

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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SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME <u>Luther Horsley</u>		PHONE (HM)	
PHONE (WK)	CELL <u>541-891-7596</u>	FAX	
ADDRESS <u>PO Box 209</u>			
CITY <u>Midland,</u>	STATE <u>OR</u>	ZIP <u>97634</u>	E-MAIL <u>luther@horsleyfarms.com</u>

OWRD

Organization Information

NAME		PHONE		FAX
ADDRESS			CELL	
CITY	STATE	ZIP	E-MAIL	

Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

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

Note: Attach multiple copies as needed

By my signature below I confirm that I understand:

- I am asking to use water specifically as described in this application.
- Evaluation of this application will be based on information provided in the application.
- I cannot use water legally until the Water Resources Department issues a permit.
- Oregon law requires that a permit be issued before beginning construction of any proposed well. Acceptance of this application neither guarantees an emergency use permit will be issued nor indicates that a permanent water right may be obtained.
- If I get a permit, I must not waste water.
- If development of the water use is not according to the terms of the permit, the permit can be cancelled.
- The water use must be compatible with local comprehensive land-use plans.
- Even if the Department issues a permit, I may have to stop using water to allow senior water-right holders to get water to which they are entitled.

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

Luther Horsley
Applicant Signature

Luther Horsley
Print Name and title if applicable

4/21/21
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*).

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	Klamath 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: 2.77 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"/>	KIAM 51231	<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"/>									

* 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	April 30 - Oct 31 ST	2.5 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): 222 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: 555

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): 60 HP

Other means (describe):

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

Pivot

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, Irrigation
District is unclear how much
water is 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)



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900
 www.oregon.gov/OWRD

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- SECTION 1: _____
- SECTION 2: _____
- SECTION 3: _____
- SECTION 4: _____
- SECTION 5: _____
- SECTION 6: _____
- SECTION 7: _____
- Fees _____

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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 _____

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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
Well Measurement			Flowmeter Reading			
Date	4/14/21				Brand	McCrometer
Time	1055				Serial	03-03282-17
Hold	55				Reading	688.779
Cat	1.03				Multiplier	0.001
MP Height	0.65				Units	AF
WL =	55.38	# BLS			WL 2020 =	62.05ft

KLAM 51231

MP 1 : 1" Port: Remove valve & piping: 0.65

MP 2: 1" plug SW: 1.88

WATER WELL REPORT (as required by ORS 537.765)

SALEM, OREGON

WPA # L19873

(START CARD) # 107338

(1) OWNER: Name LUTHER HORSLEY, Well Number, Address PO Box 209, City MIDLAND, State OR, Zip 97634

(2) TYPE OF WORK: [X] New Well, [] Deepen, [] Recondition, [] Abandon

(3) DRILL METHOD: [X] Rotary Air, [] Rotary Mud, [] Cable, [] Other

(4) PROPOSED USE: [] Domestic, [] Community, [] Industrial, [] Irrigation, [] Thermal, [] Injection, [X] Other Stock

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No, Depth of Completed Well 432 ft., Explosives used [] Yes [X] No

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds. Includes entries for 17 1/2 inch diameter with cement seal.

How was seal placed: Method [] A [] B [X] C [] D [] E, Backfill placed from ___ ft. to ___ ft., Material ___, Gravel placed from ___ ft. to ___ ft., Size of gravel ___

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Shows 14 inch casing with steel and welded options checked.

Final location of shoe(s) 36 FEET

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes checkboxes for Perforations and Screens.

(8) WELL TESTS: Minimum testing time is 1 hour. [X] Pump, [] Bailor, [] Air, [] Flowing Artesian. Yield gal/min 1100, Drawdown 10 ft., Drill stem at 4 hrs.

Temperature of Water 56 degrees, 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 39 N or S, Range 9E B or W, WM., Section 31 SE 1/4 SW 1/4, Tax Lot R3909, Lot D3100, Block 01100, Subdivision 000, Street Address of Well (or nearest address) 663 Old Midland Rd, Midland OR

(10) STATIC WATER LEVEL: 44 ft. below land surface, Date 4/9/98, Artesian pressure ___ lb. per square inch, Date ___

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

Table with columns: From, To, Estimated Flow Rate, SWL. Shows flow rate of 1100 GPM and SWL of 44'.

