

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: \$ 700⁰⁰
\$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>Justin Grant</i>		PHONE (HM) <i>541-891-2863</i>	
PHONE (WK)	CELL	FAX	
ADDRESS <i>P.O. Box 195</i>			
CITY <i>Midland</i>	STATE <i>OR</i>	ZIP <i>97634</i>	E-MAIL <i>jgrant59@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

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Note: Attach multiple copies as needed

By my signature below I confirm that I understand:

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- 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.

Justin Grant
Applicant Signature

Justin Grant
Print Name and title if applicable

04/08/2021
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*).

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SECTION 3: WELL DEVELOPMENT

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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	1.5 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*).

New updated equipment to be added,
 Adding energy conserving variable frequency drive (VFD).
 Adding New flow meter.

SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: N/A

Total maximum rate requested: 1.51 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 checked="" type="checkbox"/>	<input type="checkbox"/>	KLAM 60765	<input type="checkbox"/>	10"	+1-287	—	—	49.67 4-8-21				
	<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"/>									

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* 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 23 - 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): 121.13 acres

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

Indicate the maximum number of acre-feet you expect to use in an irrigation season: 121.13

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):

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

private ground water to be pumped into the C-4 canal, operated by K.I.D., and taken at neighboring property, out of the C-4N.

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 do not know how much water is available.

Project Supply, determined by Reclamation, is insufficient to meet all Reclamation contractual obligations for this season.

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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

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL# 105267
START CARD # 1010187
ORIGINAL LOG #

(1) LAND OWNER Owner Well ID
First Name MIKE & KAREN Last Name NOONAN
Company NOONAN FARMS
Address 12080 HOMEDALE ROAD
City KLAMATH FALLS State OR Zip 97603

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion
[] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stil Plstc Wld Thrd
Casing: [] [] [] [] [] [] [] []
Material From To Amt sacks/lbs
Seal: [] [] [] [] [] [] [] []

(3) DRILL METHOD
[X] Rotary Air [X] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [X] Other TEST HOLE

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 1785.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Rows include Bentonite Chips and Cement.

How was seal placed: Method [] A [] B [X] C [] D [] E
[] Other
Backfill placed from ___ ft to ___ ft Material ___
Filter pack from ___ ft to ___ ft Material ___ Size ___
Explosives used: [] Yes Type ___ Amount ___

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Actual Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stil Plstc Wld Thrd
Shoe [] Inside [X] Outside [] Other Location of shoe(s) 1080
Temp casing [] Yes Dia From + [] To

(7) PERFORATIONS/SCREENS
Screens Type Material
Perf/ Casing/ Screen Sern/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
540 2 200 6
1000 1720 1

Temperature 78 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below) TDS amount 128 mg/L
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County KLAMATH Twp 39 00 S N/S Range 9 00 E E/W WM
Sec 29 SW 1/4 of the SW 1/4 Tax Lot 2000
Tax Map Number Lot
Lat " or -42.14178081 DMS or DD
Long " or -121.79606456 DMS or DD
[] Street address of well [] Nearest address
392 DELFATTI LANE, KLAMATH FALLS, OREGON 97603

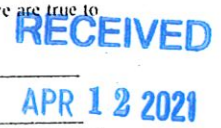
(10) STATIC WATER LEVEL
Date SWL (psi) + SWL (ft)
Existing Well / Pre-Alteration
Completed Well 6/15/2011 47
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Depth water was first found 47.00
SWL Date From To Est Flow SWL (psi) + SWL (ft)
5/26/2010 81 92 50 47
5/26/2010 117 119 75 47
6/1/2010 182 252 1000 47
6/2/2010 310 385 1000 47
3/28/2011 556 790 1000 48

(11) WELL LOG
Ground Elevation
Material From To
Brown Clay & Claystone 0 38
Gray Green Claystone 38 50
Hard Black Basalt 50 81
Red & Black Cinders 81 92
Hard Black Rock 92 117
Soft Cinders 117 119
Hard Black Basalt 119 182
Gray Basalt & Red & Black Cinder Seams 182 270
Hard Gray / Black Basalt 270 568
Broken Basalt & Cinders 568 582
Hard Gray Basalt 582 680
Volcanic Tuft & Cinders 680 720
Hard Gray Basalt with Fractures 720 1085
Volcanic Tuft & Broken Basalt 1085 1130
Hard Gray Basalt with Fractures & Soft 1130 1785

Date Started 5/25/2010 Completed 6/15/2011

(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 Date



Signed

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment of 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 1385 Date 10/13/2020
Signed ROBERT BUCKNER (E-filed)
Contact Info (optional)

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Well Measurement			Flowmeter Info			
Date	4/8/21				Brand	
Time	11:50				Serial #	
Hold	45				Reading	No FM
Cent	4.87				Multiplier	
MP Height	0.2				Units	
WL =	49.67	ft BLS				

KLAM 60765

Open Case. No pump yet, No pipe, No FM
 MP = lip of well casing

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 60765

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 #	How	Abandon	Deepen	Alteration	Conversion	Domestic	Irrigation	Community	Livestock	Industrial	Infection	Thermal	Dewatering	Piezometer	Latitude/ Longitude	
KLAM_60765 Exempt Use Map	Details	39.00S-9.00E-29 SW-SW	2000	392 DELFATTI LANE, KLAMATH FALLS	NOONAN, MIKE	NOONAN FARMS; NOONAN, KAREN 12080 HOMEDALE RD KLAMATH FALLS OR 97603		W	47.00	1785.00	47.0	1000.0	06/15/2011	10/13/2020	BUCKNER, ROBERT WESTERN WATER DEVELOPMENT	1010187	105267	✓															42.1418, -121.7951

[Download Data](#)

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 _____

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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.)
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