

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.

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: \$ 1900.00

\$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 _____

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SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME <i>O'Leary Western Farm and Ranch LLC</i>		PHONE (HM) OWRD	
PHONE (WK) <i>541-281-7909</i>	CELL <i>541-281-7909</i>	FAX	
ADDRESS <i>13600 Homedale Rd</i>			
CITY <i>Klamath Falls</i>	STATE <i>OR</i>	ZIP <i>97603</i>	E-MAIL <i>Bolin Ranches@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.

[Signature]
Applicant Signature

Scott Barber
Print Name and title if applicable

4/2/21
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	LOST RIVER	3 miles	
2	LOST RIVER	3 mile	
3	LOST RIVER	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)*.

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SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: _____

Total maximum rate requested: 14.0 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 52797	<input type="checkbox"/>									
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KLAM 52825	<input type="checkbox"/>									
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KLAM 52817	<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.



SECTION 4: WATER USE

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

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): 1122.45 acres

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

Indicate the maximum number of acre-feet you expect to use in an irrigation season: 1122.45

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): well #1 150 HP
- Other means (describe): well #2 125 HP

Ditches, mainline, close system

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

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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 unclear on how much water
they can provide

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Date _____

(For staff use only)



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

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 _____

Oregon Water Resources Department
Well Report Query

- [Main](#)
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- [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 52797

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 52797 Groundwater Info	Details	40.00S-9.00E-13 SE-SW	900	6062 OCONNOR RD	BALIN, SCOTT 6062 OCONNOR RD KLAMATH FALLS OR 97603			W	48.00	187.00	39.0	2500.0	06/19/2001	07/12/2001	STOREY, DAVID M STOREY DRILLING SERVICES	107317	126124	✓						✓									42.0826, -121.7094

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TAG LOST! REPL:

STATE OF OREGON
WATER SUPPLY WELL REPORT 2001
(as required by ORS 537.765)

WELL I.D. # L29452 126124
START CARD # 107317

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

(1) OWNER: SALEM, OREGON #1
Name SCOTT GALIN
Address 6062 O'CONNOR 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 187 ft.
Explosives used Yes No Type Amount

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
22	0	25	CONCR	0	25	40 SKS
16	25	167				
12 1/4	167	187				

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
16	41	25	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 25 Feet

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 2500 Drawdown Drill stem at Time 5 hrs

Temperature of water 71°F 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 9E E or W. WM.
Section 13 SE 1/4 SW 1/4
Tax Lot R409 Lot 01300 Block 00900 Subdivision
Street Address of Well (or nearest address) 6062 O'CONNOR RD
KLAMATH FALLS, OR

(10) STATIC WATER LEVEL:
39 ft. below land surface. Date 6/19/01
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 48 FF

From	To	Estimated Flow Rate	SWL
48	187	2000	39

(12) WELL LOG: Ground Elevation
WATER RESOURCES DEPT

Material	From	To	SWL
TOPSOIL	0	1	
YELLOW CHALK	1	6	
DECOMPOSED LAVA	6	12	
HARD BLACK BASALT	12	15	
BROWN SHALE	15	17	
BROWN LAVA	17	30	
HARD GREY BASALT	30	43	
BROWN BASALT	43	56	
HARD GREY BASALT	56	61	
BROWN BASALT	61	70	
HARD GREY BASALT	70	76	
BLACK BASALT	76	84	
HARD GREY BASALT	84	90	
BLACK BASALT	90	119	
HARD GREY BASALT	119	129	
BLACK BASALT	129	150	
HARD GREY BASALT	150	152	
BLACK BASALT	152	160	
HARD GREY BASALT	160	166	
BLACK BASALT	166	187	

Date started JUNE 6, 01 Completed JUNE 19, 01
(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 601
Signed Date 7/7/01

KLAM 52797



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Replacement
Well ID Number

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Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Great Western Farm and Ranches LLC

Mailing Address: 6062 O'Connor Rd.

City, State, Zip: Klamath Falls, OR 97603

Mail Well ID Tag to: SAME AS ABOVE In Care Of (C/O)

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Name & Address: _____

City, State, Zip: _____ MAY 05 2017

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

SALEM, OR

Township: 40 (North / South) Range: 9 (East / West) Section: 13 SE 1/4 of the SW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 4001-1300-00900 County Klamath

GPS Coordinates: _____

Street Address of Well, City: 6062 O'Connor Rd Klamath Falls, OR 97603

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION

Date Well Constructed (or property built): 6-19-2001 Total Well Depth: 187' Casing Diameter: 16"

Owner at time the well was constructed (if known): Scott Balin Well Log # (if known): KLAM 52797

Other Information: Replacement tag for L29452 (Missing)

SUBMITTED BY (please print): Hollie Cannon, Water Right Solutions LLC

PHONE: 541-821-5848 EMAIL &/or FAX: hcannon@water-rightsolutions.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

*** REPLACEMENT TAG ***

For Official Use Only by the Oregon Water Resources Department:

Received Date:

5-5-17

Well Log Number:

KLAM 52797

Well Identification #:

L-126124

Oregon Water Resources Department
Well Report Query

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-  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 52825

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_52825 Groundwater Info	Details	40.00S-9.00E-2 NE-SE	1100	12080 HOMEDALE RD	NOONAN, MIKE	NOONAN, KAREN 12080 HOMEDALE RD KLAMATH FALLS OR 97603		W	45.00	622.00	57.0	2700.0	07/11/2001	08/02/2001	DESPAIN, LARRY G VANMETER & DESPAIN WELL DRILLING	139993	37551	✓						✓									42.1184 -121.7195

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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
Well Measurement			Flowmeter Info			
Date	3/11/2021				Date	3/11/2021
Time	1510				Time	1510
Hold	75				Brand	McCrometer
Cut	4.52				Serial	14-12514-12
MP Height	0.81.04	ft			Reading	951.647
					Multiplier	0.001
WL =	78.48	ft BLS			Units	AF

Well #2
KLAM 52625

Well #3

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 53776)

WELL ID # L45574
 (START CARD) # 108709

(1) OWNER 01 16
 RANDY BOCCHI
 5115 CROSS RD
 KLAMATH FALLS OR 97603

(9) LOCATION OF WELL by legal description :
 County KLAMATH Latitude Longitude
 Township 40 S Range 9 E
 Section 2 NW 1/4 SE 1/4
 Tax Lot 1200 Lot Block Subdivision
 Street Address of Well (or nearest address)
 5115 CROSS RD KLAMATH FALLS OR

(2) TYPE OF WORK : NEW WELL

(3) DRILL METHOD : ROTARY MUD

(4) PROPOSED USE: Irrigation

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction Approval Depth of Completed Well 1408 ft.
 Explosives used Type Amount
 HOLE SEAL AMOUNT
 Diameter From To Material From To Sacks
 20" 0 159 cement bent 0 159 165
 16" 159 240
 10" 240 1408
 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 31'

From	To	Estimated Flow Rate	SWL
31	154	35 GPM	6'
1117	1408	3000 GPM	29'

(6) CASING / LINER:

Dia.	From	To	Gage	Material
CASING 16"	+1	159	250	STEEL / WELDED

 Final location of shoe (s)

(12) WELL LOG: Ground Elevation

	FROM	TO	SWL
BROWN SAND + CLAY	0	10	
BROWN SAND	10	12	
BROWN SAND + CLAY	12	31	
GRAVEL	31	33	6
BLUE SAND + GRAVEL	33	38	6
BLUE SAND & CLAY	38	60	6
1/8" GRAVEL	60	154	6
BLUE CLAY	154	1117	
BROKEN GREY BASALT	1117	1398	29
BROKEN RED ROCK	1398	1400	29
BROKEN GREY BASALT	1400	1408	29

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 JUL 20 2001
 WATER RESOURCES DEPT.
 SALEM, OREGON

(7) PERFORATIONS / SCREENS:

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

Date started June 2, 2001 Completed July 10, 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
 Yield GPM Drawdown Drill stem at Time
 2400 51' 1 HOUR
 Temperature of Water 90 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 7-17-01 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 7-17-01 WWC # 693

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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 52817

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KLAM_52817 Groundwater Info	Details	40.00S-9.00E-2 NW-SE	1200	5115 CROSS RD	BOCCHI, RANDY 5115 CROSS RD KLAMATH FALLS OR 97603			W	31.00	1408.00	29.0	2400.0	07/10/2001	07/20/2001	CHANCELLOR, ROGER W ROGER CHANCELLOR WELL DRILLING	108709	45574	✓						✓									42.1155, -121.7277

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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
Well Measurement			Flowmeter Info			
Date	3/16/2021				Brand	McCrometer
Time	10:15:00				Serial#	01-05660-12
Total ^(Sonar) well	21.25				Reading	117.536
MP ^(Sounder)					Multiplier	0.001
MP height	0.2				Units	AF
WL =	21.05	ft BLS				

*E tape cannot get past a hangup in the well. John Bonner measured with a Sonar sounding device. Accuracy unknown.

