

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

RECEIVED

APR 12 2021

Emergency Use Permit Application Processing

OWRD

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

RECEIVED

APR 12 2021

OWRD

Attachments:

- Fees - Amount enclosed: \$ 1,000.00
\$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 _____

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

RECEIVED
APR 12 2021

OWRD

SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME RYAN HAMEL		PHONE (HM) 541-798-1910	
PHONE (WK)	CELL 541-218-5933	FAX 541-798-1911	
ADDRESS 18181 CHIN ROAD			
CITY KLAMATH FALLS	STATE OR	ZIP 97603	E-MAIL RAHCOWBOY@AOL.COM

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.

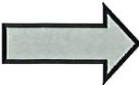
AGENT / BUSINESS NAME		PHONE	FAX
ADDRESS			CELL
CITY	STATE	ZIP	E-MAIL

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.


Ryan Hamel
Ryan Hamel
4/8/2021
 Applicant Signature Print Name and title if applicable 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.

RECEIVED

APR 12 2021

OWRD

List the names and mailing addresses of all affected landowners (*attach additional sheets if necessary*).

Tangie Lueb, 19615 Cheyne Rd, Klamath Falls, OR 97603

Ryan Hamel, 18181 Chin Road, Klamath Falls, OR 97603

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 Well	Lost River	1.12 mile	-51 ft

Please provide any information for your existing or proposed well(s) that you believe may be helpful in evaluating your application. For existing wells, describe any previous alteration(s) or repair(s) not documented in the attached well log or other materials (*attach additional sheets if necessary*).

SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: Black lava rock

Total maximum rate requested: 4.9 CFS (each well will be evaluated at the maximum rate unless you indicate well-specific rates and annual volumes in the table below).

Complete the table below. If this is an existing well, the following information may be found on the applicable well log. (If a well log is available, please submit it *in addition to completing the table.*) If this is a proposed well, or well-modification, consider consulting with a licensed well driller, geologist, or certified water right examiner.

OWNER'S WELL NAME OR NO.	PROPOSED	EXISTING	WELL ID (WELL TAG) NO.* OR WELL LOG ID**	FLOWING ARTESIAN	CASING DIAMETER	CASING INTERVALS (IN FEET)	PERFORATED OR SCREENED INTERVALS (IN FEET)	SEAL INTERVALS (IN FEET)	MOST RECENT STATIC WATER LEVEL & DATE (IN FEET)	PROPOSED USE			
										SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE-FEET)
Well	<input type="checkbox"/>	<input checked="" type="checkbox"/>	L-44991	<input type="checkbox"/>	16"	+1 to 139	NA	0 to 139	68.86 3/18/2021	Black lava rock	1046	4.9	395.7
	<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.

RECEIVED
 APR 12 2021
 OWRD

SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Supplemental irrigation	April 1 st to October 31st	395.7

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): 395.7 acres
List the Permit or Certificate number(s) of the water right(s) affected by drought: KA 1000 & KA 1001
Indicate the maximum number of acre-feet you expect to use in an irrigation season: 395.7

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): 100 HP turbine
- Other means (describe): _____

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water. The well pumps into a closed pipeline system that distributes water to wheel lines used for irrigation

RECEIVED
APR 12 2021
OWRD

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. The amount of water requested is less than half of what is

needed. The amount requested is limited to the amount OWRD said is the limit for a drought permit. Not a drop of this water will be wasted because my system is as efficient as possible in this situation and economics.

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*).

The Klamath Project is forecast to have about 80,000 acre feet or less when the needed supply is 450,000. The date Project water deliveries will begin is not known. It is unlikely I will receive any water from the Klamath Project. The Governor declared Klamath County to be in a drought emergency on March 31, 2021.

RECEIVED
APR 12 2021
OWRD

Emergency Use Permit Issued

Flowmeter present
measurement altered

Groundwater/8 of 9

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.

Water and Power Department
Emergency Use Permit

RECEIVED

APR 12 2021

OWRD

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	L-44991	KLAM 52711	01-03916-10	172.935	3/18/2021	Well has been inspected by Watermaster. See attached.

RECEIVED

APR 12 2021

OWRD

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 _____

RECEIVED

APR 12 2021

OWRD

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 _____

RECEIVED

APR 12 2021

OWRD

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
<u>Well Measurement</u>			<u>Flowmeter Info</u>			
Date	3/18/2021				Brand	McCrometer
Time	1045				Serial #	01-03916-10
Hold	65				Reading	172.935
Cut	4.01				Multiplier	0.001
MP Height	0.15	ft			Units	AF
WL =	68.86	ft BLS			2013 WL =	55.25A

*Well was very oily. Unable to tell how deep the oil layer was without a steel tape. The "WL" above does not include the oil. Poor measurement.

