

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.

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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: \$ 1600.00

\$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 CONNIE FRANK		PHONE (HM) 541-882-0842	
PHONE (WK)	CELL 541-891-8850		FAX
ADDRESS 9002 DEHLINGER LANE			
CITY KLAMATH FALLS	STATE OR	ZIP 97603	E-MAIL CONNIEADJACK@WILDOBLUE.NET

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.

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

 Connie Frank CONNIE FRANK 4-1-2021
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.

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

DAVID REED 9630 HILL RD. KLAMATH FALLS, OR 97603
BARRY FRANK 9808 WASHBURN WAY, KLAMATH FALLS, 97603
ED BARRON 9423 HILL RD. KLAMATH FALLS, OR 97603
JEFF HUNTER 7552 E. WETHERSFIELD RD, SCOTTSDALE, AZ. 85260

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	1/4 MILE	

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).

NONE

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SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: _____

Total maximum rate requested: 10.41 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 52973	<input type="checkbox"/>	20"								
	<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	4-15-2021 OCT 31 ST 2021	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): 833.12 acres
 List the Permit or Certificate number(s) of the water right(s) affected by drought: K I D
 Indicate the maximum number of acre-feet you expect to use in an irrigation season: 833.12

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): 150HP
- Other means (describe):

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

ALL WITHIN K I D DITCHES

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.

WILL ONLY USED 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 the lack of surface water due to drought conditions we anticipate we will need to wheel water to other farms listed in this application.

If things change & we can access surface water, we will not use our well.

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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 _____

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
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- Other _____

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Well Report Query

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 52973

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 52973 Groundwater Info	Details	40.00S-10.00E-8 SW-SE	901	9002 DEHLINGER	FRANK, JACK	FRANK, CONNIE 9002 DEHLINGER KLAMATH FALLS OR 97301		W	249.00	558.00	11.0	2500.0	08/09/2001	09/28/2001	STADEL, CHARLES STACO WELL SERVICES	105327	118441	✓															42.1045 -121.6877

[Download Data](#)

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
			01-05077-12	617,013		4' from Pump
				617 X.001		
			35			
			3,64			
			38.64			
			mp=0.3ft			
			WL =	38.34 ft		13LS

*Extreme amount of oil on water surface. Poor measurement.

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(1) OWNER:

Well Number: _____

Name: Jack & Connie Frank

Address: 9002 Dehlinger

City: Klamath Falls State: OR Zip: 97A01

(2) TYPE OF WORK: (repair/
 New Well Deepening Alteration/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 558'
Explosives Used Yes No Type: _____ Amount: _____

HOLE			SEAL			sacks or pounds
Diameter	From	To	Material	From	To	
24"	0'	240'	Cement	0'	240'	175 Sacks
19"	240'	356'	---	---	---	---
12"	356'	558'	---	---	---	---

How was seal placed: Method A B C D E

Other _____

Backfill placed from --- to --- Material: ---
from --- to --- Material: ---

Gravel placed from --- to --- Size of gravel: ---

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
20"	+1	240'	.375	<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:

16"	-230'	356'	.375	<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"/>

Final location of Shoe(s): _____

(7) PERFORATIONS/SCREENS:
 Perforations Method: Fact Saw
 Screen Type: _____ Material: _____

From	To	Slot Size	No.	Diameter	Tele/pipe size	Casing Liner
230'	356'	1/8x2	6210	16"		<input type="checkbox"/> <input checked="" type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>

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

Yield gpm	Drawdown	Drill Stem at	Time
2500	110		24 hrs

Temperature of water 68 Depth Artesian Flow Found: _____
Was a water analysis done? _____ By whom: _____
Did any strata contain water not suitable for intended use? (explain) _____
Depth of Strata: _____

KLAM 52973
KLAM 52973

LOST!
WELL ID # L 49391 Repl: L-118441
START CARD # 105327

(9) LOCATION OF WELL by legal description:

County: Klamath Latitude: _____ Longitude: _____
Township: 40S Range: 10E
Section: 8 SW 1/4 SE 1/4
Tax Lot: 00901 Lot: N/A Block: _____ Subdivision: _____
Street Address of Well (or nearest address) _____
9002 Dehlinger Klamath Falls OR

(10) STATIC WATER LEVEL:
11 Ft. below land surface Date 8/09/01
Artesian pressure: _____ lb. per sq. in. Date: _____

(11) WATER BEARING ZONES:

Depth at which water was first found 249

From	To	Est. Flow Rate	SWL
249	260	1000	11
299	356	500	11
445	504	500	
504	558	1000	11

(12) WELL LOG:

Material	Ground Elevation:		SWL
	From	To	
Soil Med Bm	0	2	
Sand Silty Clay	2	41	
Cinders Ash Pum	41	66	
Clay Brn Soft	66	113	
Sand Brn Fine	113	126	
Clay Brn Med	126	210	
Cap Rock Weathered	210	230	
Basalt Blk Blue	230	249	
Basalt Weathered Brn	249	260	11
Basalt Blk Brn	260	299	
Cinders Red Loose	299	356	11
ClayStone Grey	356	445	
Basalt Loose Blk	445	504	
Basalt Blk Fract, Loose	504	558	11

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WATER RESOURCES DEPT.
SALEM, OREGON

Date Started: 6/26/01 Completed: 8/09/01

(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.

Signed: _____ WWC Number 723
Date 8/30/01

(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.

Signed: _____ WWC Number 723
Date 8/30/01

KLAM 52973



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

**Application for
Well ID Number**

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

I. OWNER INFORMATION

Current Owner Name (please print): JOHN AND CONSTANCE FRANK
Mailing Address: 9002 DEHLINGER LANE
City, State, Zip: KLAMATH FALLS, OR 97603
Mail Well ID Tag to: SAME AS ABOVE In Care Of (C/O)
Name & Address: _____
City, State, Zip: _____

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

Township: 40S. (North / South) Range: 10 E. (East / West) Section: 8
Tax Lot: 901 County KLAMATH 1/4 _____ 1/4 _____
GPS Coordinates: _____
Street Address of Well, City: KLAMATH FALLS **RECEIVED BY OWRD**
If the property had a different street address in the past: NO

MAY 18 2015

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION SALEM, OR
Date Well Constructed (or property built): 6-26-01 Total Well Depth: 538 Casing Diameter: 20"
Owner at time the well was constructed (if known): JOHN & CONSTANCE FRANK
Other Information: WELL ID # L49301 - Cannot find it on well.

SUBMITTED BY (please print): CONSTANCE FRANK
PHONE: 541-882-0842 EMAIL &/or FAX: CONNIEANDJACK@WILDBLUE.NET

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: <u>5-18-15</u>	Well Log Number: <u>KLAM 52973</u>	Well Identification #: <u>L-118441</u>

Last Update: 4/30/14

Well I.D. Number/2

(TAG L-49301
Placed by driller - LOST!) WCC.