

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>Roy Wright - Wright Family Farm</i>		PHONE (HM) <i>541-891-1425</i>	
PHONE (WK)	CELL <i>541-891-1425</i>	FAX <i>530-667-5589</i>	
ADDRESS <i>PO Box 447</i>			
CITY <i>Malin</i>	STATE <i>OR</i>	ZIP <i>97632</i>	E-MAIL <i>wright@cot.net</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

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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.

Roy E. Wright
Applicant Signature

Roy E Wright, mgr
Print Name and title if applicable

3-21-2021
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.

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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	8 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)*.

SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: _____

Total maximum rate requested: 0.49 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 52964	<input type="checkbox"/>									
2	<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"/>									

* 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	 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): 39.00 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: 39.00

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): 125 HP

Other means (describe):

closed pipe, sprinkler

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

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 district is unclear on how much they will have

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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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SECTION 7: KLAMATH BASIN/COUNTY WELL INFORMATION

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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 MMT						Flowmeter Info
Date	3/24/21					Brand McCrometer
Time	0910					Serial 03-01368-10
Flow	70					Reading 101882
Cat	092					Multiplier 0.001
MP Height	4 0.8 ft					Units AF
WL =	70.12	ft BLS				2014 WL 69.30 ft BLS

approx 1' of oil

Well #1: KLAM 52964

42.0083
-121.3793

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 Well Report Query

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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 52964, Township: 41 S

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_52964 Groundwater Info	Details	41.00S-12.00E-14 SW-SW		MALIN HWY		SHASTA NURSERY INC. PO BOX 897 ANDERSON CA 96007		W	780.00	1095.00	65.0	2000.0	08/28/2001	09/26/2001	STADELL CHARLES STACO WELL SERVICES	111278	50201	✓						✓									42.0083 -121.3793

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52964

WELL ID # L 50201
START CARD # 111278

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)
(1) OWNER: WATER RESOURCES DEPT. SALEM, OREGON

Name: Shasta Nursery
Address: P.O. Box 897
City: Anderson State: CA Zip: 96007

(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 1095'
Explosives Used Yes No Type: _____ Amount: _____

Diameter	HOLE		Material	SEAL		sacks or pounds
	From	To		From	To	
18"	0	269	BentChips	0	27	30 Bags
18"	0	269	Cement	27	269	175 Bags
13"	269	769	Cement	750	769	15 Bags
13"	269	769	Cement	256	274	10 Bags

How was seal placed: Method A B C D E
 Other Chips Poured Dry
Backfill placed from: _____ to: _____ Material: _____
from: _____ to: _____ Material: _____
Gravel placed from: _____ to: _____ Size of gravel: _____

(6) CASING/LINER:

CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
14"	+1	269	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	-255	769	.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:

Final location of Shoe(s): Shale Trap at 274' on 10"

(7) PERFORATIONS/SCREENS:

Perforations Method: _____
 Screen Type: _____ Material: _____

From	To	Slot Size	No.	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"/>

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

Pump Bailer Air Flowing Artesian

Yield gpm	Drawdown	Drill Stem at	Time
2000		500	1 hr.
1000		200	1 hr.

Temperature of water 61 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: _____

(9) LOCATION OF WELL by legal description:
County: Klamath Latitude: _____ Longitude: _____
Township: 41 S Range: 12 E
Section: 14 SW 1/4 SW 1/4
Tax Lot: N/A Lot: N/A Block: _____ Subdivision: _____
Street Address of Well (or nearest address): _____
Maljn Hwy

(10) STATIC WATER LEVEL:
65 Ft. below land surface Date 8/28/01
Artesian pressure: _____ lb. per sq. in. Date: _____

(11) WATER BEARING ZONES:

Depth at which water was first found: _____

From	To	Est. Flow Rate	SWL
780	785	200	65
950	978	1000	65
1030	1045	500	65
1045	1055	500	65

(12) WELL LOG:

