

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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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.

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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
- SECTION 7: KLAMATH BASIN WELL INFORMATION

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Attachments:

Fees - Amount enclosed: \$ 1400

\$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 _____

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SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME <i>Cory Turner</i>		PHONE (HM)	
PHONE (WK) <i>541-891-0161</i>	CELL	FAX	
ADDRESS <i>21051 Payer 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.

Cory L Turner
Applicant Signature

Cory L Turner
Print Name and title if applicable

4-6-21
Date

Applicant Signature

Print Name and title if applicable

Date

For Department Use		
App. No. <i>G-19005</i>	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).

Randy Turner
 Julia Unruh
 Dwayne Mann
 Stan Chronister
 Jason Johnson

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	5 miles	
2			
3	RECEIVED	↓	
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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: 9 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 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 57403	<input type="checkbox"/>									
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Klam 57371	<input type="checkbox"/>									
3	<input type="checkbox"/>	<input checked="" 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"/>									
	<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

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USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
irrigation	April 16 - Oct 31 ST	1 AF

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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): 718.42 acres
 List the Permit or Certificate number(s) of the water right(s) affected by drought: KID
 Indicate the maximum number of acre-feet you expect to use in an irrigation season: 718.42

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): 125, 125, 100 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; 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 DROUGHT, IRRIGATION
DISTRICT IS UNSURE 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

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Date _____

(For staff use only)



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
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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 _____

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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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Well Report Query

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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 57403

Well Log	Details	T-R-S/ QQ-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 57403 Exempt Use Map Groundwater Info	Details	41.00S-11.00E-3 SE-NE	800	21920 ADAMS POINT RD	TURNER, RANDALL 18625 DRAZIL RD MALIN OR 97632			W	18.00	305.00	72.0	3000.0	05/20/2010	06/01/2010	FRY, ARTHUR L FRY INDUSTRIES INC	202974	103034	✓							✓								42 0258 -121 5080

[Download Data](#)

Well #1

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

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

KLAM 57403

KIAM 57403

WELL LABEL # L 103034

START CARD # 202974

ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D.
First Name RANDALL Last Name TURNER
Company _____
Address 18625 DRAZIL RD.
City MALIN State OR Zip 97632

(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 305 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
20"	0	202	CEMENT	0	202	7050	LBS
12"	202	235	BENTONITE			350	LBS
8"	235	305					

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
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
✓		16"	+	2	202	.250	✓		✓	

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

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

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
3000 +		240'	

Temperature 67 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County KLAMATH Twp 41 N of 11 Range 11 E of W.W.M.
Sec 03 SE 1/4 of the NE 1/4 Tax Lot 800
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 21920 Adams Pt. Rd.
MALIN, OR

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	5-20-10		-	72

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 18

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5-20-10	175	305	3000 +		-	72
5-04-10	18	22	5		-	18

(11) WELL LOG Ground Elevation _____

Material	From	To
SANDY TOPSOIL	0	4
SANDY TAN CLAY	4	18
MED. BLEN SAND	18	22
TAN CLAYSTONE	22	48
TAN CLAY	48	60
GREEN CLAY	60	90
BAN. CLAY	90	135
BASALT - BAN CLAY	135	180
ROCKY BAN CLAY	180	195
BROKEN BASALT	195	305

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Date Started 5-04-10 Completed 5-20-10

(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 17391 Date 5-27-10
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 5-27-10
Signed [Signature]

Contact Info. (optional) _____
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WATER RESOURCES DEPT

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
Well Measurement			Flowmeter Data			
Date	4/5/21		RECEIVED APR 07 2021		Brand	McCrometer
Time	1230			Serial #	12-03344-14	
Hold	75		OWRD		Reading	756.495
Cut	3.17			Multiplier	0.001	
MP Height	1.24			Units	Af	
WL =	26.93	ft BLS				WL 2014 = 80.23ft

Well #1
Klam 57403
 42.0258
 -121.5080

mp heights
 1" Column Ports 1.24ft
 Measuring Tubes 2.11ft

Oregon Water Resources Department
Well Report Query

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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 57371

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 57371 Groundwater Info	Details	41.00S-11.00E-1 SW-NE	700	21051 PAYGR RD	TURNER, CORY 21051 PAYGR RD MALIN OR 97632			W	4.00	410.00	60.0	2000.0	04/18/2010	05/03/2010	FRY, ARTHUR L FRY INDUSTRIES INC	202968	103027	✓						✓									42.0330 -121.4683

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Well #2

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

KLAM 57371

WELL LABEL # L 103027

START CARD # 202968

ORIGINAL LOG #

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

(1) LANDOWNER
Owner Well I.D. _____
First Name CORY Last Name TURNER
Company _____
Address 21051 PAYGR RD
City MALIN State OR Zip 97632

(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 410 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	21	CEMENT	0	21	42	543
20"	21	225	CEMENT/5% BENTONITE	0	225	9082	135
16"	225	410					

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
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	Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		20"	+	1	22	.250	✓		✓	
✓		16"	+	2	225	.250	✓		✓	