Klam 52817

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (As required by ORS 537.265)

Klam
52825

WELL I.D. # L 37551
 START CARD # 139903

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

(1) OWNER: Well Number _____
 Name "Mike & Karen Jordan"
 Address 12000 Homedale 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 622'
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20	0	24	3/8 bent	0	30	37 sbs
			cement	30	74	35 sbs
14	74	203				
12	203	622				

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	Orange Seal	Steel	Plastic	Welded	Threaded
Casing: 14	0	76	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"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 76'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	1 1/2" pipe size	Casing	Liner

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

Yield gal/min	Drawdown	Drill stem at	Flowing	Time
2700	13		<input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Artesian	1 hr

Temperature of water 74° Depth Artesian Flow Found _____
 Was a water analysis done? no Yes By whom _____
 Did any strata contain water not suitable for intended use? yes Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: 45-51

(9) LOCATION OF WELL by legal description:
 County Klamath Latitude _____ Longitude _____
 Township 10S N or S Range 03 E or W, WM.
 Section 2 1/4 3/4 3/4 1/4
 Tax Lot 1100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 12000 Homedale Rd.

(10) STATIC WATER LEVEL:
70' ft. below land surface. Date 7/12/01
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 45'

From	To	Estimated Flow Rate	SWL
45	51	10	35
575	622	2,700	57

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1 1/2	
Brn clay & sand	1 1/2	2 1/2	
Brn sandstone	2 1/2	4	
Brn clay & coarse sand	4	10	
Pea gravel & Brn sandstone	10	45	
Sandstone	10	45	
Gray clay & Brn packed sand	45	51	
Gray clay & coarse sand	51	79	
Gray clay	79	105	
Gray clay & shale	105	310	
Green shale	310	320	
Gray shale	320	575	
Gray broken basalt	575	622	57

RECEIVED **RECEIVED**
 AUG 02 2001 AUG 30 2001
 WATER RESOURCES DEPT. SALEM, OREGON WATER RESOURCES DEPT. SALEM, OREGON

Date started 6/13/01 Completed 7/11/01

(Unbonded) Water Well Constructor Certification:
 I certify that the work I performed in 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 1228
 Signed Perry J. Delpain Date 7/11/01

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

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 OWRD

Great Western
Balin

↑
NORTH

Well #1
Well location
KIAM 52797

42.0826
-121.7094

REVISED

1-29-08

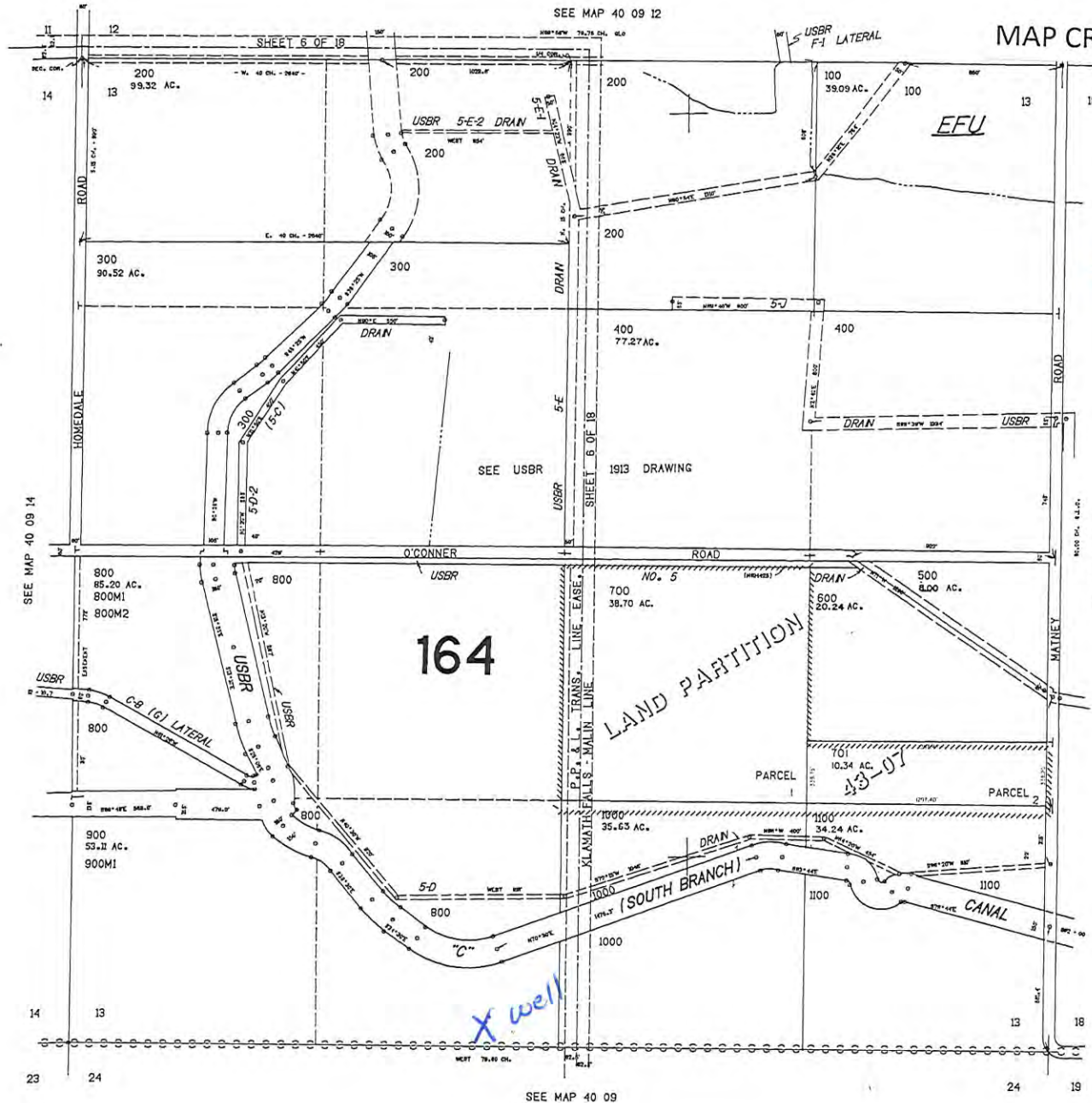
THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

SECTION 13 T.40S. R.09E. W.M.
KLAMATH COUNTY

1"=400'

MAP 1 OF 13

MAP CREATED 02/05/2021



T40S R9E
SEC 13

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1669.000

40 09 13

GREAT WESTERN

SECTION 02 T.40S. R.09E. W.M.
KLAMATH COUNTY

MAP 2 OF 13

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY.

1"=400'