Ground Elevation: _____

Material	From	To	SWL
Sandy Soil	0	4	
Sandy Clay	4	30	
Sand	30	34	
Clay Sandy	34	44	
Clay Blue Sticky	44	50	
Sandy Clay Yellow	50	70	
Sandy Clay Blue	70	77	
Silt Stone Blue	77	85	
Clay Silt Stone Blue	85	96	
Silt Stone Clay Gray	96	112	
Clay Gray Blue	112	240	
Clay Blue Gray	240	747	
Rock Soft	747	764	
Rock Blue Med	764	785	
Basalt Hard Occasional Fract	785	930	
Basalt Hard	930	950	
Cinders Red Med	950	975	
Basalt Hard Occasional Fract	975	1030	
Cinder Red Med Hard	1030	1045	
Basalt Occasional Fract	1045	1055	
Basalt Black Hard	1055	1095	

Date Started: 8/04/01 Completed: 8/28/01

(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.
Signed: Charles Stoppel WWC Number 723
Date 8/31/01

(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 8/31/01

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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	ft				
WL =	15.41	ft BLS			2006 WC	10.63 ft BLS

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Well #2: KLAM 10445

42.0029
-121.3796

Oregon Water Resources Department
Well Report Query

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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/ 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 10445 Groundwater Info	Details	41.00S-12.00E-14 SE-SW	1300			SHASTA NURSERY INC. PO BOX 897 ANDERSON CA 96007		W	4.00	1004.00	7.0	500.0	04/20/1992	05/06/1992	SEVEY, NORM	32792		✓					✓										42.0029 -121.3796

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KLAM 10445

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

KLAM 10445

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41s/12e/14cd
pg. 1

(START CARD) # 32792

(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.
Yes No
Explosives used Type _____ Amount _____

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

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
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12"	+1	91	250				
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheet(s) 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"/>

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

Temperature of water 51 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
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(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 _____ 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 Nathan Seery WWC Number 408
Date 5-4-92

IX KLAM 10445

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4/15/12E/14CD
pg. 2
(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 Recundition 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
Yes No
Explosives used Type _____ Amount _____
Depth of Completed Well 1004 ft.

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	Material			
				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	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"/>

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

Pump Bailor Air 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 A' 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	
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			
		704	
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

SCOTT'S WELL

STATE OF OREGON
COUNTY OF KLAMATH
CERTIFICATE OF WATER RIGHT

THIS CERTIFICATE ISSUED TO

CHEYNE BROTHERS LLC
PO BOX 49
MALIN OR 97623

confirms the right to the use of water perfected under the terms of Permit G-15430. The amount of water used to which this right is entitled is limited to the amount used beneficially, and shall not exceed the amount specified, or its equivalent in the case of rotation, measured at the point of diversion from the source. The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-15764
SOURCE OF WATER: A WELL IN MILLS CREEK BASIN
PURPOSE or USE: SUPPLEMENTAL IRRIGATION OF 202.0 ACRES
MAXIMUM RATE: 2.52 CUBIC FEET PER SECOND
PERIOD OF USE: MARCH 1 THROUGH OCTOBER 31
DATE OF PRIORITY: MAY 17, 2002

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The well is located as follows:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
41 S	12 E	WM	14	SE SW	471 FEET SOUTH AND 2595 FEET EAST FROM S1/16 CORNER, SECTIONS 14 AND 15

The amount of water used for irrigation under this right, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-EIGHTIETH of one cubic foot per second (or its equivalent) and 3.0 acre-feet for each acre irrigated during the irrigation season of each year.

A description of the place of use is as follows:

Twp	Rng	Mer	Sec	Q-Q	GLot	Acres
41 S	12 E	WM	14	SW SW	1	28.5
41 S	12 E	WM	14	SW SW	2	9.8
41 S	12 E	WM	14	SE SW		37.3
41 S	12 E	WM	23	NW NE	5	3.8
41 S	12 E	WM	23	NW NE	2	6.2
41 S	12 E	WM	23	SW NE	3	2.4

NOTICE OF RIGHT TO PETITION FOR RECONSIDERATION OR JUDICIAL REVIEW

This is an order in other than a contested case. This order is subject to judicial review under ORS 183.484 and ORS 536.075. Any petition for judicial review must be filed within the 60-day time period specified by ORS 183.484(2). Pursuant to ORS 183.484, ORS 536.075 and OAR 137-004-0080, you may petition for judicial review and petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied. In addition, under ORS 537.260 any person with an application, permit or water right certificate subsequent in priority may jointly or severally contest the issuance of the certificate within three months after issuance of the certificate.

unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interference.

