

# 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 <u>Dennis Hynes</u>		PHONE (HM)	
PHONE (WK)	CELL <u>541-591 1619</u>	FAX	
ADDRESS <u>3939 So 6th ST #301</u>			
CITY <u>Klamath Falls</u>	STATE <u>OR</u>	ZIP <u>97603</u>	E-MAIL <u>chubbyhynes@live.com</u>

### 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.

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*).

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**SECTION 3: WELL DEVELOPMENT**

WELL NO.	NAME OF NEAREST SURFACE WATER	IF LESS THAN 1 MILE:	
		DISTANCE TO NEAREST SURFACE WATER	ELEVATION CHANGE BETWEEN NEAREST SURFACE WATER AND WELL HEAD
1	Lost River	1.5 miles	

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

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**SECTION 3: WELL DEVELOPMENT, CONTINUED**

Source (aquifer), if known: \_\_\_\_\_

Total maximum rate requested: 2.21 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 52647	<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 - 30 - Oct 31 <sup>ST</sup>	1 AF

**Rights affected by drought:**

County in which use will occur: Klamath (if the right is located in Klamath Basin/County you must complete section 7)

Please indicate the total number of acres to be irrigated (must match map): 176.82 acres

List the Permit or Certificate number(s) of the water right(s) affected by drought: KID, Van Bremner

Indicate the maximum number of acre-feet you expect to use in an irrigation season: 176.82

**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

Other means (describe):

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

wheel lines, ditches

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**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

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**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 - IRRIGATION DISTRICTS  
DO NOT KNOW HOW MUCH WATER WILL  
BE AVAILABLE

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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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725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
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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
- Location of main canals, ditches, pipelines or flumes
- Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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: \$ 800

\$200 Examination fee

\$400 Recording fee for the first Cubic Foot per Second (CFS) or fraction thereof, and \$100 for each additional CFS or fraction thereof

*\* one CFS equals 448.831 gallons per minute*

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#### Provide a map and check that each of the following items is included:

- Permanent quality and drawn in ink
- Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
- North Directional Symbol
- Township, Range, Section, Quarter/Quarter, Tax Lots
- Reference corner on map
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- Location of main canals, ditches, pipelines or flumes
- Other \_\_\_\_\_



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 52647**

Well Log	Details	T-R-S/ Q-Q-Q	Taxlot	Street of Well	Owner	Company	Special Standards	Well Type	First Water	Completed Depth	Static Water Level	Yield	Completed Date	Received Date	Bonded Constructor	Startcard	Well Id #	New	Abandon	Deepen	Alteration	Conversion	Domestic	Irrigation	Community	Livestock	Industrial	Injection	Thermal	Dewatering	Piezometer	Latitude/ Longitude	
<a href="#">KLAM 52647 Groundwater Info</a>	<a href="#">Details</a>	40,00S-10,00E-20 SW-SW	1400	17011 CHEYNE RD	ENMAN, JAMES 17011 CHEYNE RD KLAMATH FALLS OR 97603			W	40.00	1141.00	36.0	2700.0	03/14/2001	04/09/2001	HUGHES, STEPHEN R NORM SEVEY WELL DRILLING	125998	44999	✓							✓								42.0714 -121.6785

[Download Data](#)

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STATE OF OREGON  
**WATER SUPPLY WELL REPORT**  
 (as required by ORS 537.766)  
 Instructions for completing this report are on the last page of this form

KLAM 52647

ILL ID# L L44999  
 (START CARD) # 126998

(1) OWNER: Well Number: \_\_\_\_\_  
 Name **JAMES ENMAN**  
 Address **17011 CHEYNE 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 **1141** ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
20	0	175	CEMENT &	0		121
16	175	681	BENTONITE		175	8 SACKS
12	681	984				
8	984	1141				

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
	16	+1	176	.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) **176 FT.**

(7) PERFORATIONS/SCREENS:

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

Perforations Method **NONE**  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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

Yield gal/min	Drawdown	Drill stem at	Time
2700 GPM		53 FT.	4 HR.

Pump  Baller  Air  Flowing Artesian

Temperature of Water **73 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 **20** SW 1/4 SW 1/4  
 Tax lot **1400** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) **17011 CHEYNE RD.**  
**KLAMATH FALLS, OR**

(10) STATIC WATER LEVEL:  
**36** ft. below land surface. Date **3/14/2001**  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found **40 FT.**

From	To	Estimated Flow Rate	SWL
40	61	10 GPM	22
69	87	15 GPM	22
123	187	75 GPM	22
778	1141	4000 GPM	36

(12) WELL LOG: Ground elevation **4150**

Material	From	To	SWL
TOP SOIL	0	1	
SANDY BROWN CLAY	1	11	
YELLOW CLAY	11	29	
BROWN SANDSTONE	29	33	
SANDY BROWN CLAY	33	40	
MEDIUM BROWN SAND	40	61	22
BLUE CLAY	61	69	
GRAY CLAY W/STREAKS OF BLACK SAND	69	87	22
SANDY GRAY CLAY	87	123	
BLACK SANDSTONE	123	187	22
GRAY CLAY	187	778	
FRACTURED BLACK ROCK	778	991	36
BLACK & BROWN LAVA ROCK	991	1018	36
HARD BLACK ROCK	1018	1029	
BLACK & BROWN ROCK	1029	1111	
FRACTURED BLACK ROCK	1111	1141	36

APR 9 2001  
 WASHINGTON RESOURCES DEPT.  
 SALEM, OREGON

Date started **2/14/2001** Completed **3/14/2001**

(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.  
 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 water supply well construction standards. This report is true to the best of my knowledge and belief.  
 Signed *Stephen R. Hughes* WWC Number **777**  
 Date **3/16/2001**

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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\*

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OWNER'S WELL NAME OR NUMBER	WELL TAG NUMBER (IF AVAILABLE)	WELL LOG ID (E.G., KLAM 1234)	FLOWMETER SERIAL NUMBER	FLOWMETER READING	FLOWMETER DATE	FLOWMETER LOCATION
				227,604		
			18-05862-14	227,604		12-15'
		18-05862-14		X.00	act	
			70			
			0,32		8/7	0.45
			70,32			
		Water Level: 69.87ft BLS				

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## Emergency Use Permit Application Processing

ORS 536.700-780 and OAR 690-019-0040(1) authorize the Director, after the Governor declares that a severe, continuing drought exists, to issue emergency-use permits to replace water not available under an existing right because of the drought. Each application must be for use in a designated drought area.

### 1. Completeness Determination

The Department evaluates whether the application and accompanying map contain all of the information required under OAR 690-019-0040, OAR 690-019-0050, and OAR 690-019-0100 ([www.oregon.gov/owrd/law](http://www.oregon.gov/owrd/law)). When an application does not contain all the information and supporting material required by the application form and these rules, the application will be declared incomplete, and the applicant notified. Additionally, the application may be returned with a request for additional information, and the applicant will have 30 days to complete the application. If the applicant fails to complete the application within 30 days, it will be rejected.

### 2. Public Notice

Public notice of receipt of emergency use applications and approval of such applications will be included in the Department's regular public notice of applications.

### 3. Final Order Issued

The Director shall approve an application for emergency water use upon findings that the proposed use will not cause injury to existing water rights and will not impair or be detrimental to the public interest. In evaluating whether the proposed use will impair or be detrimental to the public interest, the Director shall consider the factors described in OAR 690-310-0120 and OAR 690-310-0130.

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