SEE MAP 39 09 35

MAP CREATED 02/05/2021

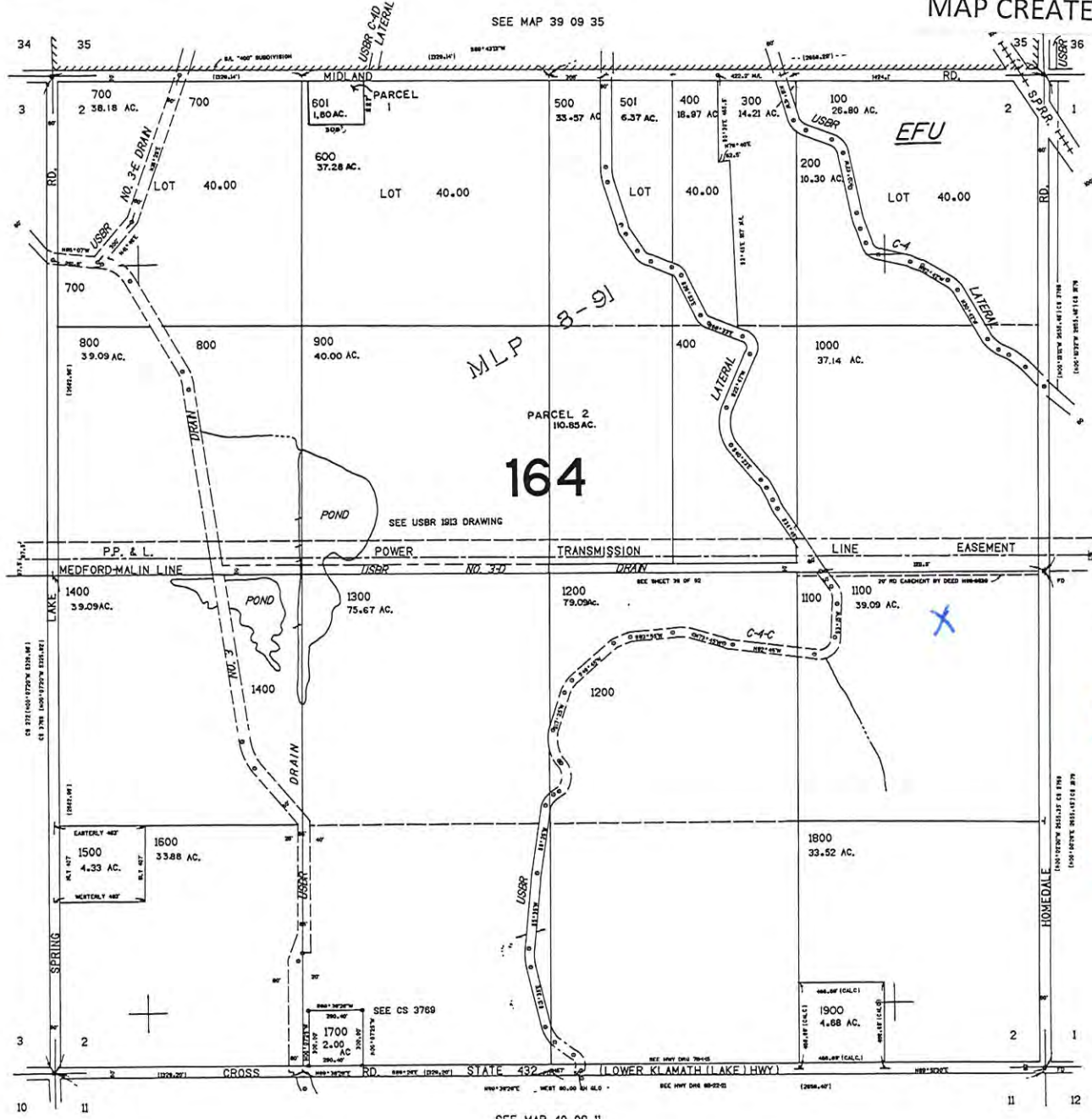
NORTH

T40S R09E
SEC 2

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OWRD

SEE MAP 40 09 03

SEE MAP 40 09 01



Well #2
Well location
KLAM 52825
42.1184
-121.7195

SEE MAP 40 09 11

40 09 02

000

165.0

SECTION 02 T.40S. R.09E. W.M.
KLAMATH COUNTY

MAP 3 OF 13

MAP CREATED 03/10/2021

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ASSESSMENT PURPOSE ONLY.

1"=400'

SEE MAP 39 09 35



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T40S R9E
SEC 02
Tax lot 1200

Well #3
Well location
42.1155
-121.7277

Scale
1" = 880'

SEE MAP 40 09 03

SEE MAP 40 09 01

SEE MAP 40 09 11

000

40 09 02

165.

REVISED 07-27-2020
THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

SECTION 18 T.39S. R.10E. W.M.
KLAMATH COUNTY
1" = 400'

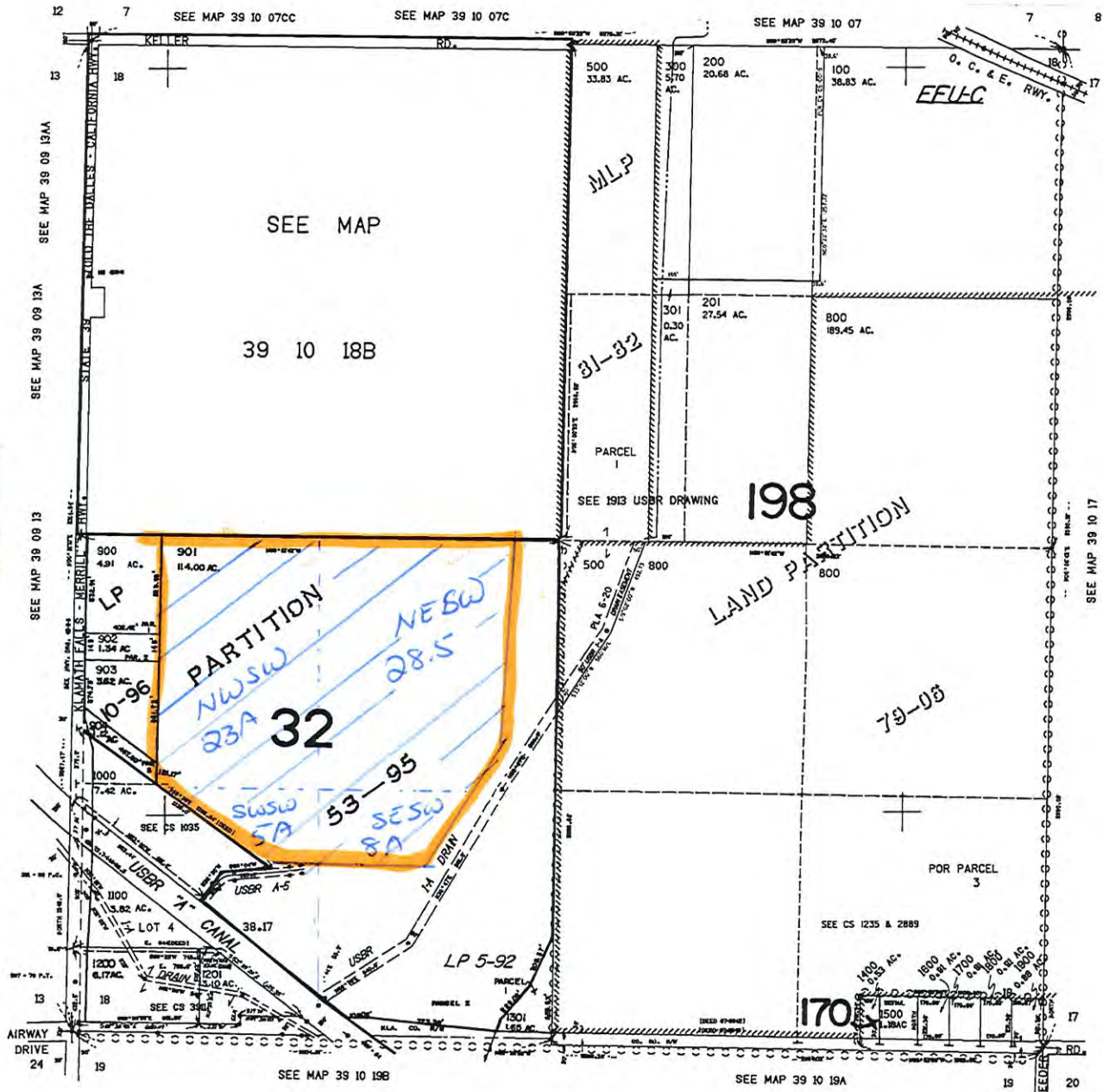
MAP 4 OF 13

MAP CREATED 03/09/2021



T39S R10E
SEC 18
Tax lot
901 NESW 28.5
NWSW 23.0
SWSW 5.0
SESW 8.0

Scale
1" = 880'



CANCELLED NO.
1300
600
700
800A1
400
202

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OWRD

39 10 18
& INDEX

REVISED 12-12-11

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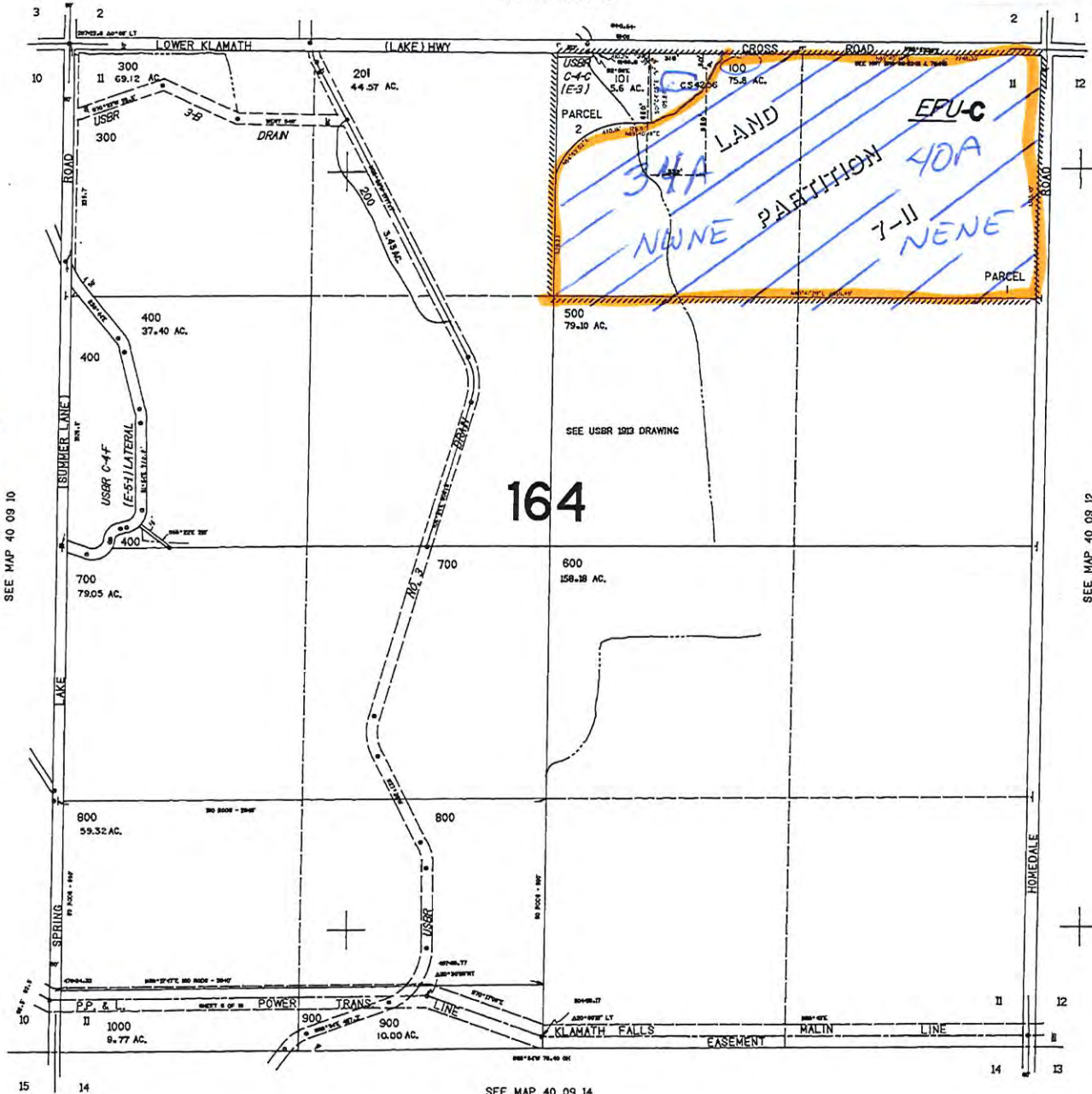
SECTION 11 T.40S. R.09E. W.M. KLAMATH COUNTY

