51601
5/19/2021

WELL I.D. LABEL# L142113
START CARD # 1051410
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D. _____
First Name TREVOR Last Name DURNSTIEN
Company _____
Address 32065 CARTNEY RD
City HARRISBURG State OR Zip 97446

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

(2a) PRE-ALTERATION
Casing: Dia + From To Gauge Stl Plstc Wld Thrd
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 TEST HOLE

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 797.00 ft.
BORE HOLE
Dia From To Material SEAL Amt sacks/lbs
14 0 76.5 Bentonite Chips 0 76.5 72 S
10 76.5 797 Calculated 46
How was seal placed: Method A B C D E
 Other POURED DRY
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

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

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
10 1 76.5 .250
8 4 797 .250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method MACHINE
Screens Type _____ Material _____
Perf/ Casing/Screen Dia From To Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Liner 8 537 557 .125 3 608
Perf Liner 8 657 677 .125 3 608
Perf Liner 8 757 777 .125 3 608

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
200 790 1.5
Temperature 58 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 310 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County JEFFERSON Twp 12.00 S N/S Range 13.00 E E/W WM
Sec 21 SE 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or 44.51344444 DMS or DD
Long _____ " or -121.17038889 DMS or DD
 Street address of well Nearest address
2285 IRIS RD

(10) STATIC WATER LEVEL
Date _____ SWL(psi) _____ + SWL(ft) _____
Existing Well / Pre-Alteration _____
Completed Well 5/3/2021 _____ 262
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 410.00

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|-----------|------|-----|----------|----------|-----------|
| 4/21/2021 | 400 | 410 | 30 | | 262 |
| 4/26/2021 | 500 | 542 | 100 | | 262 |
| 4/27/2021 | 760 | 780 | 40 | | 262 |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|---------------------------------|------|-----|
| SAND | 0 | 20 |
| SAND PACKED LAYERS | 20 | 62 |
| RYOLITE SANDSTONE LAYERS | 62 | 410 |
| CLAYSTINE WHITE GRIT | 410 | 427 |
| RYOLITE WHITE CLAY SEAMS | 427 | 438 |
| RYOLITE SANDSTONE LAYERS | 438 | 582 |
| RYOLITE BROWN RED COARSE GRAIN | 582 | 642 |
| RYOLITE BROWN GRAY GREEN LAYERS | 642 | 797 |

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Date Started 4/21/2021 Completed 5/3/2021

(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 758 Date 5/18/2021
Signed THOMAS PECK (E-filed)