(12) WELL LOG: Ground elevation ___

Table for Well Log with columns: Material, From, To, SWL. Contains handwritten text 'SEE ATTACHED LOG' and a blue 'RECEIVED APR 26 2021 OWRD' stamp.

Date started MARCH 23, 98, Completed APRIL 9, 1998

(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.

WWC Number ___, Signed ___, Date ___

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 601, Signed [Signature], Date 4/15/98

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MAY - 5 1998

WATER RESOURCES DEPT.
SALEM, OREGON



STOREY DRILLING SERVICES

P.O. Box 98 • MIDLAND, OREGON 97634
(541) 884-3980 • (800) 245-8122
Fax #: (530) 528-2582
22660 ADOBE ROAD • RED BLUFF, CALIFORNIA 96080
CONTRACTOR'S LICENSES:
OR #801 • CA #583153 • NV #38199

Luther Horsley
P. O. Box 209
Midland, Oregon 97634

START: March 23, 1998
FINISH: April 9, 1998

WELL LOCATION: 633 Old Midland Road below house on hilltop
SE¼ SW¼ S31 T39S R9E

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LOG

0 - 2	Black clay topsoil
2 - 33	Yellow shale
33 - 50	Brown lava
50 - 60	Hard brown lava
60 - 66	Black basalt
66 - 79	Brown lava
79 - 136	Hard black basalt
136 - 141	Brown lava
141 - 153	Black basalt
153 - 157	Brown lava with red clay ash
157 - 184	Black basalt
184 - 194	Hard brown lava
194 - 233	Hard grey basalt
233 - 242	Brown lava
242 - 262	Bubbly black lava
262 - 312	Hard black basalt
312 - 318	Black lava & black clay ash
318 - 329	Hard black basalt
329 - 347	Black lava with red cinders
347 - 379	Hard grey basalt
379 - 404	Black lava
404 - 410	Hard black basalt
410 - 454	Black lava with streaks red cinders

37 feet of 14 inch O. D. x .250 wall steel casing set at 36 feet Temperature 55° F; Static water level 45 feet
12¼ inch diameter hole from 36 to 212 feet; 8¼ inch diameter hole from 212 to 454 feet. Finished depth 432 feet.
Test pumped 1100 GPM at 55 feet for 4 hours: Specific capacity is 110 GPM per foot drawdown.

APR 26 2021

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 51231

Well Log	Details	T-R-S/ QQ-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 51231 Groundwater Info	Details	39.00S-9.00E-31 SE-SW	1100	663 OLD MIDLAND RD	HORSLEY, LUTHER PO BOX 209 MIDLAND OR 97634			W	379.00	432.00	44.0	1100.0	04/09/1998	05/05/1998	STOREY, DAVID M STOREY DRILLING SERVICES	107338	19873	✓															42.1276, -121.2092

[Download Data](#)

Horsley

MAP 1 OF 4

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

SECTION 31 T.39S. R.09E. W.M.
KLAMATH COUNTY

1"=400'