1"=400'

MAP 5 OF 13

MAP CREATED 03/09/2021

SEE MAP 40 09 02



NORTH

T40S R09E
 SEC 11
 Tax lot
 100 NENE 40.00
 NWNE 34.00

164

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 OWRD

Scale
 1" = 880'

40 09 11

70,000

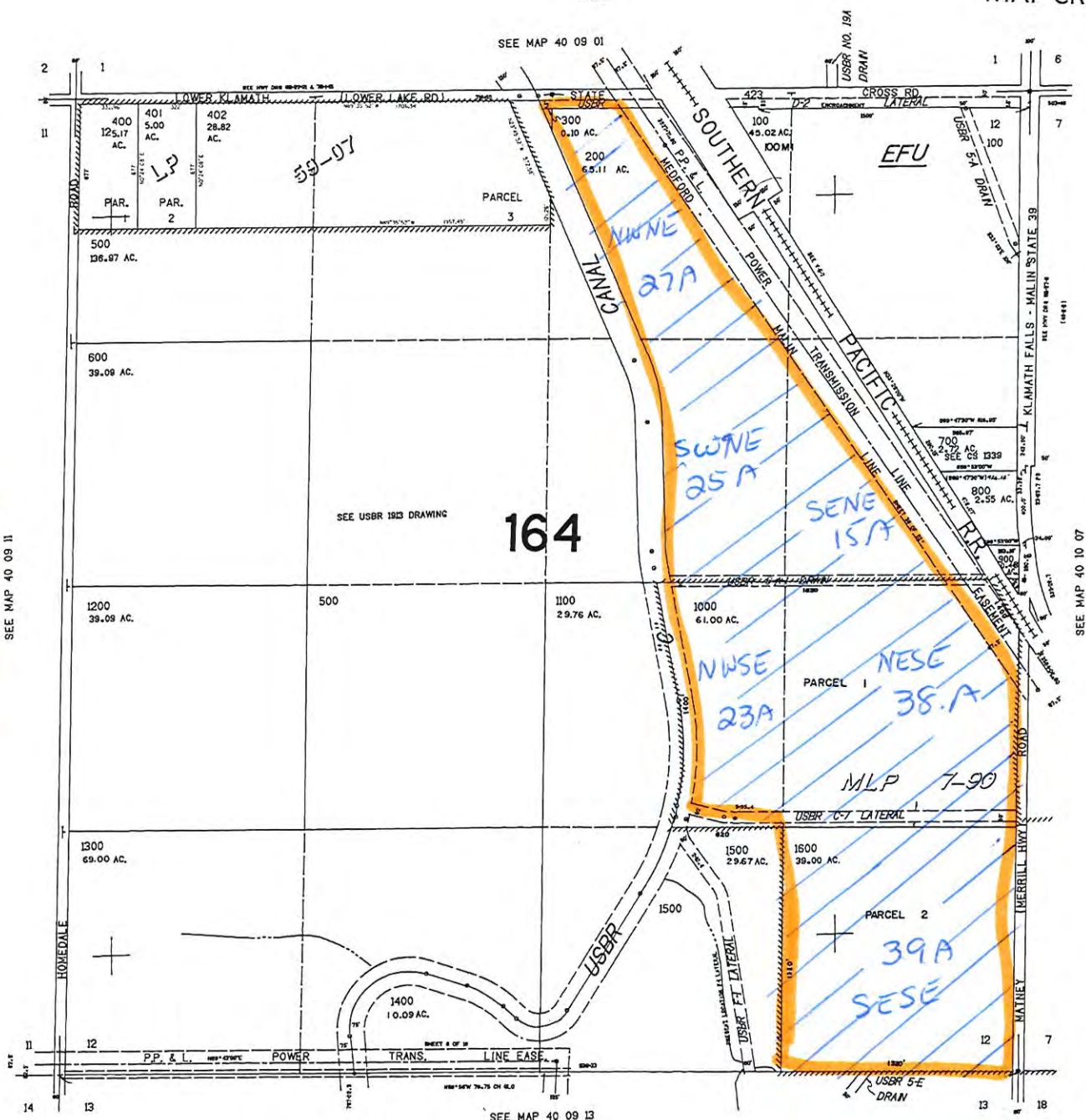
THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

SECTION 12 T.40S. R.09E. W.M. KLAMATH COUNTY

1"=400'

MAP 6 OF 13

MAP CREATED 03/09/2001



1

NORTH

T40S R9E
SEC 12

Tax lot

200	NWNE	270
	SWNE	250
	SENE	15.0
1000	NESE	38.0
	NWSE	23.0
1600	SESE	39.0

Scale

1"=880'

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1-29-08
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ASSESSMENT PURPOSE ONLY

SECTION 13 T.40S. R.09E. W.M.
KLAMATH COUNTY

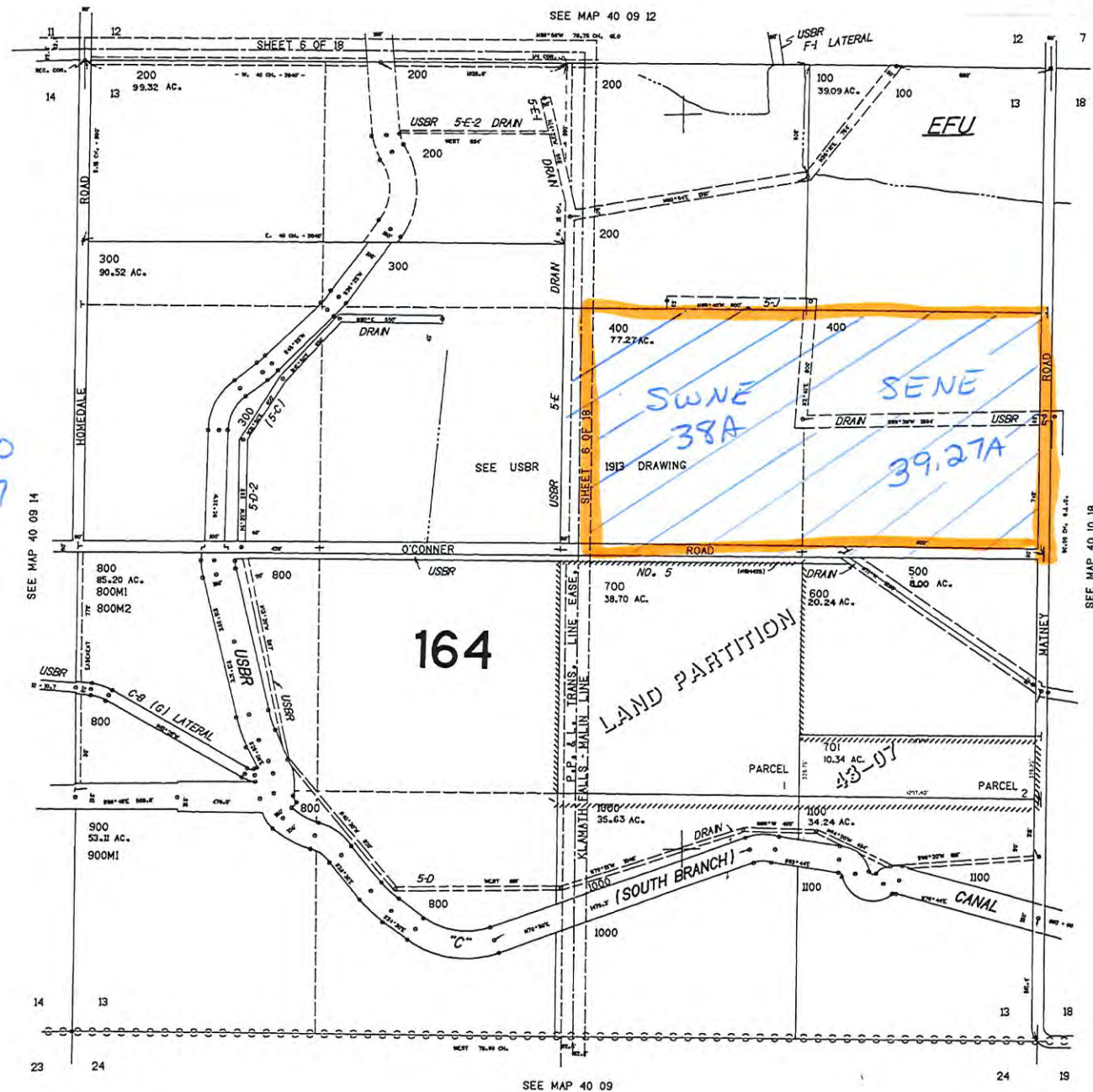
1"=400'