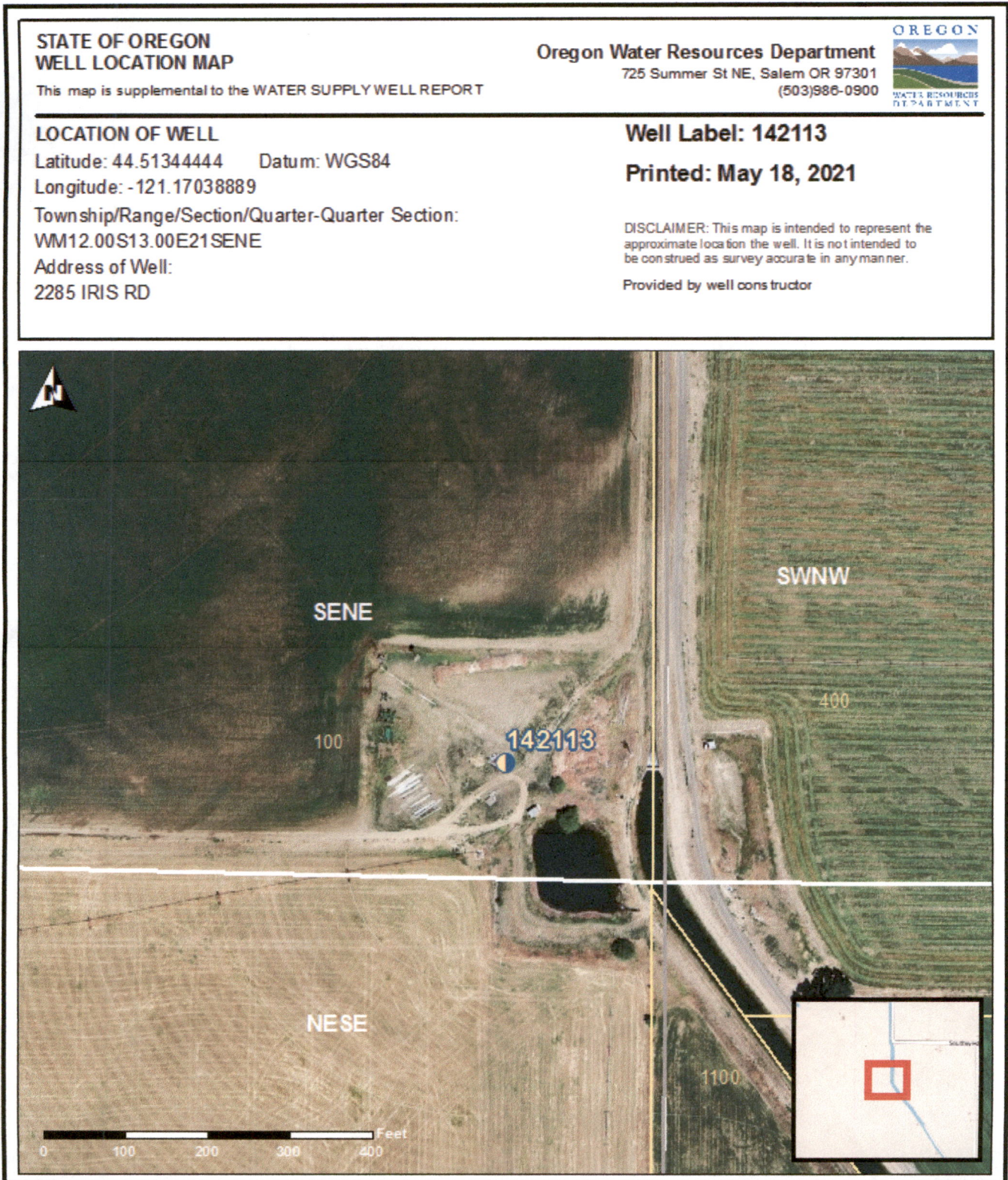
(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1720 Date 5/18/2021
Signed JACK ABBAS (E-filed)
Contact Info (optional) _____

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

JEFF 51601

5/19/2021

Map of Hole



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EXECUTIVE ORDER NO. 24-08

**DETERMINATION OF A STATE OF DROUGHT EMERGENCY IN
JEFFERSON COUNTY.**

At the request of Jefferson County (by Commission Resolution and Order 0003-24, dated April 3, 2024), and based on the recommendations of the Drought Readiness Council and input from the Water Supply Availability Committee dated June 14, 2024, and pursuant to ORS 536.740, I find that multi-year drought conditions as well as below normal precipitation, streamflow and groundwater conditions have caused or will cause natural and economic disaster conditions in Jefferson County.

Forecasted water supply conditions and precipitation levels are not expected to improve. Drought is likely to have a significant economic impact on the farm, ranch, vineyard, recreation, tourism and natural resources sectors, as well as an impact on drinking water, fish and wildlife, and important minimum flows for public instream uses and other natural resources dependent on adequate precipitation, stored water, and streamflow in these areas. Extreme conditions are expected to affect local growers and livestock, increase the potential for fire, shorten the growing season, and decrease water supplies.

Conditions continue to be monitored by the State's natural resource and public safety agencies, including the Oregon Water Resources Department, the Oregon Office of Emergency Management, the Oregon Office of the State Fire Marshal, and the Oregon Department of Forestry's Fire Protection Division.

Preparation and resiliency to drought are vital to the health and safety of persons, property, and the economic security of the citizens and businesses of these counties. I, therefore, declare that a severe, continuing drought emergency exists and is likely to continue to exist in Jefferson County.