KLAM 52711

STATE OF OREGON
WATER SUPPLY WELL REPORT

KLAM 52711

WELL ID # L L44991

(as required by ORS 537.765)

(START CARD) # 140420

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

(1) OWNER: Well Number: _____

Name RICHARD & DONNA WESTSTEYN
Address 18990 CHIN 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 1046 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
20	0	139	CEMENT &	0		36 SACKS
12	139	872	BENTONITE		130	3 SACKS
8	872	1046				

How was seal placed: Method A B C D E

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: 16	+1	139	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 139 FT.

(7) PERFORATIONS/SCREENS:

Perforations Method NONE
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
2000 GPM		135 FT.	1 hr.

Temperature of Water 72 F Depth Artesian Flow found NONE

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: NONE

(9) LOCATION OF WELL by legal description:

County KLAMATH Latitude _____ Longitude _____
Township 40S N or S. Range 10E E or W. of WM.
Section 29 SW 1/4 SE 1/4
Tax lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 18990 CHIN RD.
KLAMATH FALLS, OR

(10) STATIC WATER LEVEL:

38 ft. below land surface. Date 5/17/2001
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 26 FT.

From	To	Estimated Flow Rate	SWL
26	85	30 GPM	24
911	1046	2500 GPM	38

(12) WELL LOG:

Ground elevation 4150

Material	From	To	SWL
TOP SOIL	0	2	
SANDY BROWN CLAY	2	8	
BROWN SANDSTONE & GRAVEL	8	20	
YELLOW CLAY	20	26	
BROWN SANDSTONE	26	45	
BLUE CLAY W/STREAKS OF BLACK SAND & GRAVEL	45	85	24
GRAY CLAY	85	911	
BLACK LAVA ROCK	911	1001	38
BROKEN BLACK ROCK	1001	1046	38

Date started 5/7/2001 Completed 5/17/2001

(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 water supply well construction standards. Materials used and information reported above are true to my best 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 777
Signed Stephen R. Hughes Date 5/18/2001



EXECUTIVE ORDER NO. 21-07

**DETERMINATION OF A STATE OF DROUGHT EMERGENCY IN
KLAMATH COUNTY DUE TO UNUSUALLY LOW SNOW PACK AND
LACK OF PRECIPITATION**

RECEIVED

APR 12 2021

OWRD

At the request of Klamath County (by Resolution 2021-012, dated March 9, 2021) and based on the recommendations of the Drought Readiness Council and the Water Supply Availability Committee, and pursuant to ORS 536.740, I find the lack of precipitation and low snow pack have caused or will cause natural and economic disaster conditions in this county.

Forecasted water supply conditions are not expected to improve, and drought is likely to have significant economic impacts on the farm, ranch, forest, recreation, drinking water, and natural resources sectors, as well as impacts on fish and wildlife and other natural resources which are dependent on adequate precipitation and streamflow in these areas. Extreme conditions are expected to affect local growers, and increased the potential for fire, a loss of economic stability, shortened growing season, and decreased water supplies.

Conditions continue to be monitored by the state's natural resource and public safety agencies, including the Oregon Water Resources Department and the Oregon Office of Emergency Management.

Preparation and resiliency to drought are vital to the health and safety of persons, property, and the economic security of the citizens and businesses. I therefore declare that a severe, continuing drought emergency exists and is likely to continue to exist in Klamath County.

NOW, THEREFORE, IT IS HEREBY DIRECTED AND ORDERED:

- I. The Oregon Department of Agriculture is directed to coordinate and provide assistance in seeking federal resources to mitigate drought conditions and to assist in agricultural recovery in Klamath County.
- II. The Oregon Water Resources Department and the Water Resources Commission are directed to coordinate and provide assistance to water users in Klamath County as the Department and Commission determine is necessary and appropriate in accordance with ORS 536.700 to 536.780.
- III. The Oregon Water Resources Department is directed to seek information from the Oregon Department of Fish and Wildlife to help understand the impacts of water availability on Oregon's fish and wildlife, as necessary and appropriate in accordance with ORS 536.700 to 536.780.



EXECUTIVE ORDER NO. 21-07
PAGE TWO

RECEIVED

APR 12 2021

OWRD

- IV. The Office of Emergency Management is directed to coordinate and assist as needed with assessment and mitigation activities to address current and projected conditions in Klamath County.
- V. All other state agencies are directed to coordinate with the above agencies and to provide appropriate state resources as needed to assist affected political subdivisions and water users in Klamath County.
- VI. This Executive Order expires on December 31, 2021.

Done at Salem, Oregon, this 31st day of March, 2021.



Kate Brown

Kate Brown
GOVERNOR

ATTEST:

Shemia Fagan

Shemia Fagan
SECRETARY OF STATE