MAP 7 OF 13

MAP CREATED 03/09/2021

NORTH
T40S R9E
SEC 13
Tax lot
400 SWNE 38.0
SENE 39.27

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Scale
1" = 880'

1669000

40 09 13

12-21-07 REVISED

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

SECTION 07 T.40S. R.10E. W.M. KLAMATH COUNTY

1"=400'

MAP 8 OF 13

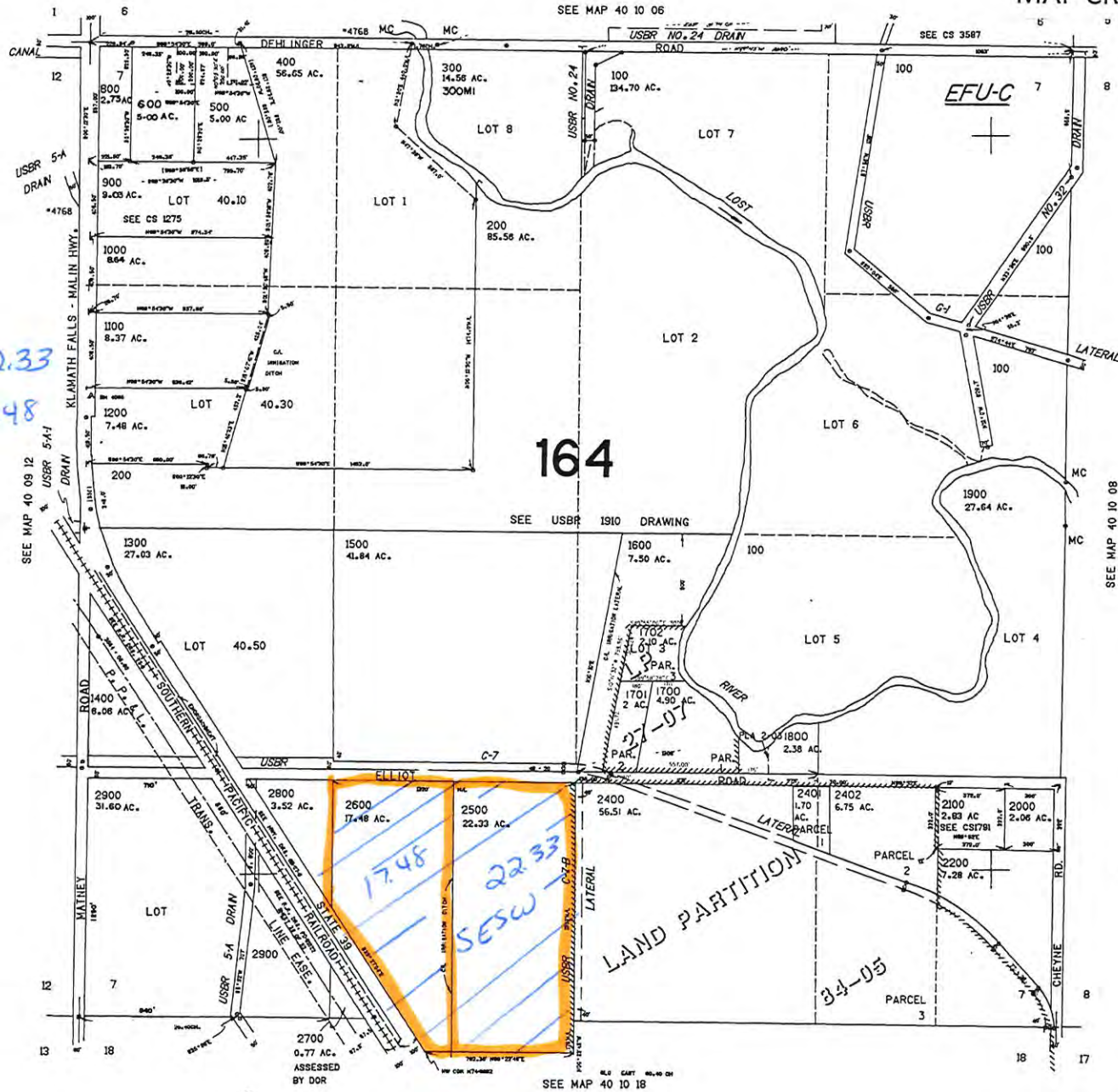
MAP CREATED 03/10/2021

CANCELLED NO. 706 2300

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APR 08 2021

OWRD



NORTH
T40 S R10 E
SEC 7

Tax lot
2500 SESW 22.33
2600 SESW 17.48

Scale
1" = 880'

160,000

1676,000

40 10 07

REVISED 12-12-11
THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

SECTION II T.40S. R.09E. W.M.
KLAMATH COUNTY

MAP 9 OF 13

MAP CREATED 03/09/2021

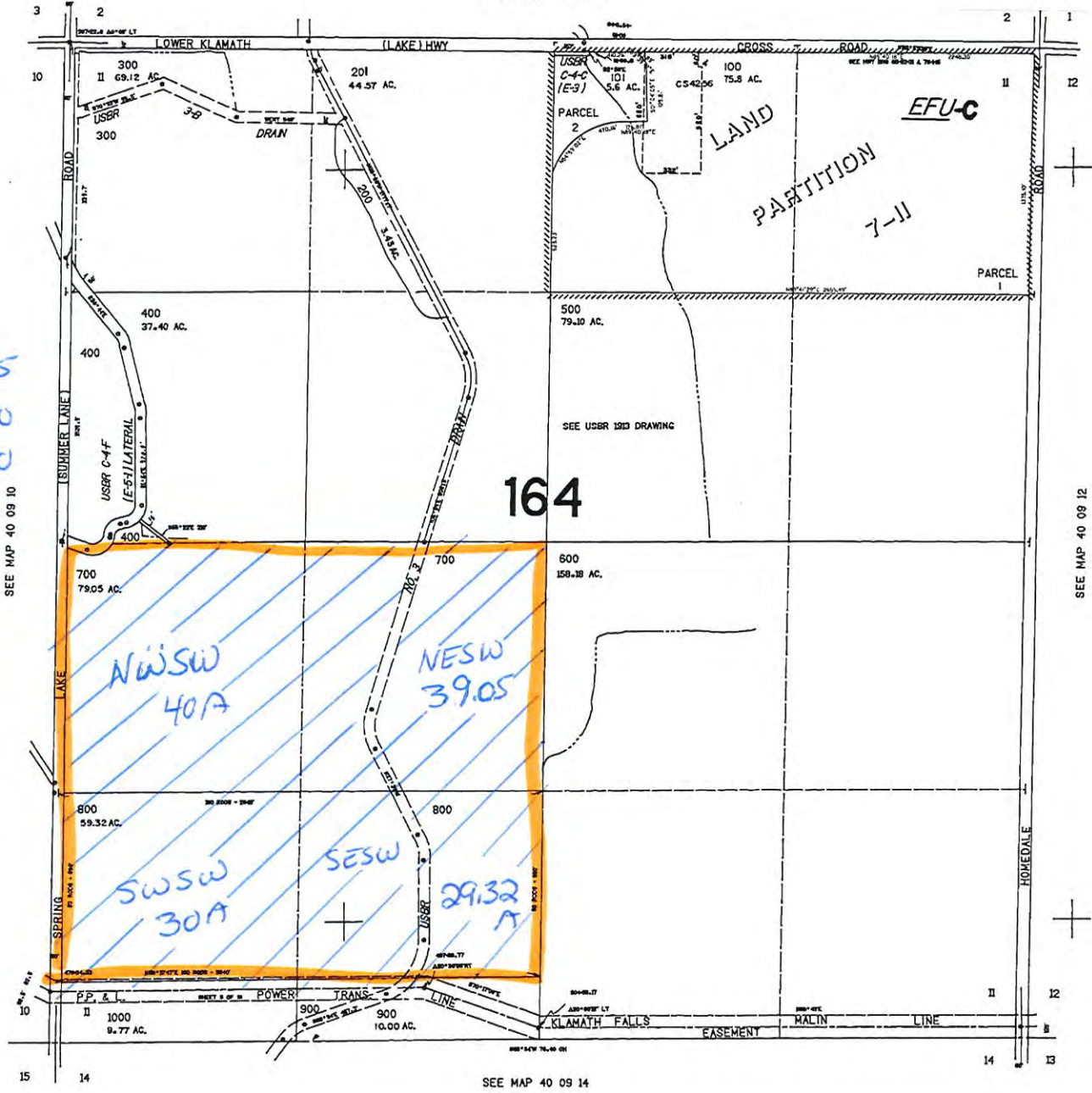
SEE MAP 40 09 02

NORTH
T40S R9E
Sec II
Tax lot

700 NESW 39.05
NNSW 40.00
800 SWSW 30.00
SESW 29.32

Scale
1" = 880'