The well shall be maintained in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine the water level elevation in the well at all times.

The Director may require water level or pump test results every ten years.

Failure to comply with any of the provisions of this right may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the right.

This right is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

The right to the use of the water for the above purpose is restricted to beneficial use on the place of use described.

Issued JUN 28, 2017



Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department

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Twp	Rng	Mer	Sec	Q-Q	GLot	Acres
41 S	12 E	WM	23	SW NE	4	36.6
41 S	12 E	WM	23	NE NW	1	12.3
41 S	12 E	WM	23	NE NW	6	24.8
41 S	12 E	WM	23	NW NW		40.3

Measurement, recording and reporting conditions:

- A. The water user shall maintain the meter or other suitable measuring device approved by the Director in good working order, shall keep a complete record of the amount of water used each month, and shall submit a report which includes the recorded water use measurements to the Department annually or more frequently as may be required by the Director. Further, the Director may require the water user to report general water-use information, including the place and nature of use of water under the right.
- B. The water user shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.

To monitor the effect of water use from the well authorized under this right, the Director may require the water user to make and report annual static water level measurements. The static water level shall be measured in the month of March. Reports shall be submitted to the Department within 30 days of measurement. The measurements may be required in a different month. If the measurement requirement is stopped, the Director may restart it at any time.

All measurements shall be made by a certified water rights examiner, registered professional geologist, registered professional engineer, licensed well constructor or pump installer licensed by the Construction Contractors Board and be submitted to the Department on forms provided by the Department. The Department requires the individual performing the measurement to:

- (A) Identify each well with its associated measurement; and
- (B) Measure and report water levels to the nearest tenth of a foot as depth-to-water below ground surface; and
- (C) Specify the method used to obtain each well measurement; and
- (D) Certify the accuracy of all measurements and calculations submitted to the Department.

The water user shall discontinue use of, or reduce the rate or volume of withdrawal from, the well if annual water level measurements reveal any of the following events:

- (A) An average water level decline of three or more feet per year for five consecutive years; or
- (B) A water level decline of 15 or more feet in fewer than five consecutive years; or
- (C) A water level decline of 25 or more feet; or
- (D) Hydraulic interference leading to a decline of 25 or more feet in any neighboring well with senior priority.

The reference level against which any future measurements will be compared is 60.83 feet below land surface.

The period of non or restricted use shall continue until the annual water level rises above the decline level which triggered the action or until the Department determines, based on the water user's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or senior water rights. The water user shall in no instance allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this right. If more than one well is involved, the water user may submit an alternative measurement and reporting plan for review and approval by the Department.

If it is determined there are no underlying rights for these same lands after the adjudication of claims in the Klamath Basin, a certificate resulting from use of water under this right may allow primary, rather than supplemental irrigation of the lands described above. However, the right evidenced by such a certificate will be limited to the actual use made under this right.

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this right, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or

STATE ENGINEER
Salem, Oregon

Klamath
14844

Crown
Well Record

STATE WELL NO. 40/12-34P1
COUNTY Klamath
APPLICATION NO.

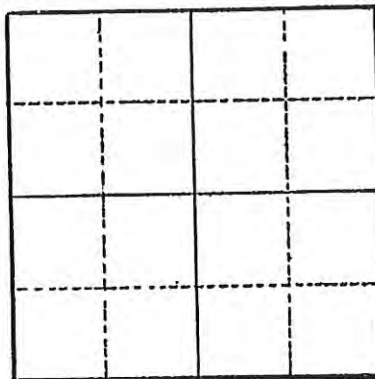
OWNER: C. G. Gross

MAILING ADDRESS:
CITY AND STATE:

LOCATION OF WELL: Owner's No.

..... 1/4 1/4 Sec. T. N. S, R. E. W., W.M.

Bearing and distance from section or subdivision corner



Altitude at well 4,155

TYPE OF WELL: Drilled Date Constructed

Depth drilled 625 Depth cased

Section

CASING RECORD:

16 inch

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FINISH:

AQUIFERS:

Basalt

WATER LEVEL:

142⁺ feet below land surface, 1954

PUMPING EQUIPMENT: Type Turbine H.P.
Capacity 1,000 G.P.M.

WELL TESTS:

Drawdown ft. after hours G.P.M.
Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation Temp. °F., 19.....

