

Scott White helped w/app

Application for an Emergency Use Permit for Ground Water (Drought)



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME <i>Dennis Hitt</i>		PHONE (HM)	
PHONE (WK) <i>541 882 1243</i>	CELL	FAX	
ADDRESS <i>12445 Hwy 140 E</i>			
CITY <i>Klamath Falls OR</i>	STATE <i>OR</i>	ZIP <i>97603</i>	E-MAIL <i>hitt_ranch@gmail.com</i>

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		PHONE	FAX
ADDRESS			CELL
CITY	STATE	ZIP	E-MAIL

Note: Attach multiple copies as needed

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.

[Signature]
Applicant Signature

Dennis C. Hitt
Print Name and title if applicable

4/15/14
Date

Applicant Signature

Print Name and title if applicable

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For Department Use		APR 18 2014
App. No. <i>G-17842</i>	Permit No. _____	Date _____

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
1	LOST RIVER	1/4 mile	
2	lost River Kilgore Spring	1/2 mile	

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: 2.0 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 right examiner.

20821-9

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"/>	KLAW 10642	<input type="checkbox"/>	16"								
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO well log	<input type="checkbox"/>	10"	200'							
	<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.

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SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
irrigation	May 1 ST — Oct 31 ST	3.0 AF

Rights affected by drought:

County in which use will occur: Klamath

Please indicate the total number of acres to be irrigated (*must match map*): 200.00 acres

List the Permit or Certificate number(s) of the water right(s) affected by drought: _____
cert. 2280

Indicate the maximum number of acre-feet you expect to use in an irrigation season: 600.00 AF

SECTION 5: WATER MANAGEMENT

A. Diversion and Conveyance

What equipment will you use to pump water from your source?

Pump (give horsepower and type): _____

Other means (describe): _____

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

Open ditch

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; prevent adverse impact to public uses of affected surface waters.

Use as needed

SECTION 6: 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 if necessary*).

Due to draught -No water in Clear Lake
and Lost River

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SALEM, OR



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900
 www.wrd.state.or.us

Date _____

(For staff use only)

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

- SECTION 1: _____
- SECTION 2: _____
- SECTION 3: _____
- SECTION 4: _____
- SECTION 5: _____
- SECTION 6: _____
- 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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4/15/14E/1800

STATE OF OREGON WATER WELL REPORT (as required by ORS 537.765)

KLAM 10642

NOV 23 1992

WATER RESOURCES DEPT SALEM, OREGON

(START CARD) # 39907

(1) OWNER: Name BALIN RANCHES Well Number # 1

Address 13600 HOMERDALE RD City KLAMATH FALLS State OR Zip 97601

(2) TYPE OF WORK: [X] New Well [] Deepen [] Recondition [] Abandon

(3) DRILL METHOD: [] Rotary Air [X] Rotary Mud [] Cable [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 724 ft.

Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds. Includes handwritten entries for 22, 19, 150, 150, 467, 25 SCS.

How was seal placed? Method [] A [] B [X] C [] D [] E [] Other

Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Diameter From To Gauge Steel Plastic Welded Threaded

Table for casing and liner details with columns for diameter, gauge, and material type (steel, plastic, welded, threaded).

Final location of shoe(s) 19 FEET

(7) PERFORATIONS/SCREENS: [] Perforations [] Screens Method Type Material

Table for perforations/screens with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

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

Table for well test results with columns: Yield gal/min, Drawdown, Drill stem at, Time. Includes handwritten entry: 1000, 150, 1 hr.

Temperature of Water 64°F Depth Artesian Flow Found Was a water analysis done? [] Yes [] No

(9) LOCATION OF WELL by legal description: County KLAMATH Latitude Longitude Township 41S N or S. Range 14E E or W. WM. Section 18 SE 1/4 SW 1/4 Tax Lot 00300-000 Block Subdivision Street Address of Well (or nearest address) WEST LANE VALLEY RD BONANZA, OR

(10) STATIC WATER LEVEL: 15 ft. below land surface. Date 10/23/92 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found

Table for water bearing zones with columns: From, To, Estimated Flow Rate, SWL. Includes handwritten entry: 383, 724, INDETERMINATE.

(12) WELL LOG: Ground elevation

Table for well log with columns: Material, From, To, SWL. Lists geological layers like Boulders & Brown Clay, Black Basalt, Grey Basalt, etc.

Date started 9/23/92 Completed 10/23/92

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards.

Signed Date WWC Number

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above.

Signed Date WWC Number 601