MAP CREATED _____

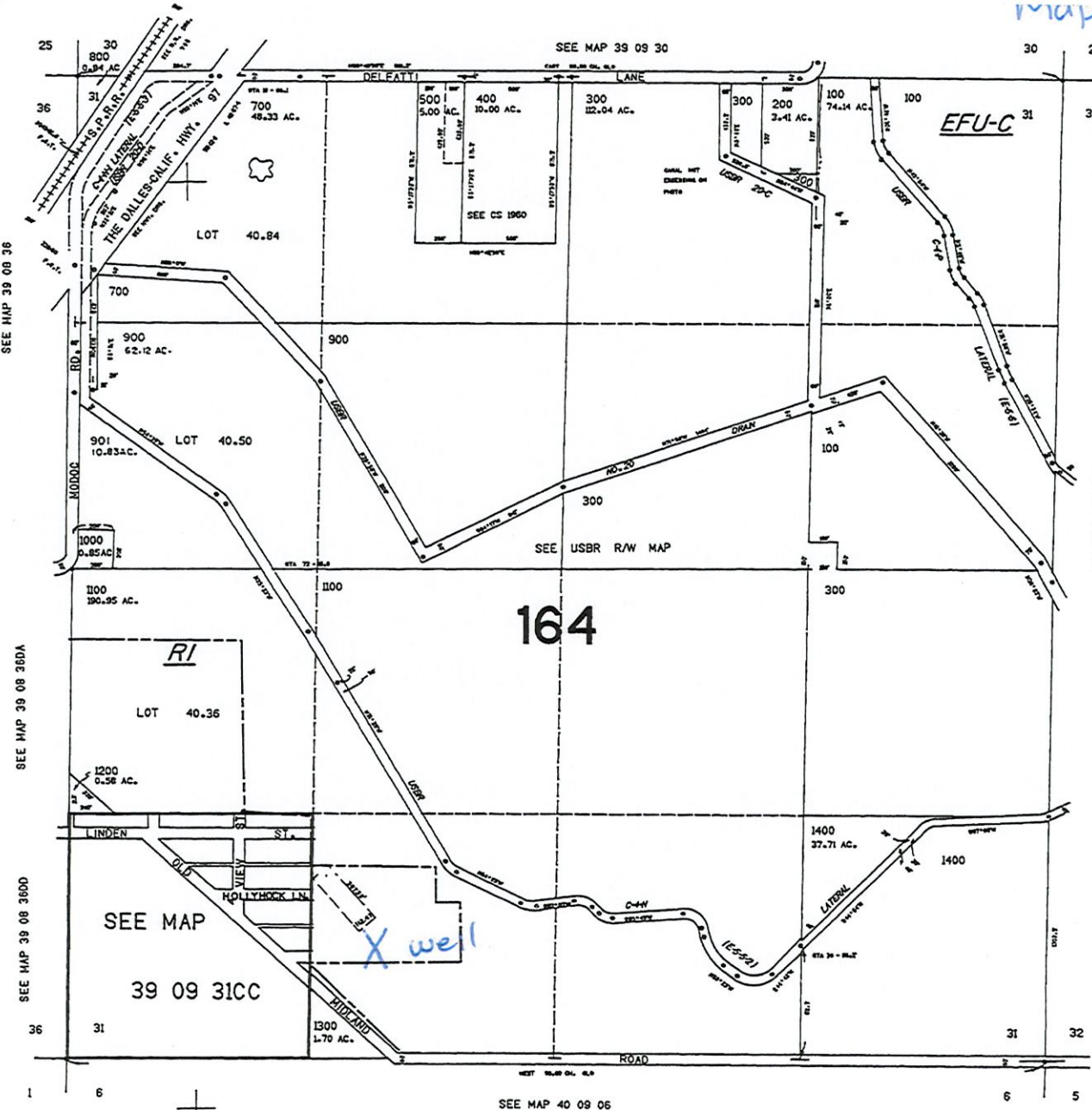
map created
02/05/2021

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↑
N



+ 175.000

CANCELLED NO.
600

Well location
KLAM 51231
42.1276
-121.8092

164

SEE MAP
39 09 31CC

SEE MAP 40 09 06

+ 39 09 31
& INDEX

+ 44.000

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NORTH
T39S R09E
SEC. 31

Tax lot
300 NESE 40.00

Scale

1" = 880'

