

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

RECEIVED

Emergency Use Permit Application Processing

APR 02 2020

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. **OWRD**

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: drought information

RECEIVED
APR 02 2020
OWRD

Attachments:

Fees - Amount enclosed: \$ 1200.00

\$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:

- 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: _____

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

RECEIVED
APR 02 2020
OWRD

SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME <i>Cory Turner</i>		PHONE (HM)	
PHONE (WK)	CELL <i>541-891-0161</i>	FAX	
ADDRESS <i>21051 Paygr Rd</i>			
CITY <i>Malin</i>	STATE <i>OR</i>	ZIP <i>97632</i>	E-MAIL <i>65CLTURNER@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.


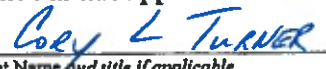
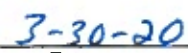
AGENT / BUSINESS NAME		PHONE	FAX
ADDRESS			CELL
CITY	STATE	ZIP	E-MAIL

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.




 Applicant Signature Print Name and title if applicable Date
 Applicant Signature Print Name and title if applicable Date

For Department Use		
App. No. _____	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).

Dale ~~Smith~~ Vogeli
 Don Unruh
 Reed Galup
 Randy Turner
 Gary Perry

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	1/2 miles	

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: 6.45 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.

OWNER'S WELL NAME OR NO.	PROPOSED	EXISTING	WELL ID (WELL TAG) NO.* OR WELL LOG ID**	FLOWING ARTERIAN	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"/>	.KLAM 57403	<input type="checkbox"/>									
2	<input type="checkbox"/>	<input type="checkbox"/>	KLAM 57371	<input type="checkbox"/>									
3	<input type="checkbox"/>	<input type="checkbox"/>	KLAM 52706	<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

APR 02 2020

SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Irrigation	April 15 - Oct 31	1 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): 516.06 acres
 List the Permit or Certificate number(s) of the water right(s) affected by drought: _____
Malin Irrigation,
 Indicate the maximum number of acre-feet you expect to use in an irrigation season: 516.06

SECTION 5: WATER MANAGEMENT

A. Diversion and Conveyance

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

- Pump (give horsepower and type): 100 HP, 125 HP
- Other means (describe): _____

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

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 need

RECEIVED
 APR 02 2020
 OWRD

SW $\frac{1}{4}$ SE $\frac{1}{4}$ 40.00 ACRES
SECTION 28

NW $\frac{1}{4}$ NE $\frac{1}{4}$ 39.98 ACRES
SW $\frac{1}{4}$ NE $\frac{1}{4}$ 40.00 ACRES
NE $\frac{1}{4}$ SE $\frac{1}{4}$ 40.00 ACRES
SW $\frac{1}{4}$ SE $\frac{1}{4}$ 39.10 ACRES
SE $\frac{1}{4}$ SE $\frac{1}{4}$ 39.12 ACRES

SECTION 33

TOWNSHIP 40 SOUTH, RANGE 12 EAST, W.M.

SE $\frac{1}{4}$ NE $\frac{1}{4}$ 15.00 ACRES
~~NE $\frac{1}{4}$ SW $\frac{1}{4}$ 35.00 ACRES~~ OUT
SECTION 1

SE $\frac{1}{4}$ NE $\frac{1}{4}$ 10.80 ACRES
SW $\frac{1}{4}$ NE $\frac{1}{4}$ 12.00 ACRES
NW $\frac{1}{4}$ SE $\frac{1}{4}$ 36.00 ACRES
NE $\frac{1}{4}$ SE $\frac{1}{4}$ 35.70 ACRES
SW $\frac{1}{4}$ SE $\frac{1}{4}$ 20.00 ACRES
SE $\frac{1}{4}$ SE $\frac{1}{4}$ 36.00 ACRES

SECTION 3

TOWNSHIP 41 SOUTH, RANGE 11 EAST, W.M.

SW $\frac{1}{4}$ NW $\frac{1}{4}$ 35.06 ACRES
SECTION 4

SE $\frac{1}{4}$ NE $\frac{1}{4}$ 39.10 ACRES
SECTION 5

SW $\frac{1}{4}$ SW $\frac{1}{4}$ 38.20 ACRES
~~SE $\frac{1}{4}$ SW $\frac{1}{4}$ 40.00 ACRES~~ OUT
SECTION 8

TOWNSHIP 41 SOUTH, RANGE 12 EAST, W.M.

RECEIVED

APR 02 2020

OWRD



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 _____

RECEIVED
APR 02 2020
OWRD

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 Drought, ~~to~~ the irrigation district is unsure of how much water will be available

RECEIVED
APR 02 2020
OWRD