Application for an Emergency Use Permit for Groundwater (Drought)

OREGON WATER RESOURCES DEPARTMENT

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.

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: $ 1,000

$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: _____

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SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME			PHONE (HM)
STEVE DERUYTER			
PHONE (WK)	CELL		FAX
509-727-6626			
ADDRESS			
2300 KRUSE RD			
CITY	STATE	ZIP	E-MAIL*
PASCO	WA	99301	ssderuyter@gmail.com, sharonderuyter@gmail.com

Organization Information

NAME			PHONE	FAX
SSD LANDS LLC			509-727-6626	
ADDRESS				CELL
2300 KRUSE RD				
CITY	STATE	ZIP	E-MAIL*	
PASCO	WA	99301		

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

AGENT / BUSINESS NAME			PHONE	FAX
PAUL GARVIN/GARVIN HYDROGEO LLC			**503-347-7188**	
ADDRESS				CELL
1705 MAIN ST. STE 101				
CITY	STATE	ZIP	E-MAIL*	
BAKER CITY	OR	97814	**garvin.hydrogeo@gmail.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	Print Name *and title if applicable*	Date
	Steve DeRuyter / Member	7/21/26

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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

		IF LESS THAN 1 MILE:	
WELL NO.	NAME OF NEAREST SURFACE WATER	DISTANCE TO NEAREST SURFACE WATER	ELEVATION CHANGE BETWEEN NEAREST SURFACE WATER AND WELL HEAD
Well 2	Peach Creek - 6,000' S of the well	NA	NA

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)*.

Well log attached (UNIO 52514). Well owner indicated that well is capable of 3,000 gpm

SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: Quaternary-Late Tertiary Vol & Volcaniclastic Aq

Total maximum rate requested: 2,245 gpm
(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 right examiner.

										PROPOSED USE			
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)	SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE-FEET)
Well 2	☐	☒	UNIO 52514 (L-107433	☒	16"	+2' - 225'	NA	0' - 225'	56.30' blsd	Quaternary-Late Tertiary Vol & Volcaniclastic Aq	315'	2,245	600
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									

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* 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)
Irrigation	July 31 - October 31	600

Rights affected by drought:

County in which use will occur: **Union**
(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*): 400 acres

List the Permit or Certificate number(s) of the water right(s) affected by drought: 98535, Permits: S-35791, S-42690, and S-50717

Indicate the maximum total number of acre-feet you expect to use in an irrigation season: 600

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): 150 hp turbine

☐ Other means (describe): _____

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

Water is appropriated at UNIO 52514 where it can be pumped into a mainline that runs approximately 3,700 feet North to supply two center pivots or runs approximately 1,600 feet Southeast to supply a center pivot. The requested place of use is shown on the accomanying map.

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.

Surface flows provided by the Powder Valley Water Control District are rapidly diminishing. The amount of water requested will supplement these water rights. Runoff and excessive evaporation will be avoided using this water efficient technology.

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	Address	
Powder Valley Water Control District	PO Box 189 – 690 E Street	
City	State	Zip
North Powder	OR	97867

☐ 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: unknown

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).*

This emergency water right is being requested since the current water supplied by Powder Valley Water Control District becomes an unreliable source of irrigation water in dry years.

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

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.)
- ☐ 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 _____

_____

_____

_____

_____

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UNIO 52514

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

6/5/2015

WELL I.D. LABEL# L 107433
START CARD # 1026419
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name Last Name
Company 5-D FARMS
Address 2300 KRUSE RD
City PASCO State OR Zip 99301

(2) TYPE OF WORK

[X] 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

[X] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 315.00 ft.

BORE HOLE

Dia	From	To
20	0	225
15	225	315

SEAL

Material	From	To	Amt	sacks/lbs
Cement w/5% Bentonit	0	225	30080	P
		Calculated	18565	
		Calculated		

How was seal placed: Method [ ] A [X] B [ ] C [ ] D [ ] E
[ ] Other
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
●	○	16	X	2	225	375	●	○	X	
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

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

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

○ Pump ○ Bailer ● Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
3000		315	2

Temperature 52 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County UNION Twp 6.00 S N/S Range 39.00 E E/W WM
Sec 5 NW 1/4 of the SE 1/4 Tax Lot 801
Tax Map Number Lot 801
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
( ) Street address of well (●) Nearest address
52276 LAMPKIN
NORTH POWDER, OR 97867

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	5/23/2015			41

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 230

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
5/22/2015	230	305	3000			41

(11) WELL LOG

Ground Elevation

Material	From	To
black clay	0	5
brown sandy clay	5	23
large sand, multi colored	23	67
grey sticky clay	67	88
dark blue sticky clay	88	130
multi colored fine and course sand	130	146
grey sticky clay,fine and course sand	146	180
rock grey broken	180	200
rock grey very hard	200	205
rock grey hard, broken,caving mud loss	205	222
rock grey med. hard	222	235
grey rock extremely broken 5 lb cuttings	235	305
grey rock hard	305	315

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Date Started 5/15/20 Completed 5/23/2015

(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 Date
Signed

(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 1937 Date 6/5/2015
Signed BRENDAN PECK (E-filed)
Contact Info (optional) Brendan Peck

ORIGINAL - WATER RESOURCES DEPARTMENT

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