

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

Emergency Use Permit Application Processing

ORS 536.700-780 and 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.

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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MAY 12 2014

SALEM, OR

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 JAMES WILLIAM VOTTO		PHONE (HM) 510-223-3932	
PHONE (WK)	CELL SAME	FAX N/A	
ADDRESS 93905 PIKE LANE			
CITY LAKEVIEW	STATE OR.	ZIP 97630	E-MAIL JIMVOTTO@GMAIL.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.

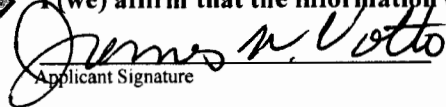
AGENT / BUSINESS NAME		PHONE	FAX
ADDRESS			CELL
CITY	STATE	ZIP	E-MAIL

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.


Applicant Signature

JAMES W. VOTTO
Print Name and title if applicable

5-6-2014
Date

Applicant Signature

Print Name and title if applicable

Date

For Department Use		
App. No. 6-17857	Permit No. _____	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).

N/A

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	COTTONWOOD CR.	OVER 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).

N/A

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SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: BASIN FILL Sediment

Total maximum rate requested: 521.7 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.

6-17857-7

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 checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	8-12	126 ISL		126 ISL	-	BASIN FILL SED	350'	521.7	279
	<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.

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Revised 3/9/2010

Emergency Use Permit Application - Ground Water/5 of 8

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SALEM, OR

SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
SUP IRR.	APRIL 1 - OCT 1	279

Rights affected by drought:

County in which use will occur: LAKE

Please indicate the total number of acres to be irrigated (must match map): 93 acres

List the Permit or Certificate number(s) of the water right(s) affected by drought: CERT # 85839
PERMIT # 5-43956

Indicate the maximum number of acre-feet you expect to use in an irrigation season: 139.5

SECTION 5: WATER MANAGEMENT

A. Diversion and Conveyance

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

- Pump (give horsepower and type): SUB 25 H.P.
- Other means (describe): _____

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

FLOOD THRU EXISTING DITCH SYSTEM.

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.

FLOWMETER - IRRIGATE AT NIGHT

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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).

LAKEVIEW WATER USERS WILL ONLY BE DELIVERING 1.5 ACRE/FEET OF WATER FROM DREWS RES. & COTTONWOOD RES. THIS WELL IS TO SUPPLEMENT WATER NOT DELIVERED BY L.W.U.

Well will be constructed similarly to Lake 52338 copy attached 3

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SALEM, OR
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STATE OF OREGON
WATER SUPPLY WELL REPORT

LAKE 52338 LAKE

WELL LABEL # L 107034

(ORS 537.765 & OAR 690-205-0210)

START CARD # 1014244

Instructions for completing this report are on the last page of this form.

52338 ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D.
First Name BURT Last Name SWINGLE
Company _____
Address 70 Box 589
City LAKEVIEW State OR Zip 97230

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

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 350 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
14"	0	350	CEMENT	0	126	35	Scks
			SB BENTONITE			3	Scks

How was seal placed: Method A B C D E
 Other _____
Backfill placed from -350 ft. to 126 ft. Material 3/8 GRAVEL
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		10"	+	2	350	.250	✓			✓

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method SAW
Screens Type _____ Material _____

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓	✓				130	350	1/8	3	4180	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 1300 Drawdown 345 Drill stem/Pump depth 1 Duration (hr) _____
Temperature 58 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County LAKE Twp 39 N of S Range 19 E or W W.M.
Sec 15 NE 1/4 of the NE 1/4 Tax Lot 200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 93757 LEEHMAN LN LAKEVIEW

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>8-31-11</u>		-	<u>33 1/2</u>

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 34'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
	<u>34</u>	<u>350</u>	<u>1300+</u>		-	<u>33 1/2</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
SANDY BRN CLAY	0	3
SAND - 1/4" GRAVEL	3	9
FINE BRN SAND	9	33
FINE BRN SAND, CLAY	33	50
SAND, GRAVEL, CLAY LAYERS	50	73
FINE BLACK SAND	73	106
GRAVEL, CLAY, SAND	106	305
COARSE GREEN PUMICE SAND	305	315
SANDY GRAY	315	350

RECEIVED SEP 28 2011 WATER RESOURCES DEPT SALEM, OREGON
RECEIVED NOV 03 2011 WATER RESOURCES DEPT SALEM, OREGON

Date Started 7-25-11 Completed 8-30-11

(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 1739 Date 9-20-11
Signed [Signature]

(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 1355 Date 9-20-11
Signed [Signature]
Contact Info. (optional) _____

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MAY 12 2014

G-17857

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

LAKE 52338

WELL LABEL # L 107034
START CARD # 1014244
ORIGINAL LOG #

Instructions for completing this report are on the last page of this form.