NOW, THEREFORE, IT IS HEREBY DIRECTED AND ORDERED:

- I. The Oregon Department of Agriculture is directed to coordinate and provide assistance in seeking federal resources to mitigate drought conditions and assist in agricultural recovery in Jefferson County.

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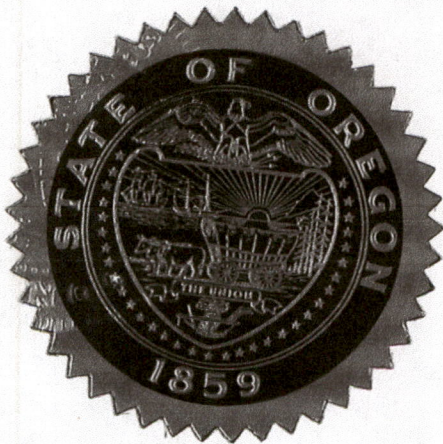




EXECUTIVE ORDER NO. 24-08
PAGE TWO

- II. The Oregon Water Resources Department and the Water Resources Commission are directed to coordinate and provide assistance to water users in Jefferson County as the Department and Commission determine necessary and appropriate in accordance with ORS 536.700 to 536.780.
- III. The Oregon Water Resources Department is directed to seek information from the Oregon Department of Fish and Wildlife to help understand the impacts of water availability on Oregon's fish and wildlife, as necessary and appropriate in accordance with ORS 536.700 to 536.780.
- IV. The Office of Emergency Management is directed to coordinate and assist as needed with assessment and mitigation activities to address current and projected conditions in Jefferson County.
- V. All other state agencies are directed to coordinate with the above agencies and provide appropriate state resources as needed to assist affected political subdivisions and water users in Jefferson County.
- VI. This Executive Order expires on December 31, 2024.

Done at Salem, Oregon, this 25th day of June, 2024.



Tina Kotek
GOVERNOR

ATTEST:

LaVonne Griffin-Valade
SECRETARY OF STATE

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Minimum Requirements Checklist

Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050, ORS 537.615 & OAR 690-019-0040)

Include this checklist with the application

Check that each of the following items is included. The application will be returned if all required items are not included. If you have questions, please call the Water Rights Customer Service Group at (503) 986-0900.

- SECTION 1: APPLICANT INFORMATION AND SIGNATURE
- SECTION 2: PROPERTY OWNERSHIP
- SECTION 3: WELL DEVELOPMENT
- SECTION 4: WATER USE
- SECTION 5: WATER MANAGEMENT
- SECTION 6: WITHIN A DISTRICT
- SECTION 7: DROUGHT INFORMATION
- SECTION 8: KLAMATH BASIN WELL INFORMATION

Attachments:

- Fees - Amount enclosed: \$ 700
\$200 - Examination fee
\$400 - Recording fee for the first cubic foot per second (CFS) or fraction thereof, and \$100 for each additional CFS or fraction thereof
** one CFS equals 448.831 gallons per minute*

Provide a map and check that each of the following items is included:

- Permanent quality and drawn in ink
- Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
- North Directional Symbol
- Township, Range, Section, Quarter/Quarter, Tax Lots
- Reference corner on map
- Location of each well, and/or dam if applicable, by reference to a recognized public land survey corner (distances north/south and east/west). Each well must be identified by a unique name and/or number.
- Indicate the area of use by Quarter/Quarter and tax lot clearly identified
- Number of acres per Quarter/Quarter and hatching to indicate area of use if for supplemental irrigation or nursery
- Location of main canals, ditches, pipelines or flumes
- Other: _____

Date _____

(For staff use only)



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

- SECTION 1: _____
- SECTION 2: _____
- SECTION 3: _____
- SECTION 4: _____
- SECTION 5: _____
- SECTION 6: _____
- SECTION 7: _____
- SECTION 8: _____
- Fees _____

MAP

- Permanent quality and drawn in ink
- Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
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- Other _____

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