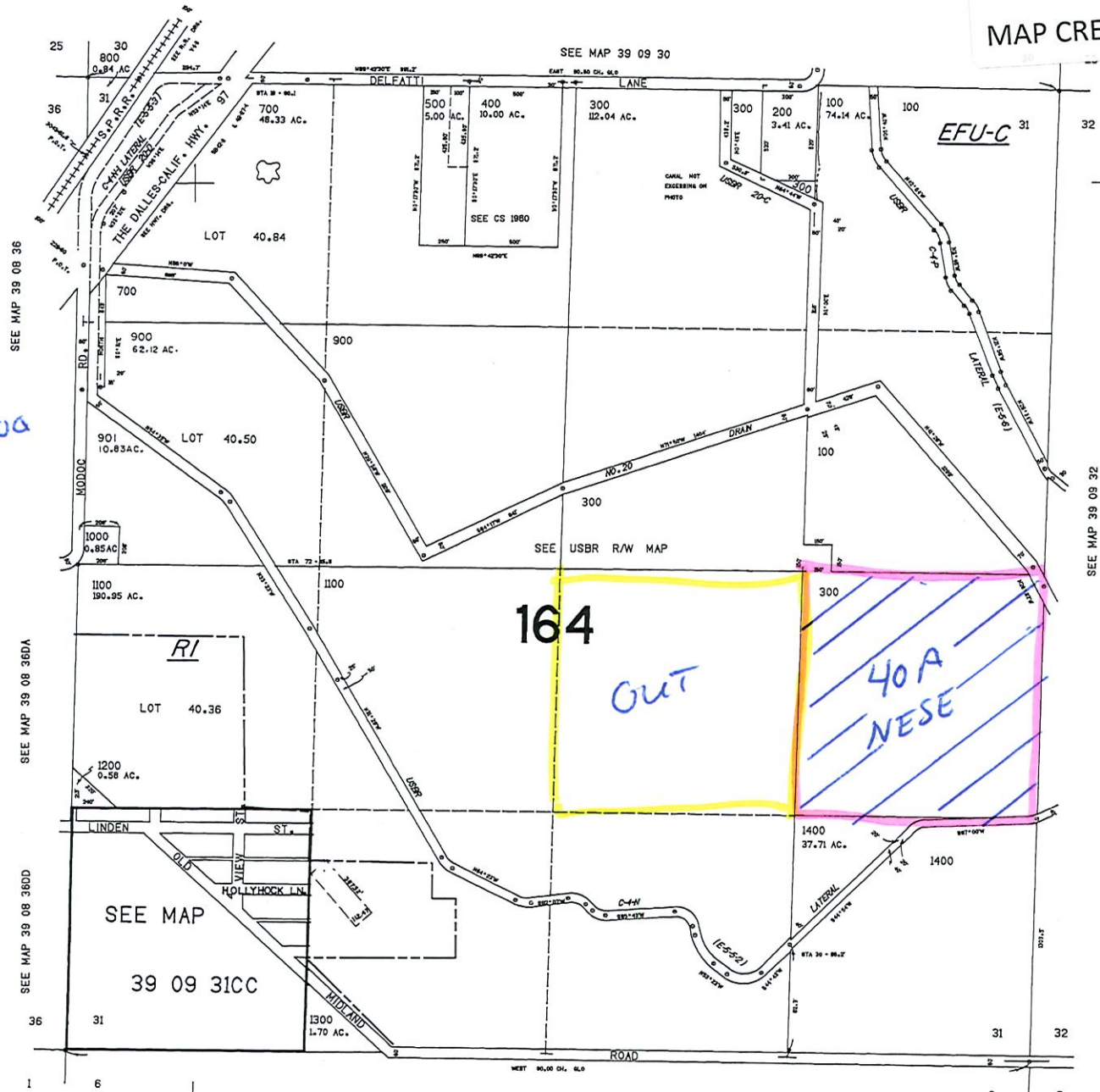
THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

SECTION 31 T.39S. R.09E. W.M.
KLAMATH COUNTY

1"=400'

MAP 2 OF 4

MAP CREATED 04/08/2021



175.000
CANCELLED NO.
600

SEE MAP 39 08 36
SEE MAP 39 08 36DA
SEE MAP 39 08 36DD

SEE MAP 40 09 06

39 09 31
& INDEX

T.40S. R.09E. W.M.
KLAMATH COUNTY

MAP 21 OF 4

REVISED 08-03-2018
THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

MIDLAND 1" = 2000'