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APR 08 2021
OWRD



SEE MAP 40 09 14

40 09 11

70,000

SECTION 14 T.40S. R.09E. W.M.
KLAMATH COUNTY

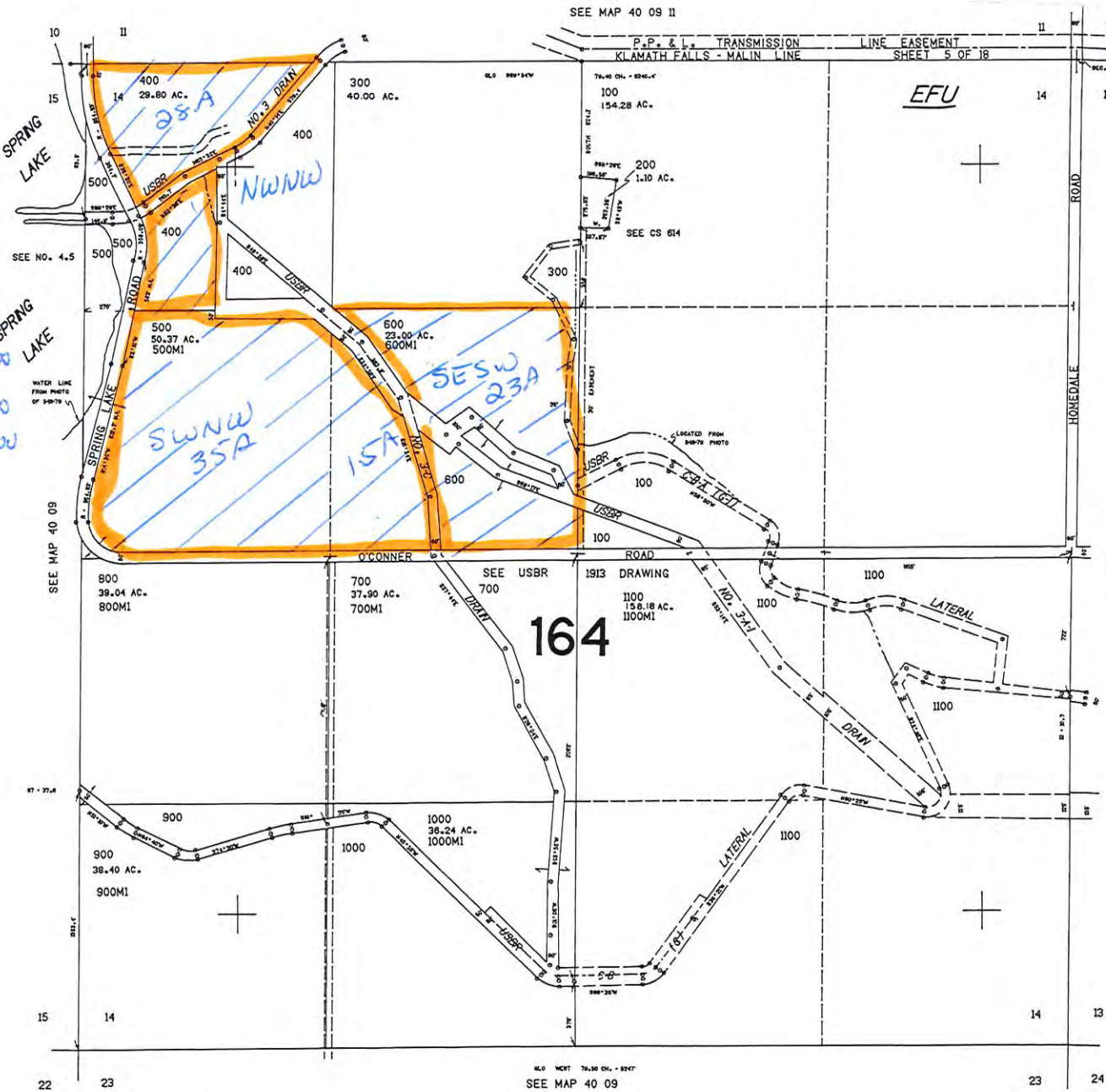
1"=400'

MAP 10 OF 13

MAP CREATED 03/10/2021

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY.

↑
NORTH
T40S R9E
SEC 14
Tax lot
400 NWNW 28.00
500 SWNW 35.00
600 SESW 15.00
600 SESW 23.00



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APR 08 2021
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Scale
1" = 880'

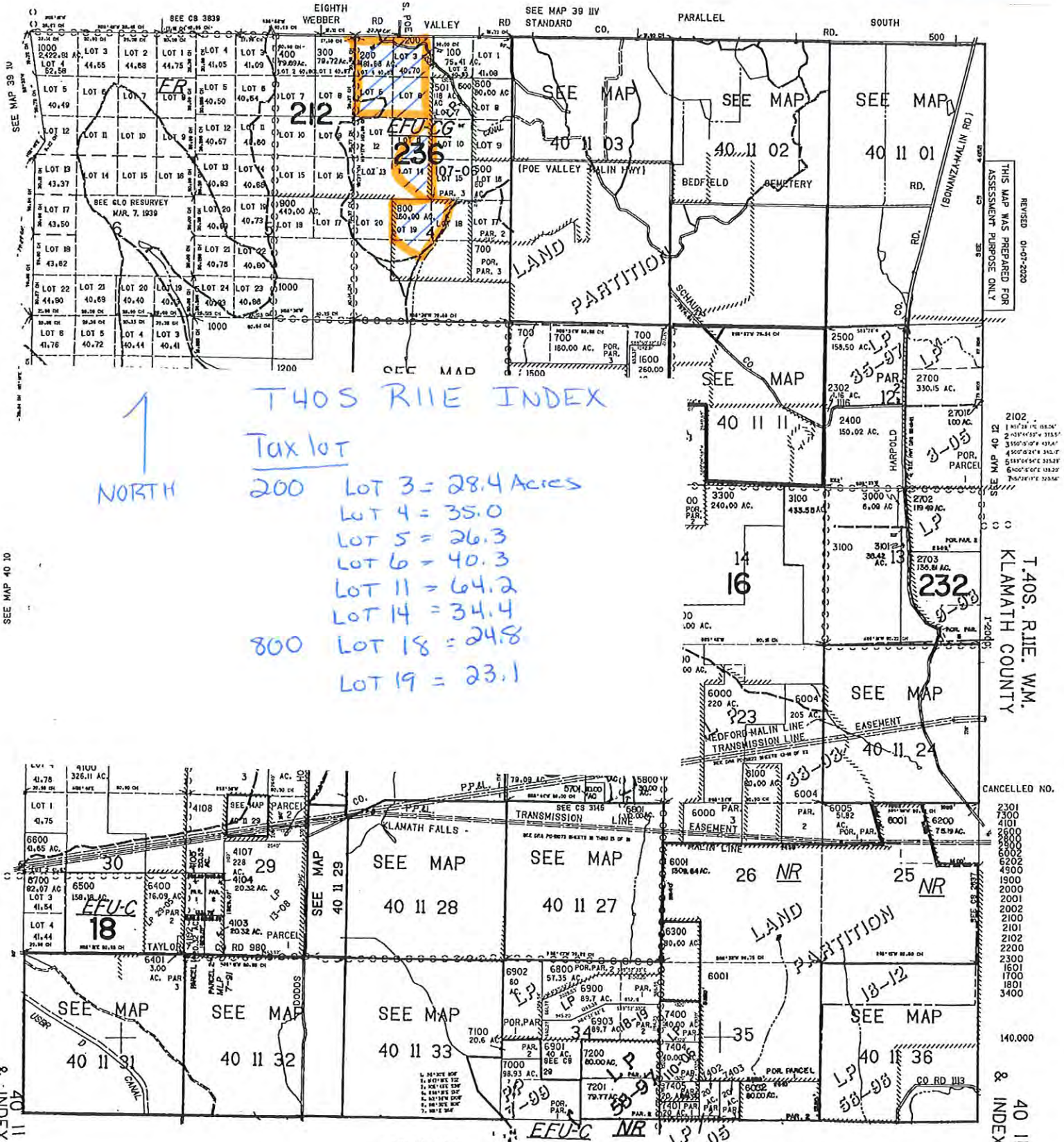
199 MI INCLUDES
500 MI - 1100 MI

154.800

T40S R11E INDEX

MAP 11 OF 13

MAP CREATED 03/09/2021



↑ NORTH

T40S R11E INDEX
Tax lot

200	LOT 3 = 28.4 Acres
	LOT 4 = 35.0
	LOT 5 = 26.3
	LOT 6 = 40.3
	LOT 11 = 64.2
	LOT 14 = 34.4
800	LOT 18 = 24.8
	LOT 19 = 23.1