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

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

Perf	Scrn	Csng	Liner	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 2000 Drawdown 200' Drill stem/Pump depth 1 Duration (hr) _____

Temperature 63 °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 Klamath Twp. 41 N S Range 11 E or W W.M.
Sec 01 SW 1/4 of the NE 1/4 Tax Lot NE 700
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) 21051 PAYGR RD
MALIN, OR

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>4-18-10</u>			<u>60'</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 4'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>3-15-10</u>	<u>4</u>	<u>16</u>	<u>10</u>			<u>4'</u>
<u>4-18-10</u>	<u>190</u>	<u>410</u>	<u>2500</u>			<u>60'</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
SANDY TURBID	0	4
BEN. SAND	4	12
FRAC. TAN CLAYSTONE	12	60
GREEN CLAY	60	190
FRAC. GRN. CLAYSTONE	190	225
BROKEN BASALT	225	410

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Date Started 3-08-10 Completed 4-18-10

(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 4-28-10
Signed Chris King

(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 4-28-10
Signed Arthur J. King
Contact Info. (optional) _____

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
Well Measurement			RECEIVED			Flowmeter Info
Date	4/5/21		APR 07 2021			Brand McCrometer
Time	1300					Serial # 07-02954-14
Hold	25		OWRD			Reading 806065
Cut	0.14					Multiplier 0.001
MP Height	1.8					Units AF
WL =	73.34	ft BLS				WL 2014 = 76.58ft

Well #2
Klam 57371
 42.0330
 -121.4683

APR 07 2021

Oregon Water Resources Department
Well Report Query

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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 52706

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 52706 Groundwater Info	Details	41.00S-12.00E-6 NE-SW	1100	PAYGER WAY AND HARPOLD RD	RENNE, GARY 20206 HARPOLD RD MALIN OR 97632			W	95.00	560.00	57.0	1900.0	04/29/2001	05/29/2001	CHANCELLOR, ROGER W ROGER CHANCELLOR WELL DRILLING	108698	45593	✓															42.0410 -121.4631

[Download Data](#)

Well #3

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

WELL ID # L45593
 (START CARD)# 108698

(1) OWNER 01 05
 GARY RENNE
 20206 HARPOLD RD.
 MALIN OR 97632

(9) LOCATION OF WELL by legal description :
 County KLAMATH..... Latitude Longitude
 Township 41..... S..... Range 12..... E.....
 Section 6..... NE 1/4 SW 1/4
 Tax Lot 1100..... Lot Block Subdivision
 Street Address of Well (or nearest address)
 PAYGER WAY & HARPOLD RD.....

(2) TYPE OF WORK : NEW WELL

(3) DRILL METHOD : ROTARY AIR

(4) PROPOSED USE: Irrigation

(10) STATIC WATER LEVEL:
57. ft. below land surface Date April 29, 2001.....
 Artesian pressure Date

(5) BORE HOLE CONSTRUCTION:
 Special Construction Approval NO..... Depth of Completed Well 560..... ft.
 Explosives used NO..... Type Amount

HOLE		SEAL		AMOUNT	
Diameter	From To	Material	From To	Sacks	
20"	0 59	cement & bent.	0 59	50	
15-1/2"	59 180				
10"	180 560				

 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 95'.....

From	To	Estimated Flow Rate	SWL
95	560	3000 GPM	57

(6) CASING / LINER:

Dia.	From To	Gage	Material
CASING 16"	+1 59	250	STEEL / WELDED

 Final location of shoe (s)

(12) WELL LOG: Ground Elevation

	FROM	TO	SWL
BROWN SAND & BOULDERS	0	17	
BROWN & GREY BASALT	17	95	
BROKEN GREY & BROWN BASALT	95	237	57
BROKEN GREY BASALT & RED CINDER	237	250	57
BROKEN GREY & BROWN BASALT	250	560	57

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 APR 27 2001
 MAY 2 9 2001
 WATER RESOURCES DEPT
 SALEM, OREGON
 OWRD

(7) PERFORATIONS / SCREENS:

METHOD	TYPE	MATERIAL
From To	Slot size	Number Dia. Tele / pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 TESTING METHOD PUMP
 Yield GPM 1900..... Drawdown 13'..... Drill stem at 1 HOUR.....
 Temperature of Water 58 F° Depth Artesian Flow Found
 Was a water analysis done? NO..... By whom
 Did any strata contain water not suitable for intended use? No.....

Date started March 7, 2001 Completed April 29, 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.
 DATE 5-23-01 WWC # 1758
 (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 5-23-01 WWC # 693

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APR 07 2021

SECTION 7: KLAMATH BASIN/COUNTY WELL INFORMATION

OWRD

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
Well Measurement			Flowmeter Info			
Date	4/5/21				Brand	McCrometer
Time	1245				Serial #	03-03178-12
Hold	85				Reading	880.713
Cut	1.63				Multiplier	0.001
MP Height	0.5				Units	AF
WL =	86.13	ft BLS			WL Jan 21 =	88.65ft

Well #3
Klam 52706

42.0410
-121.4631