MAP CREATED 04/08/2021

NORTH

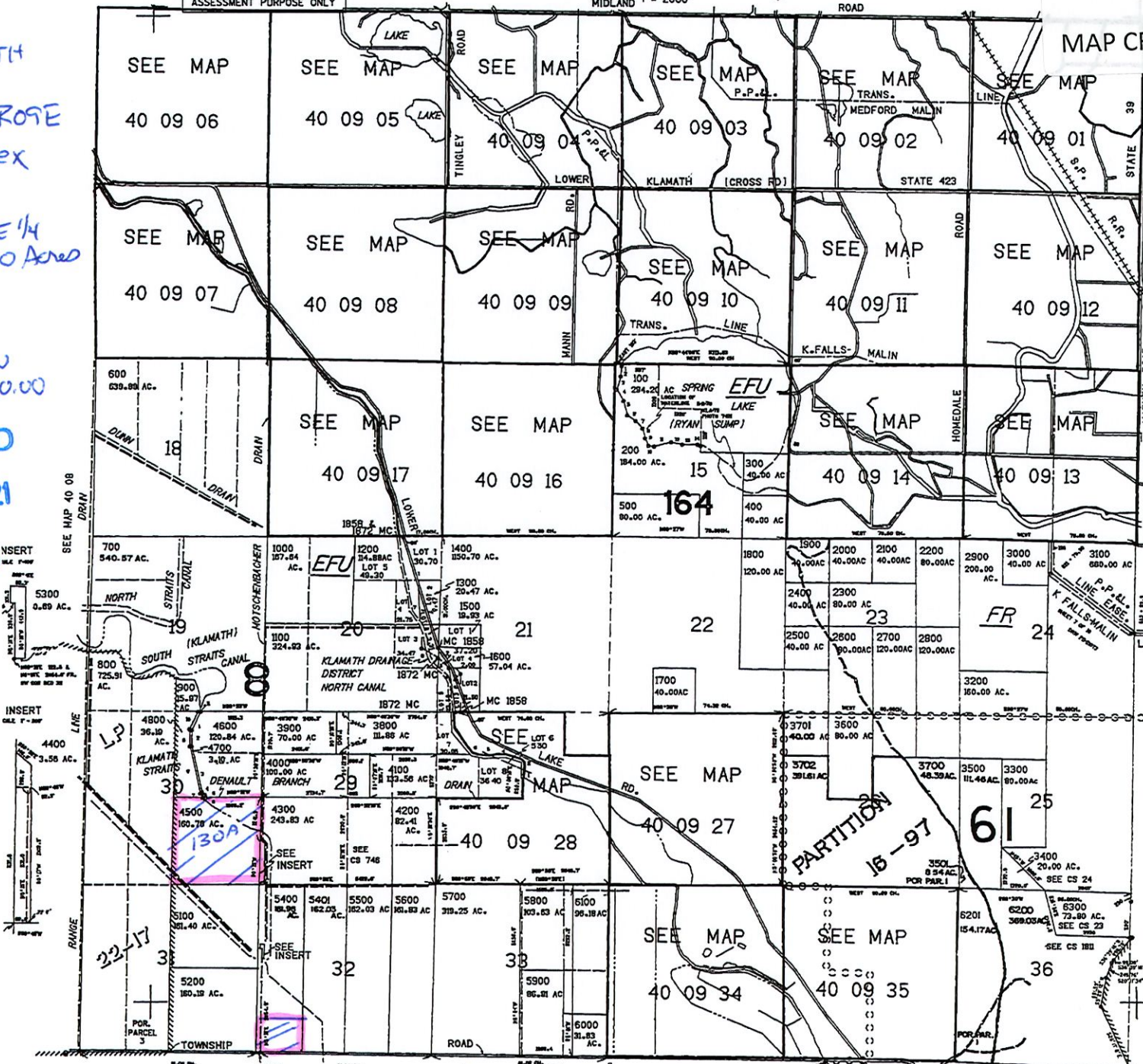
T 40S ROSE
Index

Tax lot
4500 SE 1/4
130 Acres

Tax lot
5400 SWSW
40.00

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800M - 2100M
2200M - 2300M
2500M - 2600M
2700M - 3500M
3700M - 6200M
6400M
4900
5000

CANCELLED NO.
299 MI INCLUDES
3500M, 3700M
6200M
6400
4901
4900
5000

PARCEL 100
1. 877-877-877
2. 877-877-877
3. 877-877-877
4. 877-877-877
5. 877-877-877
6. 877-877-877
7. 877-877-877
8. 877-877-877
9. 877-877-877
10. 877-877-877

PARCEL 4100
1. 877-877-877
2. 877-877-877
3. 877-877-877
4. 877-877-877
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6. 877-877-877
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PARCEL 4700
1. 877-877-877
2. 877-877-877
3. 877-877-877
4. 877-877-877
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6. 877-877-877
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8. 877-877-877
9. 877-877-877
10. 877-877-877

