

Application for an Emergency Use Permit for Groundwater (Drought)



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

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SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME Jesse Hickey		PHONE (HM)	
PHONE (WK)	CELL 541-892-0509		FAX
ADDRESS PO box 358			
CITY Merrill	STATE OR	ZIP 97633	E-MAIL hickeyorganics@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 JIM CARLETON / On Point Solutions		PHONE 541-891-9424	FAX
ADDRESS Po Box 774			CELL
CITY Merrill	STATE OR	ZIP 97633	E-MAIL jcarletonops@gmail.com

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.

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List the names and mailing addresses of all affected landowners (*attach additional sheets if necessary*).

Drew Hill

KIRK KIRKPATRICK

SHELLY CHAPMAN

WAYNE MEEK

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	2.5	

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: 12.00cfs (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)	ANNUAL VOLUME (ACRE-FEET)
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KLAM 52932	<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	4-1-21 / 10-31-21	

Rights affected by drought:
 County in which use will occur: KLAMATH (if the right is located in Klamath Basin/County you must complete section 7)
 Please indicate the total number of acres to be irrigated (must match map): 972.18 acres
 List the Permit or Certificate number(s) of the water right(s) affected by drought: KLAMATH IRRIGATION DISTRICT
 Indicate the maximum number of acre-feet you expect to use in an irrigation season: 972.18

SECTION 5: WATER MANAGEMENT

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A. Diversion and Conveyance

What equipment will you use to pump water from your well(s)?

- Pump (give horsepower and type): 150 HP
- Other means (describe):
CONVEY IN DITCHES

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; and prevent the discharge of contaminated water to a surface stream.

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 as necessary*).

DUE TO CONTINUED DROUGHT IRRIGATION DISTRICT IS USSURE HOW MUCH WATER
WILL BE AVAILABLE

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SECTION 7: KLAMATH BASIN/COUNTY WELL INFORMATION

A functioning, totalizing flowmeter will be required for any drought permits issued. Is there currently a flowmeter installed on each of the PODs listed in the table in Section 3 of this application? Yes No*

*Please note that watermaster staff will visit the well to confirm flowmeter presence prior to issuance of an emergency drought groundwater permit. Where possible, watermaster staff will take a static water level measurement. Alterations to the well head may be required in order to make the water level measurements and these may be conditions of the permit.

For each well, please provide a description of the flowmeter location, the serial number, the current flowmeter reading and the date the reading was taken in the table below.

OWNER'S WELL NAME OR NUMBER.	WELL TAG NUMBER (IF AVAILABLE)	WELL LOG ID (E.G., KLAM 1234)	FLOWMETER SERIAL NUMBER	FLOWMETER READING	FLOWMETER DATE	FLOWMETER LOCATION
1		KLAM 52932	18-04637-14	467.096	2-17-21	WELL HEAD

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Date _____

(For staff use only)



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

- SECTION 1: _____
- SECTION 2: _____
- SECTION 3: _____
- SECTION 4: _____
- SECTION 5: _____
- SECTION 6: _____
- SECTION 7: _____
- 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 _____

Oregon Water Resources Department
Well Report Query

- [Main](#) [Help](#)
- [Return](#) [Contact Us](#)

Well Report Query Results GPS points, where available are at the far right of the table. Click link to view on map

Well Log: KLAM 52932

Well Log	Details	T-R-S/ Q-Q-Q	Taxlot	Street of Well	Owner	Company	Special Standards	Well Type	First Water	Completed Depth	Static Water Level	Yield	Completed Date	Received Date	Bonded Constructor	Startcard	Well Id #	New	Abandon	Deepen	Alteration	Conversion	Domestic	Irrigation	Community	Livestock	Industrial	Injection	Thermal	Dewatering	Piezometer	Latitude/ Longitude	
KLAM_52932 Groundwater Info	Details	40.00S-10.00E-2S NE-SW	700	1900 HILL RD	HILL DAVID 18343 HILL RD KLAMATH FALLS OR 97603			W	125.00	465.00	97.0	3000.0	08/18/2001	09/17/2001	CHANCELLOR, ROGER W ROGER CHANCELLOR WELL DRILLING	108712	45598	✓						✓									42.0570 -121.6005

[Download Data](#)

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OWNER'S WELL NAME OR NUMBER	WELL TAG NUMBER (IF AVAILABLE)	WELL LOG ID (E.G., KLAM 1234)	FLOWMETER SERIAL NUMBER	FLOWMETER READING	FLOWMETER DATE	FLOWMETER LOCATION
			18-04637-14	467.122	3/11/21	0.29 AF
		Hold	125		Time: 1020am	
		Cvt	4.71			
		MD	0.84			
			128.91			AF BLS

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STATE OF OREGON
WATER WELL REPORT
(as required by ORS 53778(5))

SEP 17 2001

WELL ID # L45598

(START CARD)# 108712

WATER RESOURCES DEPT.
SALEM, OREGON 97331

(1) OWNER

DAVID HILL
18343 HILL RD
KLAMATH FALLS OR 97603

(9) LOCATION OF WELL by legal description :

County KLAMATH Latitude Longitude
Township 40 S Range 10 E
Section 26 NE 1/4 SW 1/4
Tax Lot 700 Lot Block Subdivision
Street Address of Well (or nearest address)
1900 HILL RD

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(2) TYPE OF WORK : NEW WELL

(3) DRILL METHOD : ROTARY MUD

(4) PROPOSED USE: Irrigation

(10) STATIC WATER LEVEL:

97 ft. below land surface Date August 18, 2001
Artesian pressure Date

(5) BORE HOLE CONSTRUCTION:

Special Construction Approval No Depth of Completed Well 465 ft.

Explosives used NO Type Amount

HOLE		SEAL		AMOUNT	
Diameter	From To	Material	From To	Sacks	
23"	0 125	CEMENT	0 124	105	
15 1/2"	125 220				
10"	220 465				

How was seal Placed C

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of Gravel

(11) WATER BEARING ZONES :

Depth at which water was first found 125

From	To	Estimated Flow Rate	SWL
125	465	3000 GPM	97

(6) CASING / LINER:

Dia.	From To	Gage	Material
CASING 16"	+1 125	250	STEEL / WELDED

Final location of shoe (s)

(12) WELL LOG:

	Ground Elevation		
	FROM	TO	SWL
SOIL	0	1	
BROWN CLAY	1	5	
BOULDERS	5	7	
BROWN CLAY	7	12	
BROWN CLAY- SANDY	12	100	
BLUE CLAY- SANDY	100	119	
GREY BASALT	119	125	
BROWN+ GREY BASALT	125	291	97
GREY BASALT+ RED CINDERS	291	300	97
BROWN+GREY BASALT	300	340	97
BROWN+GREY BASALT W/RED CINDERS	340	342	97
BROWN+GREY BASALT	342	360	97
RED CINDERS+ GREY BASALT	360	390	97
GREY+ BROWN BASALT	390	465	97

(7) PERFORATIONS / SCREENS:

METHOD	TYPE	MATERIAL
--------	------	----------

From To Slot size Number Dia. Tele / pipe size

Date started July 2, 2001 Completed August 18, 2001

(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.

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

TESTING METHOD	PUMP	Drill stem at	Time
Yield GPM	Drawdown		
3000	3'		4 HOUR

Temperature of Water 74 F Depth Artesian Flow Found

Was a water analysis done? No By whom

Did any strata contain water not suitable for intended use? No

Mike West DATE 9-14-01 WWC # 1452

(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. This report is true to the best of my knowledge and belief.

DATE 9-14-01 WWC # 693