REVISED 01-07-2020
THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

T.40S. R11E. W.M.
KLAMATH COUNTY

CANCELLED NO.
2301
2300
4101
2600
5800
5900
6002
6202
4500
1900
2000
2001
2002
2100
2101
2102
2200
2300
1601
1700
1801
3400

Scale 1" = 4,400'

RECEIVED
APR 08 2021
OWRD

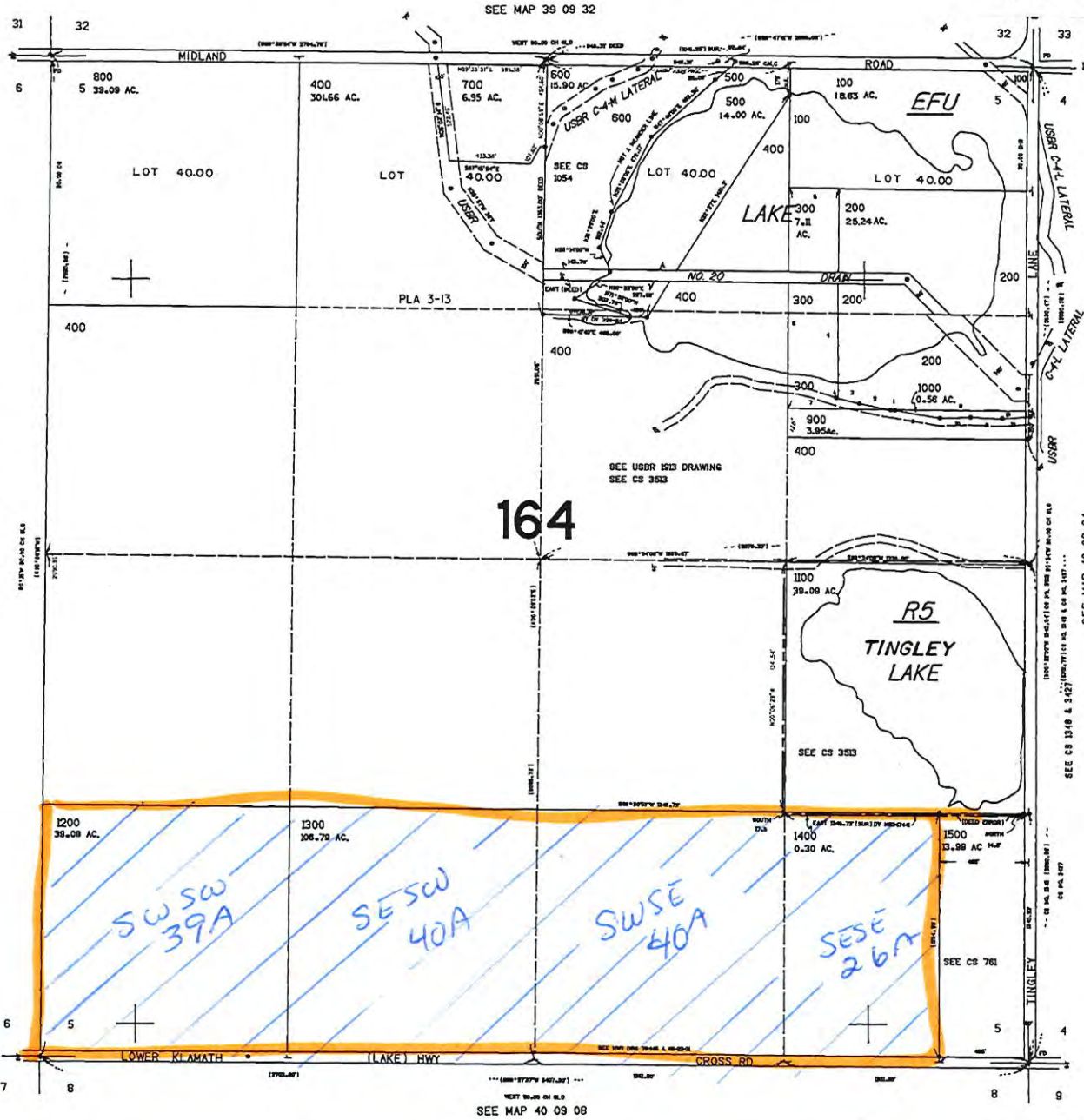
REVISED 07-19-13

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SECTION 05 T.40S. R.09E. W.M. KLAMATH COUNTY 1" = 400'

MAP 12 OF 13

MAP CREATED 03/10/2021



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↑
NORTH
T40S R9E
SEC. 5
Tax lot
1200 SWSW 39.00
1300 SESW 40.00
SWSE 40.00
SESE 26.00

Scale 1" - 880'

REVISED 4-3-12

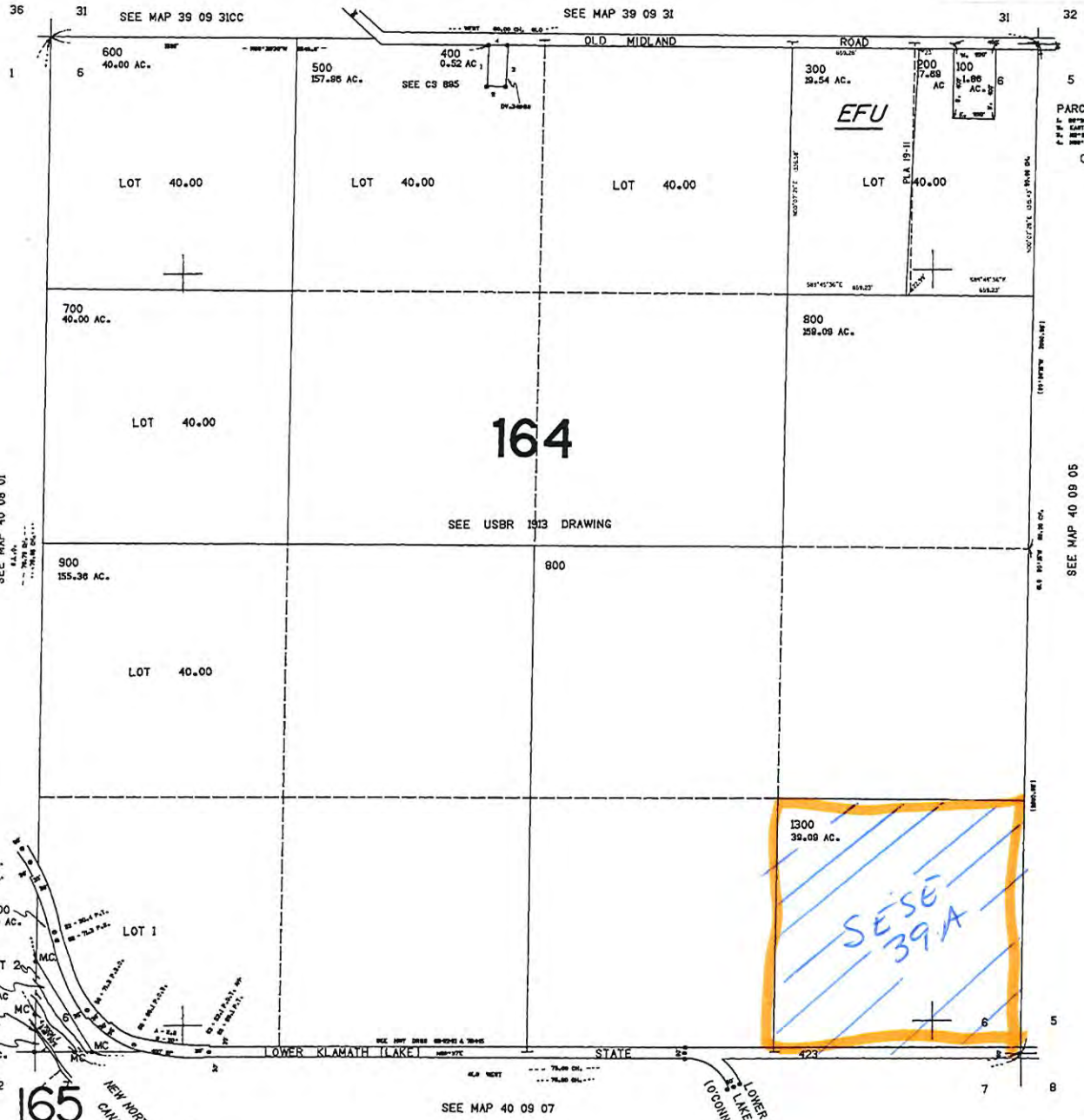
THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