40 09
& INDEX

- 40 SWSW

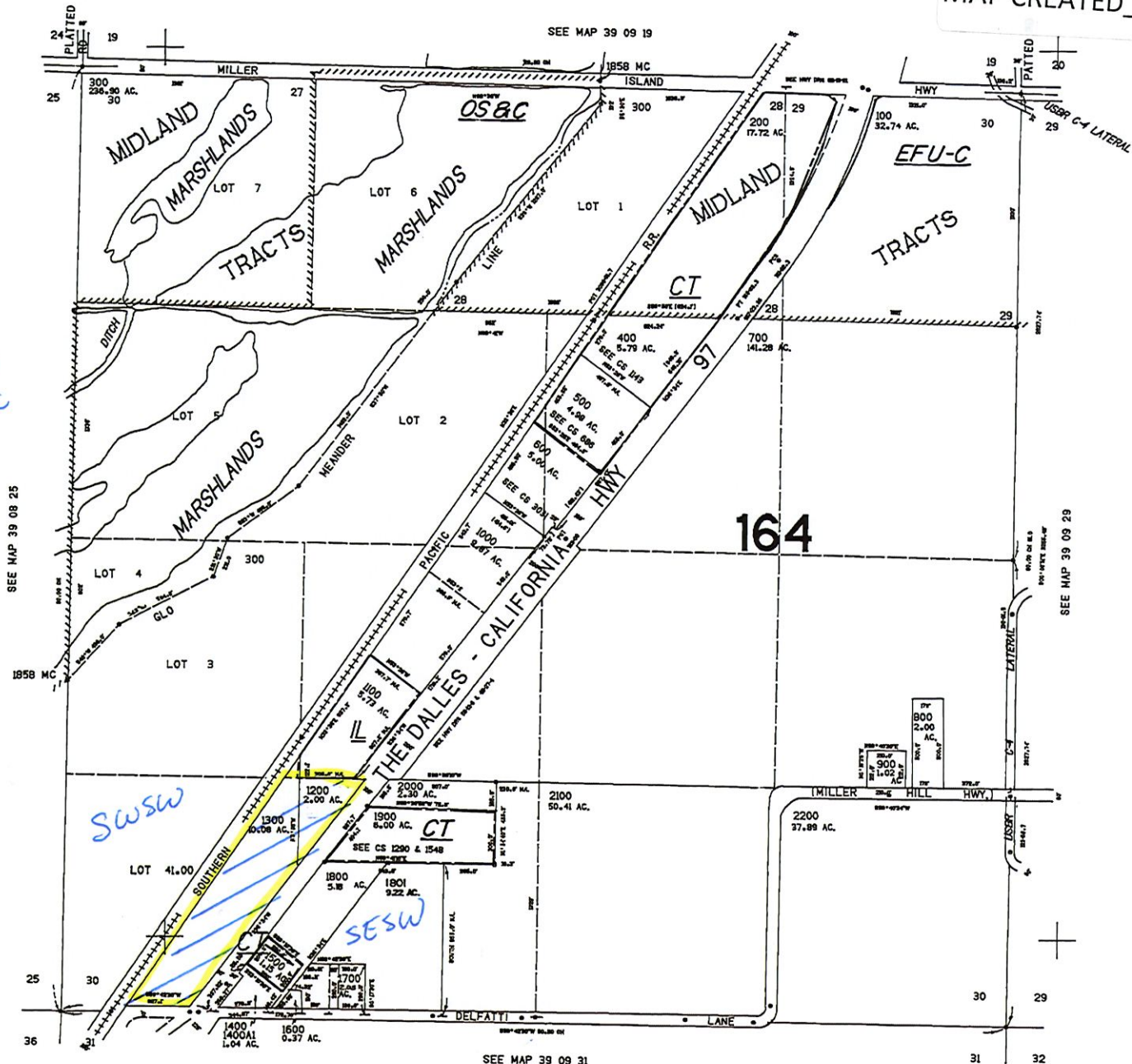
REVISED 06-16-2016
THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

SECTION 30 T.39S. R.09E. W.M.
KLAMATH COUNTY

1"=400'

MAP 2 OF 4
39 09 30
MAP CREATED 04/21/2021

NORTH
T39S R09E
SEC 30
Tax lot
1200 SESW 2.00
1300 SWSW 10.00
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APR 26 2021
OWRD



164

SWSW

SESW

Scale
1" = 880'

176.000

39 09 30

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

OWRD

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

1. Completeness Determination

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

2. Public Notice

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

3. Final Order Issued

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

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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: \$ 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*

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.
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- Number of acres per Quarter/Quarter and hatching to indicate area of use if for supplemental irrigation or nursery
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- Other _____