

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

SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME <i>Cheyne Brother LLC</i>		PHONE (HM)	
PHONE (WK) <i>541-723-2028</i>	CELL <i>541-591-9414</i>	FAX	
ADDRESS <i>1649 Depot Rd</i>			
CITY <i>Malin</i>	STATE <i>OR</i>	ZIP <i>97632</i>	E-MAIL <i>Fenterss@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.


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I (we) affirm that the information contained in this application is true and accurate.


 Applicant Signature _____ Print Name and title if applicable Scott Fenters Date 4/12/21

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	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)*.

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SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: _____

Total maximum rate requested: 2.55 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 10445	<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	April 29 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): 203.87 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: 203.87

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): _____

Other means (describe):

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

wheel line

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

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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 DISTRICTS
DO NOT KNOW 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
Well Measurement			Flowmeter Info			
Date	3/24/21					Brand
Time	0932					Serial
Hold	15					Reading No Flowmeter
Cut	0.91					Multiplier
MP Height	0.5	A				
WL =	15.41	ft BLS			2006 WL	10.63 A BLS

Well #2: KLAM 10445

42.0029
-121.3796

Date _____

(For staff use only)



Oregon Water Resources Department
725 Summer Street NE, Suite A
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(503) 986-0900
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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 _____

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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 10445, Township: 41 S

Well Log	Details	T-R-S/ QC-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 lid #	New	Abandon	Depon	Alteration	Conversion	Domestic	Irrigation	Community	Livestock	Influectal	Injection	Thermal	Dewatering	Piezometer	Latitude/ Longitude
KLAM 10445 Groundwater Info	Details	41.00S-12.00E-14 SE-SW	1300			SHASTA NURSERY INC. PO BOX 897 ANDERSON CA 95007		W	4.00	1004.00	7.0	500.0	04/20/1992	05/06/1992	SEVEY, NORM	32792	✓						✓									42.0029 -121.3756

[Download Data](#)

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KLAM 10445

KLAM 10445

4/15/12e/14cd

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.705)

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MAY - 6 1992

(START CARD) # 32792

pg. 1

(1) OWNER: Well Number: _____
Name **SHASTA NURSERY, INC.**
Address **P. O. BOX 897**
City **ANDERSON** State **CA** Zip **96007**

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well **1004** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	90	CEMENT & BENT.	0	90	35 SACK
10"	90	1004				3 SACK

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:

Casing	Diameter	From	To	Gauge	Steel				Plastic		Welded		Threaded	
					1/2"	3/4"	1"	1 1/2"	2"	3"	4"	6"	8"	10"
	12"	+1	91	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets: **91 FT.**

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

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

Pump Boiler Air Flowing Artesian

Yield gal/min	Drawdown	Drillstem at	Time
300		65 FT.	1 hr.
500		85 FT.	1 HR

Temperature of water **.61 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 **41 S** N or S, Range **12 E** E or W, WM.
Section **14** SE 1/4 SW 1/4
Tax Lot **1300** Lot _____ Block _____ Subdivision _____
Street Address of Well for nearest address: _____

(10) STATIC WATER LEVEL:
7 FT. ft. below land surface. Date **4-20-92**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **4 FT**

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation **4050**

Material	From	To	SWL
SANDY TOP SOIL	0	4	
BROWN SANDSTONE	4	9	3
YELLOW CLAY	9	12	
COARSE BROWN SAND	12	13	3
YELLOW CLAY	13	22	
BLUE CLAY	22	34	
GRAY SANDSTONE	34	46	
SANDY BLUE CLAY	46	54	
BLACK SANDSTONE	54	59	3
BLUE CLAY	59	85	
BLACK & RED SAND	85	86	3
BLUE CLAY	86	215	
WHITE PUMICE	215	221	7
BLUE CLAY	221	243	
BLUE CLAY W/ STREAKS OF-			
WHITE PUMICE & BRN. SAND	243	259	7
BLUE CLAY	259	315	
WHITE PUMICE	315	321	7
BLUE CLAY	321	458	
MEDIUM BLACK SAND	458	465	7
BLUE CLAY	465	702	
BLK. SAND & WHITE PUMICE	702	704	7
CONTINUED ON ANOTHER SHEET			

Date started **4-13-92** Completed **4-20-92**

(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.
Signed _____ Date _____ WWC Number _____

(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.
Signed *Norman Sney* Date **5-4-92** WWC Number **408**

KLAM 10445

KLAM 10445

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4/15/12E/14CD
MAY - 6 1992
(START CARD) # 32792

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.705)

(1) OWNER: Well Number: PAGE 2
Name SHASTA NURSERY, INC. (CONTINUED)
Address P.O. BOX 897
City ANDERSON State CA Zip 96007

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 1004 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	90	CEM &	0	90	35 SAC
16"	0	90	BENTONITE	0	90	3 SAC

How was seal placed; Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<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 sheets: _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Baller Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
300 _____ 65 FT. 1 hr.
500 _____ 85 FT. " "

Temperature of water 61 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 NONE
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County KLAMATH Latitude _____ Longitude _____
Township 41 S N or S, Range 12 EAST E or W, WM.
Section 14 SE 1/4 SW 1/4
Tax Lot 1300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) STATE 50 AT MORELOCK, S. E. OF MALIN, OREGON.

(10) STATIC WATER LEVEL:
7' ft. below land surface. Date 4, 20, 92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 8'

From	To	Estimated Flow Rate	SWL
215	321	70 GPM	7'
458	465	50 GPM	7'
793	985	140 GPM	7'
988	1004	260 GPM	7'

(12) WELL LOG: Ground elevation 4050

Material	From	To	SWL
CONTINUED FROM ANOTHER SHEET			
BLUE CLAY	704	793	
BLACK SAND	793	797	7'
BLUE CLAY	797	988	
BLACK AND RED SAND	988	995	7'
BROWN SANDSTONE	995	1001	
BLACK SANDSTONE	1001	1003	7'
BLACK ROCK	1003	1004	

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(PAGE 2 OF 2)

Date started 4, 13, 92 Completed 4, 20, 92

(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.
Signed _____ WWC Number _____
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 well construction standards. This report is true to the best of my knowledge and belief.
Signed Norm Sney WWC Number 408
Date 5-4-92

Application for an Emergency Use Permit for Groundwater (Drought)



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Emergency Use Permit Application Processing

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

Attachments:

- Fees - Amount enclosed: \$ 800
\$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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