

# 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 HENRY C.G. CHEYNE		PHONE (HM) 541 545-6398	
PHONE (WK)	CELL 541 891-5780		FAX
ADDRESS 9961 E. LANGELL VLY RD			
CITY BONANZA	STATE OR	ZIP 97623	E-MAIL HCHEYNE@CENTURYTEL.NET

### 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.

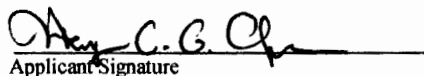
AGENT / BUSINESS NAME		PHONE	FAX
ADDRESS			CELL
CITY	STATE	ZIP	E-MAIL

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

Henry C. G. Cheyne  
Print Name and title if applicable

5-14-2015  
Date

Applicant Signature

Print Name and title if applicable

Date  
**RECEIVED BY OWRD**

For Department Use		
App. No. <u>G-18085</u>	Permit No. _____	Date <u>MAY 18 2015</u>

**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*).

Richard A. Smith 10166 E Langell Vly Rd, Bonanza, Or 97623

**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
KLAM 10364	Lost 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*).

RECEIVED BY OWRD

MAY 18 2015

SALEM, OR

G-180085

**SECTION 3: WELL DEVELOPMENT, CONTINUED**

Source (aquifer), if known: \_\_\_\_\_

Total maximum rate requested: \_\_\_\_\_ (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.

50001-9

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)
Smith	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KLAM 10364	<input type="checkbox"/>	16"	+1' to - 129'			16' 5" 5/13/15		524'	1100	220
	<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"/>									
	<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.

RECEIVED BY OWRD  
 MAY 18 2015  
 WR SALEM, OR

**SECTION 4: WATER USE**

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Irrigation	June 20 – Sept 1, 2015	220

**Rights affected by drought:**  
 County in which use will occur: Klamath  
 Please indicate the total number of acres to be irrigated (*must match map*): 147 acres  
 List the Permit or Certificate number(s) of the water right(s) affected by drought: LVID surface water  
 Indicate the maximum number of acre-feet you expect to use in an irrigation season: 367

**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): 100 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 travels aprox 2800' in existing ditch to pressure pump that supplies the pivot.

**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.

The pivot is nozzled for 950 GPM and there will be a small amount of transportation loss. There is a weir at the well to measure well flow.

RECEIVED BY OWRD

MAY 18 2015

SALEM, OR

*G-10085*

**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 as necessary*).

Due to the drought we were allocated 1 ac ft of surface water from LVID and we expect the reservoir to be turned off on aprox June 20, 2015.

Gi-180085

**RECEIVED BY OWRD**

**MAY 18 2015**

**SALEM, OR**

**WR**

STATE OF OREGON  
**WATER WELL REPORT**  
 (as required by ORS 537.785)

*Klamath*  
*20364*

DEC 23 1991

*40S/13E/200*

(START CARD) # W-26536

(1) OWNER: Well Number: 3  
 Name Richard A. Smith  
 Address 10166 E. Langell Vly. Rd.  
 City Bonanza State OR. Zip 97623

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

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  
 Other

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

(5) BORE HOLE CONSTRUCTION:  
 Special construction approval Yes  No  Depth of Completed Well 524 ft.  
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
20"	0	129	Cement	0	129	95 Sacks
16"	129	270				
12"	160	315				
10"	315	440				
8"	440	524				

How was seal placed:  A  B  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
Casing: 16"	+1	-129	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets: \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Telap/pipe size	Casing	Liner
						<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"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing  Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1900	184'		1 hr.
Test pumped by Valley Pump.			

Temperature of water 68 Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes By whom \_\_\_\_\_  
 Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
 Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
 County Klamath Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 40S N or S Range 13E E or W, WM.  
 Section 2 NE W NE W  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 10166 E. Langell Vly. Rd.

(10) STATIC WATER LEVEL:  
16 ft. below land surface. Date 9/4/91  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 22'

From	To	Estimated Flow Rate	SWL
245'	524'	1900 GPM	16'

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
Sandy Soil	0	3	
Brown Sandstone	3	16	
Yellow Clay	16	22	
Brown Sandstone & Clay	22	55	
Coarse Brown Sandstone	55	80	
Yellow Claystone	80	124	
Grey Basalt	124	150	
Brick Red Rock	150	172	
Grey Basalt	172	245	
Grey Basalt w/Sandy Clay	245	265	16'
Blue Rock & Clay	265	280	16'
Blue Clay	280	295	16'
Brown Clay & Pumice	295	305	16'
Blue Clay	305	375	16'
Hard Black & Brown rock	375	524	16'

RECEIVED BY OWRD

MAY 18 2015

SALEM, OR

Date started 7/30/91 Completed 11/14/91

(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. Materials used and information reported above are true to my best knowledge and belief.  
 Signed Michael W. Smith WWC Number 1452  
 Date 12/8/91

(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. all work performed during this time is in compliance with Oregon well construction standards. The report is true to the best of my knowledge and belief.  
 Signed John W. Kennedy WWC Number 693  
 Date 12/8/91

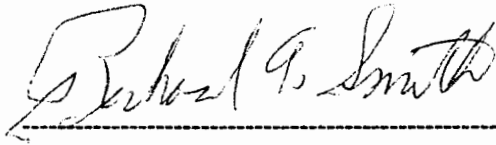
G-18085

Well agreement between Richard A. Smith and Henry C.G. Cheyne.

It is agreed that Henry C.G. Cheyne will have access and sole use of the irrigation well (Klam 10364) owned by Richard A. Smith for the 2014 irrigation season ( May 1 – October 1 ).

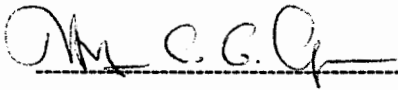
Well location: NE1/4 NE1/4 Section 2, T 40S, R 13E WM, 40 feet south and 275 feet west from the NE corner, Section 2.

Henry C.G. Cheyne agrees to pay all electrical bills and all maintenance costs associated with the well (Klam 10364) for the 2014 irrigation season.



Date 2-19-2014

Richard A. Smith



Date 2-19-2014

Henry C.G. Cheyne

RECEIVED BY OWRD

MAY 18 2015

SALEM, OR

G-19005

Amendment A.

Amendment to well agreement (KLAM 10364) between Richard A. Smith and Henry C.G. Cheyne dated 2/19/2014.

This agreement Between Richard A. Smith and Henry C.G. Cheyne on KLAM 10364 will be extended to include the 2015 irrigation season.

 Date 5/13/15

Lyle R. Smith trustee for Richard A. Smith

 Date 5/13/15

Henry C.G. Cheyne

RECEIVED BY OWRD

MAY 18 2015

SALEM, OR

G-18085



# 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.

- x SECTION 1: applicant information and signature
  - x SECTION 2: property ownership
  - x SECTION 3: well development
  - x SECTION 4: water use
  - x SECTION 5: water management
  - x SECTION 6: drought information
- 

### Attachments:

- x Fees - Amount enclosed: \$ 800.00  
\$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:

- x Permanent quality and drawn in ink
- x Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
- x North Directional Symbol
- x Township, Range, Section, Quarter/Quarter, Tax Lots
- x Reference corner on map
- x 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.
- x Indicate the area of use by Quarter/Quarter and tax lot clearly identified
- x Number of acres per Quarter/Quarter and hatching to indicate area of use if for supplemental irrigation or nursery
- x Location of main canals, ditches, pipelines or flumes
- Other \_\_\_\_\_

RECEIVED BY OWRD

MAY 18 2015

SALEM, OR  
WR

G-180025  
Revised 3/9/2010