

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>William Bair</i>		PHONE (HM) <i>541-891-7169</i>	
PHONE (WK)	CELL	FAX	
ADDRESS <i>7751 Dehlinger</i>			
CITY <i>Klamath Falls</i>	STATE <i>OR</i>	ZIP <i>97603</i>	E-MAIL <i>Bairw@Icloud.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.

<u><i>William Bair</i></u> Applicant Signature	<u><i>William Bair</i></u> Print Name and title if applicable	<u><i>4-9-21</i></u> 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).

Blair, Dave

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 mile	RECEIVED APR 16 2021 OWRD

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: _____

Total maximum rate requested: 1.66 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)
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KLAM 52825	<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"/>								

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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): 133 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: 133

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): _____
- Other means (describe): _____

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

Ditches, wheel line, Hand 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

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, the irrigation districts do not know how much water they are getting.

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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.
- 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 _____

STATE OF OREGON
WATER SUPPLY WELL REPORT
(As required by ORS 537.785)

WELL ID # 1 32551
START CARD # 139293

Klam
52825

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

(1) OWNER: Well Number _____
Name Mike & Karen Donan
Address 22000 Homedale 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 622'
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Seals or pounds
20"	0'	24'	3/8 port cement	0'	30'	37 sbs
14"	24'	203'		30'	74'	35 sbs
22"	203'	622'				

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	Orange	Steel	Plastic	Welded	Threaded
Casing: 14"	0'	24'	250'	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Linor:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 263'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing	Linor
Table content is crossed out with a large diagonal line.							

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

Pump Bailor Air Flowing Artesian

Yield gal/min 2700 Drawdown 15' Drill stem seal 1 hr.

Temperature of water 74° Depth Artesian Flow Found _____
Was a water analysis done? No Yes By whom _____
Did my strata contain water not suitable for intended use? Yes No Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: 45-51'

(9) LOCATION OF WELL by legal description:
County Klamath Latitude _____ Longitude _____
Township 12S N or S Range 03E E or W, WM.
Section 2 1/4 1/4 3/4 1/4
Tax Lot 1100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 12000 Homedale Rd.

(10) STATIC WATER LEVEL:
77' ft. below land surface. Date 7/12/01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 75'

From	To	Estimated Flow Rate	SWL
45'	51'	10	35
575'	622'	2,700	57

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1 1/2	
Brn clay & sand	1 1/2	2 1/2	
Brn sandstone	2 1/2	4	
Brn clay & coarse sand	4	20	
Pea gravel & Brn XXXXXXXXXX	20	45	
Sandstone	10	45	
Gray clay & Brn packed sand	45	51	
Gray clay & coarse sand	51	79	
Gray clay	79	105	
Gray clay & shale	105	310	
Green shale	310	320	
Gray shale	320	575	
Gray broken basalt	575	622	57

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Date started 7/13/01 Completed 7/11/01
(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 1288
Signed Randy Delpain Date 7/31/01

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

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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: \$ 200

\$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
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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.