

# 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](http://www.oregon.gov/OWRD)

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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](http://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: \$ 1000  
\$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*

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#### 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>King Farms &amp; Ranch LLC</i>		PHONE (HM) <i>(541) 882-2315</i>	
PHONE (WK) <i>(541) 892-0396</i>	CELL <i>(541) 892-0396</i>	FAX	
ADDRESS <i>8296 Kings Way</i>			
CITY <i>Klamath Falls</i>	STATE <i>OR.</i>	ZIP <i>97603</i>	E-MAIL <i>AJJ King @ AOL.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:

- 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.


*Andy King*  
Applicant Signature
Andy King  
Print Name and title if applicable
4-8-21  
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*).

Delores King  
Grant Knoll

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**SECTION 3: WELL DEVELOPMENT**

WELL NO.	NAME OF NEAREST SURFACE WATER	IF LESS THAN 1 MILE:	
		DISTANCE TO NEAREST SURFACE WATER	ELEVATION CHANGE BETWEEN NEAREST SURFACE WATER AND WELL HEAD
1	Lost River	2 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: 4.92 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 52778	<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"/>						RECEIVED			
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>						APR 12 2021			
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>						OWRD			
	<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 17 - Oct 31 <sup>ST</sup>	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): 393.24 acres  
 List the Permit or Certificate number(s) of the water right(s) affected by drought: KID, KBID, Pine Grove  
 Indicate the maximum number of acre-feet you expect to use in an irrigation season: 393.24

**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 HP
- Other means (describe):

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

ditches, wheel lines

**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 drop, Irrigation districts do not know how much water they will get

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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)



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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.
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- Location of main canals, ditches, pipelines or flumes
- Other \_\_\_\_\_  
\_\_\_\_\_  
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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	4/9/21				Brand	McCrometer
Time	1900				Serial #	01-03174-12
Hold	83.41				Reading	093075
Cut					Multiplier	0.001
MP Height	1.0				Units	AF
WL =	82.41	ft BLS				WL 2020 = 79ft

KLAM 52178 MP = 3" part S side of well

42.1528  
-121.5569

\*Well was incredibly oily. Poor measurement.

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 52778**

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
<a href="#">KLAM_52778 Groundwater Info</a>	<a href="#">Details</a>	39.00S-11.00E-29 SE-SW	700	19000 S POE VALLEY RD. KLAMATH FALLS, OR		HOLANDS DAIRY INC. 19000 S POE VALLEY RD KLAMATH FALLS OR 97603		W	42.00	435.00	80.0	2500.0	06/28/2001	07/02/2001	WILLIAMS, BRAD BRAD WILLIAMS DRILLING	129186	19974	✓						✓								42.1528, -121.5569

[Download Data](#)

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

WELL I.D. # L. 19974  
START CARD # 129186

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

(1) OWNER: Well Number \_\_\_\_\_  
Name HOLLANDS DAIRY INC.  
Address 19000 S. POB VALLEY 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 435' ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
22"	0	260	72 BAQS	0	250	6 yds Slurry
14"	260	435		0	40	GRANULAR

How was seal placed: Method  A  B  C  D  E  
 Other Pump via Tremie Pipe & Poured Bent.  
Backfill placed from 200 ft. to 260 ft. Material GRAVEL  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+2	260	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
2500	90'	200	3 HR

Temperature of water 70 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: 48'-147'-195'-SEALED OUT  
with cement GROUT to 250'

(9) LOCATION OF WELL by legal description:  
County Klamath Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 39S N or S Range 11E E or W. WM.  
Section 29 SE 1/4 SW 1/4  
Tax Lot 700 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_  
As listed

(10) STATIC WATER LEVEL:  
80' ft. below land surface. Date 6-28-01  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 42'

From	To	Estimated Flow Rate	SWL
48	70	4 gpm	42'
147	160	30 gpm	42'
195	198	70 gpm	42'
370	420	2500+ -	80'

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Top Soil	0	2	
Clay	2	48	
Grey Clay	48	147	
Yellow Clay	147	160	
Grey Claystone	160	198	
Grey Claystone Hard	198	221	
Grey Basalt Med Hard	221	370	80'
Fractured Basalt	370	420	"
Hard Basalt	420	435	"

Date started 6-20-01 Completed 6-28-01

(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.  
WVC 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.  
WVC Number 1557  
Signed Paul Williams Date 6-28-01

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