SOURCE OF INFORMATION USGS

DRILLER or DIGGER

ADDITIONAL DATA:

Log Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

Water cascades into well from perched water body at 87 ft.

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SEP 28 1960

Crown
Klam 14843

Klam 14843

40/12-346(1)

File Original and
First Copy with the
STATE ENGINEER,
SALEM, OREGON

STATE ENGINEER
SALEM, OREGON

WATER WELL REPORT
STATE OF OREGON

State Well No.
State Permit No. G 730

(1) OWNER:

Name C. G. GROSS + MADELINE J.
Address MALIN, OREGON

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? INTERSTATE PUMP CO.
Yield: 1060 gal./min. with 6 ft. drawdown after 4 hrs.

(2) LOCATION OF WELL:

County KLAMATH Owner's number, if any—
SW 1/4 NE 1/4 Section 34 T. 40.5 R. 12, F.W.M.
Bearing and distance from section or subdivision corner
ABOUT 150 FT. EAST + 150 FT. SOUTH FROM THE N.E. CORNER OF THE SW 1/4 OF NE 1/4

Baller test No gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m. Date
Temperature of water 73 Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well 18 inches.
Depth drilled 391 ft. Depth of completed well 390 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

(3) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
Abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic Industrial Municipal Rotary Driven
Irrigation Test Well Other Cable Jetted
Dug Bored

(5) TYPE OF WELL:

MATERIAL	FROM	TO
TOP SOIL	0	7 1/2
SAND	7 1/2	65
GRAY LAVA	65	67
LAYERS OF CLAY + SAND	67	135
BOULDERS BOUND IN CLAY	135	179
GRAY LAVA	179	192
RED CONGLOMERATE	192	200
RED BUBBLY LAVA	200	254
GRAY CONGLOMERATE	254	271
BASALT	271	277
RED CONGLOMERATE	277	285
CREVICED LAVA	285	304
SAND, GRAVEL & CLAY	304	325
GRAY LAVA	325	331
BLUE BASALT	331	351
CLAY & SAND	351	355
SHATTERED LAVA	355	381
(LIVE WATER)		
BOULDERS + CLAY	381	391

(6) CASING INSTALLED:

Threaded Welded
16" Diam. from 0 ft. to 75 ft. Gage
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

(7) PERFORATIONS:

Perforated? Yes No
Type of perforator used
SIZE of perforations in. by in.
NO ONE
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(8) SCREENS:

Well screen installed Yes No
Manufacturer's Name Model No.
Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(9) CONSTRUCTION:

Was well gravel packed? Yes No Size of gravel:
Gravel placed from ft. to ft.
Was a surface seal provided? Yes No To what depth? 74 ft.
Material used in seal— IRON + CEMENT
Did any strata contain unusable water? Yes No
Type of water? Depth of strata
Method of sealing strata off

(10) WATER LEVELS:

Static level 249 ft. below land surface Date
Artesian pressure lbs. per square inch Date

Log Accepted by:

[Signed] C. H. Hove Date SEPT. 27, 1960
(Owner)

Work started April 8 1958 Completed June 15 1960

(13) PUMP:

Manufacturer's Name LAYNE + BOWLER
Type: TURBINE H.P. 1.25

Well Driller's Statement:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

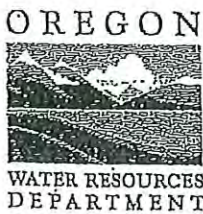
NAME John A. Van Meter
(Person, firm, or corporation) (Type or print)

Address P.O. Box 204 MALIN, OREGON

Driller's well number

[Signed] John A. Van Meter
(Well Driller)

License No. 170 Date Sept 26, 1960



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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Wright Family Farms

Po Box 447 Malin, OR 97632-0447

Transaction Type: DROUGHT APP

Fees Received: \$ 600.00

Cash Check: Check No. 18718

Name(s) on Check: SAME

Address on Check: _____

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,
OWRD Customer Service Staff

Submission received by: C. Middleboe
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt, and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Place the Submission Receipt with check/cash in the small top drawer (i.e., "Fiscal Pick Up Drawer"). Place the Submission Receipt with submission (application/other document) in the large bottom drawer.

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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: \$ 600

\$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

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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