

Michelle Angell 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

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SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME Dale Carland Carland Family Trust		PHONE (HM) 541 892 0247
PHONE (WK)	CELL	FAX
ADDRESS P.O. Box 64		
CITY Midland	STATE OR	ZIP 97634 E-MAIL dccare@steelinternet.com

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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.

Dale Carland
Applicant Signature

Dale Carland Trustee
Print Name and title if applicable

7-1-20
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*).

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	Klamath River	2 miles	

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 OWRD

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*).

MIDDLETON Cory M * WRD

From: dccar@steelinternet.com
Sent: Thursday, July 09, 2020 9:06 AM
To: MIDDLETON Cory M * WRD
Subject: Re: OWRD

On 07-08-2020 13:45, MIDDLETON Cory M * WRD wrote:

- > Hello,
- >
- > As per our conversation on the phone, I am writing this email to ask
- > for some clarification on your Drought application.
- >
- > I am looking for clarification on how much water the well can produce
- > at the Well Head, you indicated earlier you were thinking around 1200
- > GPM. If you can confirm that amount I'll be able to move the
- > application on over to a caseworker.
- >
- > Thank you, Cory Middleton
- >
- > Customer Service Representative
- >
- > Oregon Water Resources Department
- >
- > 725 Summer St. NE Suite A
- >
- > Salem, OR 97301
- >
- > 503-986-0801
- >
- > Integrity | Service | Technical Excellence | Teamwork |
- > Forward-

The owner of the well said that it puts out 4000 bpm. I would like to request 3 ccs. Let me know if you need anything else. Thanks for your help.

Dale Carland

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.

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)
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KLAW 53732	<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"/>		<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	July 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): 67.15 acres

List the Permit or Certificate number(s) of the water right(s) affected by drought: _____
KBFD, KID

Indicate the maximum number of acre-feet you expect to use in an irrigation season: ~~67.15~~ 67.15

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SECTION 5: WATER MANAGEMENT

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A. Diversion and Conveyance

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

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- Pump (give horsepower and type): 50 hp Centrifugal
- 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 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*).

The Bureau of Reclamation has determined there isn't enough water for B water users in the Klamath Project, so they are shut off completely

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 725 Summer Street NE, Suite A
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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 _____

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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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STATE OF OREGON

MAR 18 2003

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT

Instructions for completing this report are on the back of this form.

WELL I.D. # L 32935

START CARD # 102562

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(1) **LAND OWNER** Well Number _____
 Name LEE R. SUKRAW
 Address 1881 LOWER KLAMATH LAKE RD.
 City KLAMATH FALLS State OR Zip 97603

(2) **TYPE OF WORK**
 New Well Deepening Alteration (repair/recondition) Abandonment

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

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

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 480 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks of _____	
Diameter	From To	Material	From To		
24"	0 35	CEMENT	0 35	4.915	
20"	35 250				
12"	250 325				
10"	325 425	* 6" From 425 to 480'			

How was seal placed: Method 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: 20"	420 351	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/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"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
2500 +		250	1 hr.

Temperature of water 80° 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 39 N or S Range 9 E or W. WM. _____
 Section 28 SE 1/4 NE 1/4
 Tax Lot 1900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) S. END of WASHINGTON WAY

(10) **STATIC WATER LEVEL:**
 _____ ft. below land surface. Date 3-09-03
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 34

From	To	Estimated Flow Rate	SWL
34	45	10 gpm	
60	480	3000 +	12'

(12) **WELL LOG:** Ground Elevation 4130

Material	From	To	SWL
SANDY CLAY TOPSOIL	0	8	
BROWN CLAY	8	14	
GREEN CLAY	14	15	
BROWN SAND	15	16	
GREEN CLAY	16	34	
GREEN LIMESTONE/SAND	34	39	32'
BLACK SAND	39	45	
BLACK SANDSTONE	45	48	
BLACK BASALT	48	89	72'
BLACK BASALT / ASH	89	92	12
BROKEN BASALT	92	322	12
VERY HARD GRAY BASALT	322		12
WITH LAYERS OF BROKEN AREA	2	480	12

Date started 10-10-01 Completed 3-07-03

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 WWC Number _____
 Signed _____ Date _____

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 1355
 Signed Arthur J. Jay Date 3-09-03

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Emergency Use Permit Application Processing

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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.

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

Attachments:

Fees - Amount enclosed: \$ 600.00

\$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
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- Location of main canals, ditches, pipelines or flumes
- Other: _____

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