SECTION 06 T.40S. R.09E. W.M. KLAMATH COUNTY

1"=400'

MAP 13 OF 13

MAP CREATED 03/10/2021



↑
 NORTH
 T40S R9E
 SEC 6
 Tax lot
 1300 SESE 39.00

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Scale
 1" = 880'

40 09 06



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Electrical Supplies for Commercial / Industrial Controls / Utilities / Datacom / Tools

BRANCHES THROUGHOUT THE WEST TO SERVE YOU



DATE 4/01/21 TIME 13:57:08 SALES ORDER INVOICE 1L37048

PRODUCT TO SHIP

Klamath Falls PO BOX 418759 BOSTON MA 02241 8759

LOCATION Klamath Falls 4140 Washburn Wy Klamath Falls OR 97603 Phone #541 882 2379

Table with 2 columns: Field (PAYMENT, DOCUMENT #, DATE, CUST #, BRANCH) and Value (CASH, 1L37048, 4/01/21, 248099, 102)

Balin Ranch 13600 Homedale Road Klamath Falls OR 97603 Phone #: 541 281 7909

SHIP TO Balin Ranch 4140 Washburn Wy Klamath Falls OR 97603

SPECIAL INSTRUCTIONS ORDER BY: PCKUP BY:

Summary table with columns: CUST PO #, JOB NAME, JOB #, SLS, SALES, ORDER DATE, SHIPPING METHOD

Main order table with columns: LINE, PRODUCT / DESCRIPTION, U/M, ORD, SHP, BO, UNIT PRICE, DISCOUNT, EXT AMOUNT

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DEPOSIT RECEIPT DEPOSIT NUMBER: 0544406 DEPOSIT AMOUNT: 933.19 DEPOSITOR: Balin Ranch DESCRIPTION: parts

CREDIT CARD INFORMATION CARD AMOUNT NAME ON CARD: MAST 933.19 STATUS SETTLED

Footer table with columns: NO. CTNS, WEIGHT, SHIPPED VIA, SHIP DATE, FILLED BY, CHECKED BY, PRICED BY, ENTERED BY, AMOUNT, TAX, Shipping & Handling, TOTAL DUE

SPECIAL ORDER MATERIALS NOT SUBJECT TO RETURN, CLAIMS FOR BREAKAGE, SHORTAGE OR DAMAGE MUST BE FILED WITH CARRIER, MINIMUM RESTOCKING CHARGE 25% ON ACCEPTED RETURNS.

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Electrical Supplies for Commercial / Industrial Controls / Utilities / Datacom / Tools

BRANCHES THROUGHOUT THE WEST TO SERVE YOU



DATE 4/01/21 TIME 13:57:08
SALES ORDER INVOICE 1L37048

PRODUCT TO ORDER

Klamath Falls
PO BOX 418759

BOSTON MA 02241 8759

LOCATION
Klamath Falls
4140 Washburn Wy
Klamath Falls OR 97603
Phone #541 882 2379

PAYMENT	CASH
DOCUMENT #	1L37048
DATE	4/01/21
CUST #	248099
BRANCH	102

Balin Ranch
13600 Homedale Road
Klamath Falls OR 97603

Phone #: 541 281 7909

SHIP TO
Balin Ranch
4140 Washburn Wy
Klamath Falls OR 97603

SPECIAL INSTRUCTIONS
ORDER BY:
PCKUP BY:

RECEIVED
APR 08 2021
OWRD

CUST PO #	JOB NAME	JOB #	SLS	SALES	ORDER DATE	SHIPPING METHOD
			B02	RCH	4/01/21	PICKUP PREPAID

LINE	PRODUCT / DESCRIPTION	U/M	ORD	SHIP	BO	UNIT PRICE	DISCOUNT	EXT AMOUNT
001	AMFSTR25090 0827602	AMF STR25090 2-1/2 90D LT CONC	3	0	3	12909.11400		
002	AMFSTR250 0816481	AMF STR250 2-1/2" LT STR CONNC	1	0	1	10082.19600		
003	212P 0069222 PIP RAK	PVC 2-1/2 SCHEDULE-40 CONDUITC	80	80	0	459.23120		367.38
004	212LN 0065934 S01 011 C00	CONDUIT 2-1/2 LOCKNUT (407) C	2	2	0	172.45000		3.45
005	212PFA 0069220 S03 013 B00	PVC 2-1/2-IN FEMALE ADAPTER C	2	2	0	308.34900		6.17
006	212LTULX25 0016298 P02 003 E00	2-1/2-UL/LT LIQTITE 25FT C	7	7	0	972.80190		68.10

NO. CTNS	WEIGHT	SHIPPED VIA	SHIP DATE	FILLED BY	CHECKED BY	PRICED BY	ENTERED BY	AMOUNT
			4/01/21					TAX %
								Shipping & Handling
RECEIVED BY			RECEIVED BY (PRINT NAME)			DATE RECEIVED		
SPECIAL ORDER MATERIALS NOT SUBJECT TO RETURN, CLAIMS FOR BREAKAGE, SHORTAGE OR DAMAGE MUST BE FILED WITH CARRIER, MINIMUM RESTOCKING CHARGE 25% ON ACCEPTED RETURNS.								TOTAL DUE →



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DATE 4/01/21 TIME 13:57:08 SALES ORDER INVOICE 1L37048

Table with 2 columns: Field (PAYMENT, DOCUMENT #, DATE, CUST #, BRANCH) and Value (CASH, 1L37048, 4/01/21, 248099, 102)

PREMIUM TO SOLD TO

Klamath Falls PO BOX 418759 BOSTON MA 02241 8759

LOCATION: Klamath Falls 4140 Washburn Wy OR 97603 Phone #541 882 2379

Balin Ranch 13600 Homedale Road Klamath Falls OR 97603 Phone #: 541 281 7909

SHIP TO: Balin Ranch 4140 Washburn Wy OR 97603

SPECIAL INSTRUCTIONS: ORDER BY: PCKUP BY: RECEIVED APR 08 2021 OWRD

Main table with columns: CUST PO #, JOB NAME, JOB #, SLS, SALES, ORDER DATE, SHIPPING METHOD, LINE, PRODUCT / DESCRIPTION, U/M, ORD, SHP, BO, UNIT PRICE, DISCOUNT, EXT AMOUNT. Includes deposit withdrawal details and invoice balance due.

Summary table with columns: NO. CTNS, WEIGHT, SHIPPED VIA, SHIP DATE, FILLED BY, CHECKED BY, PRICED BY, ENTERED BY, AMOUNT, TAX, Shipping & Handling, RECEIVED BY, RECEIVED BY (PRINT NAME), DATE RECEIVED, TOTAL DUE. Includes a green arrow pointing to the total due amount of 445.10.

SPECIAL ORDER MATERIALS NOT SUBJECT TO RETURN, CLAIMS FOR BREAKAGE, SHORTAGE OR DAMAGE MUST BE FILED WITH CARRIER, MINIMUM RESTOCKING CHARGE 25% ON ACCEPTED RETURNS.



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BRANCHES THROUGHOUT THE WEST TO SERVE YOU



DATE 4/01/21 TIME 14:00:25 SALES ORDER INVOICE 1L37112

PREMIUM TO SOLD TO

Klamath Falls PO BOX 418759 BOSTON MA 02241 8759

LOCATION Klamath Falls 4140 Washburn Wy Klamath Falls OR 97603 Phone #541 882 2379

Table with payment details: PAYMENT CASH, DOCUMENT # 1L37112, DATE 4/01/21, CUST # 248099, BRANCH 102

Balin Ranch 13600 Homedale Road Klamath Falls OR 97603 Phone #: 541 281 7909

SHIP TO Balin Ranch 4140 Washburn Wy Klamath Falls OR 97603

SPECIAL INSTRUCTIONS ORDER BY: PCKUP BY:

Summary table with columns: CUST PO #, JOB NAME, JOB #, SLS, SALES, ORDER DATE, SHIPPING METHOD. Values: B02 RCH 4/01/21 PICKUP PREPAID

Main line items table with columns: LINE, PRODUCT / DESCRIPTION, U/M, ORD, SHP, BO, UNIT PRICE, DISCOUNT, EXT AMOUNT. Includes a large text block about COVID-19 and a DEPOSIT RECEIPT section.

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INVOICES AND STATEMENTS ONLINE 24/7 / WWW.PLATT.COM

Summary table with columns: NO. CTNS, WEIGHT, SHIPPED VIA, SHIP DATE, FILLED BY, CHECKED BY, PRICED BY, ENTERED BY, AMOUNT, TAX, Shipping & Handling, TOTAL DUE. Includes a 'RECEIVED BY' section with a green 'X' and 'TOTAL DUE' with an arrow pointing to .00.

SPECIAL ORDER MATERIALS NOT SUBJECT TO RETURN, CLAIMS FOR BREAKAGE, SHORTAGE OR DAMAGE MUST BE FILED WITH CARRIER, MINIMUM RESTOCKING CHARGE 25% ON ACCEPTED RETURNS.