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Seal Material _____
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Actual Amount Used: _____ sacks/lbs

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Casing	Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10"	+	2	350	.450	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Saw
Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
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 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____
1300 345 1

Temperature 58 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County LAKE Twp 39 N or S Range 190 E or W W.M.
Sec 15 NE 1/4 of the NE 1/4 Tax Lot 200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 93757 LEEHMANN LN LAKEVIEW

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	8-31-11		-	334.2

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 34'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
	34	350	1300+		-	334.2

(11) WELL LOG Ground Elevation _____

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FINE BRN SAND, CLAY	33	50
SAND, GRAVEL, CLAY LAYERS	50	73
FINE BLACK SAND	73	106
GRAVEL, CLAY, SAND	106	305
COARSE GREEN PUMICE SAND	305	315
SANDY GRAY CLAY	315	350

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SEP 23 2011

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 7-25-11 Completed 8-30-11

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License Number 1739 Date 9-20-11
Signed [Signature]

(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 1355 Date 9-20-11
Signed [Signature]
Contact Info. (optional)

MAY 12 2014

G-7857



LAKE COUNTY

Property Account Summary

Account No.: 12166 Alternate Property Number: 39S19E140000100
 Account Type: Real Property
 TCA: 708
 Situs Address: 93905 PIKE LN
 UNDETERMINED CITY OR
 Legal: SECTION 14 TOWNSHIP 39S RANGE 19E QUARTER PRCL 100 MapTax Lot: 39S19E140010000

Parties:

Role	Name & Address
Owner	VOTTO JAMES W REV TRUST 4/15/2003 JAMES W VOTTO TRUSTEE 4 LIVE OAK CIR EL SOBRANTE CA 94803
Taxpayer	VOTTO JAMES W REV TRUST 4/15/2003 JAMES W VOTTO TRUSTEE 4 LIVE OAK CIR EL SOBRANTE CA 94803

Property Values:

Value Name	2013	2012	2011
AVR Total	\$153,915	\$149,548	\$145,310
TAV Total	\$153,915	\$149,548	\$145,310
Real Mkt Land	\$271,943	\$259,727	\$259,727
Real Mkt Bldg	\$115,224	\$117,308	\$114,550
Real Mkt Total	\$387,167	\$377,035	\$374,277

Property Characteristics:

Tax Year	Characteristic	Value
2013	Property Tax Deferral	Potential Additional Tax Liability
	Neighborhood	9: 708
	Land Class Category	551: Farm Zone EFU Improved
	Acreage	154.500
	Change property ratio	5XX Farm & Forest

Exemptions:

(End of Report)

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SALEM, OR

6-78-7

RECORDING REQUESTED BY:

JAMES W. VOTTO

**WHEN RECORDED MAIL TO
AND MAIL TAX STATEMENTS TO:**

JAMES W. VOTTO
4 LIVE OAK CIR
EL SOBRANTE, CA 94803

LAKE COUNTY, OREGON 2012-000389
D-TTDEED
Cnt=1 Pgs=2 04/02/2012 10:29:26 AM
\$10.00 \$11.00 \$15.00 \$10.00 Total:\$46.00



I, Stacie Geaney, County Clerk for Lake County, Oregon
certify that the instrument identified herein was
recorded in the Clerk records.

Stacie Geaney - County Clerk

Space Above This Line For Recorder's Use

TRUST TRANSFER GRANT DEED

THE UNDERSIGNED GRANTOR(s) DECLARE(s):

DOCUMENTARY TRANSFER TAX is \$ NONE DUE. CITY TAX \$ NONE DUE.

Computed on full value of property conveyed, or Computed on full value less value of liens or encumbrances remaining at time of sale or transfer.

Unincorporated area: City of _____, and
"This conveyance transfers the grantor's interest into his or her revocable trust, R & T 11911".
Excluded from Reappraisal Under Proposition 13, California Constitution Article 13A § 1, et seq.
This conveyance does not constitute a "change of ownership", R & T 62.

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
JAMES W. VOTTO, AN UNMARRIED MAN, WHO ACQUIRED TITLE AS JAMES W. VOTTO

hereby GRANT(s) to
JAMES W. VOTTO, Trustee of the JAMES W. VOTTO REVOCABLE TRUST, DATED APRIL 15,
2003

the following described real property in the County of LAKE, State of OREGON (Assessor's Parcel No.
39s19e14 tax lot 100 APN: 12166):

The Northeast 1/4 of Section 14 in Township 39 South, Range 19 East of the Willamette Meridian in
Lake County, Oregon. EXCEPTING therefrom that portion lying in State Highway #140 and County
Roads 2-19 and 2-19E and 2-19-F

Property Commonly Known as: 93905 Pike Lane, Lakeview, OR 97630

Dated: FEBRUARY 22, 2012

JAMES W. VOTTO

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MAY 12 2012

G-17857

SALEM, OR

LAKE COUNTY RECORDING NO.

2012000389

STATE OF CALIFORNIA }
COUNTY OF CONTRA COSTA } S.S.

On FEBRUARY 22, 2012 before me, LISA CONTRERAS, (NOTARY PUBLIC), personally appeared JAMES W. VOTTO, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Lisa Contreras (Seal)



Unofficial Copy

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SALEM, OR