

Application for an Emergency Use Permit for Groundwater (Drought)



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

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Emergency Use Permit Application Processing

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

PLEASE NOTE: Due to the pervasive drought and rapidly declining groundwater levels in the Klamath Basin, the Oregon Water Resources Department will not issue Drought Emergency Use Permits for groundwater in the Klamath Basin in 2022.

A portion of the application fees for drought emergency permits is non-refundable. If the Department evaluates a drought permit application and determines that a permit cannot be issued, the recording fee is refunded, and the Department will retain the exam fee.

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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SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME BRANDON TAAFFE		PHONE (HM)	
PHONE (WK) (530) 228 - 2772	CELL	FAX	
ADDRESS 1310 E. GREGORY ROAD			
CITY CENTRAL POINT	STATE OR	ZIP 97502	E-MAIL

Organization Information

NAME 1310 GREGORY, LLC		PHONE (530) 228 - 2772	FAX
ADDRESS 1310 E. GREGORY ROAD			CELL
CITY CENTRAL POINT	STATE OR	ZIP 97502	E-MAIL

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

AGENT / BUSINESS NAME CWM-H2O, LLC (BOB LONG, CWRE)		PHONE (503) 954 - 1326	FAX
ADDRESS 1319 SE MLK JR. BLVD, SUITE 204			CELL
CITY PORTLAND	STATE OR	ZIP 97214	E-MAIL BOB.LONG@CWMH2O.COM

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.



Applicant Signature

Brandon Taafe

Print Name and title if applicable

5-1-2022

Date

MAY 04 2022

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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).

NA. 1310 Gregory, LLC is the sole owner of the lands subject to the proposed emergency use.

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
Well 1 JACK-64974	Whetstone Creek (to the south)	~320 ft	Approx. -30 to +10 ft (within a mile)
	Whetstone Creek (to the north)	~1,500 ft	Approx. -25 to +10 ft (within a mile)

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

-Well 1 (JACK-64974) is located at a surface elevation of approx. 1,290 ft AMSL in close proximity to two branches of Whetstone Creek. However, the well is constructed within the Payne Cliffs Formation Arkosic Sandstone/Siltstone unit, which is separate from the shallow basin fill sediment units that are in hydraulic connection with area surface water. This is demonstrated by the static water level in the well. The water-bearing zone (blue-gray fractured siltstone) was noted from 100-200 ft below groundwater surface (bgs) (approx. elevation of 1,090-1,190 ft AMSL) and has a static water level of 15 ft bgs (approx. elevation of 1,275 ft AMSL), indicating highly confined conditions.

SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: Payne Cliffs Formation Aquifer (Eocene sandstone/siltstone)

Total maximum rate requested: 0.05 cfs (each well will be evaluated at the max rate unless you indicate well-specific rates and annual volumes 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	PROPOSED	EXISTING	WELL ID (WELL TAG*)	FLOWING ARTESIAN	CASING DIAMETER	CASING INTERVALS	PERFORATED OR SCREENED INTERVALS	SEAL INTERVAL	MOST RECENT STATIC WATER LEVEL	PROPOSED USE			
										SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE- FEET)
Well 1 JACK-64974	<input type="checkbox"/>	<input checked="" type="checkbox"/>	#142547	<input type="checkbox"/>	5-6"	+1-39 ft (6" steel) +2-205 ft (5" plastic) 145-205 ft (4" screen)	Laser-cut perforated Liner 145 – 205 ft	0 – 26 ft	15 ft bgs (08/29/21)	Payne Cliff Formation (Arkasic sandstone / siltstone)	205 ft	22.5 gpm (0.05 cfs)	2.0 AF

* 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

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USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Irrigation	June – October	2.0 AF

Rights affected by drought:

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

Please indicate the total number of acres to be irrigated (must match map): **6.0 acres**

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

-The applicant has a contract to receive irrigation supply water from the Rogue River Valley Irrigation District for the proposed area of use. The Drought Declaration means that the applicant will not receive the typical irrigation supply from the District after May and must replace that supply with another source. The Rogue River Valley Irrigation District provides water to clients in the applicant's area through several water rights including **Permits E-19, S-407, S-1705, S-30364, and S-38230.**

Indicate the maximum number of acre-feet you expect to use in an irrigation season: **2.0 AF**

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): **3 HP Grundfos Pump (model #35S50-19)**

Other means (describe):

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

- The proposed source well is a domestic supply well installed on the property in 2019. The well is located in the southwest portion of the property on Taxlot 2101. The well will pump water into 15 above-ground plastic storage tanks (2,500-gal each), which will then be connected to the irrigation system within each grow area. The area of use is comprised of three open-air nursery patches roughly 2-acres each. The irrigation system includes high-efficiency drip irrigation lines.
- The pump currently installed in the proposed source well has a theoretical capacity of about 36 gpm (assuming high system pressure and drawdown of about 15 ft from static level), which is enough to support domestic uses and the proposed irrigation use.

$$\text{Q Pump} = \frac{3690 * (3 \text{ HP}) * (75\% \text{ efficiency})}{(\sim 80 \text{ PSI} + \sim 30 \text{ ft of lift})} = 36 \text{ gpm (0.08 cfs)}$$

Efficiency factors:

NOTE: Pump efficiency factor for centrifugal pump (75%) = 6.61

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.

-The 6.0-acres of irrigated area typically peaks at a use of about 150,000 gallons per month during the summer season. The proposed water use covers this anticipated demand and allows for some additional capacity if drought and climate conditions threaten the nursery crop further. Irrigation is conducted using high-efficiency drip irrigation lines that will likely not require the full amount of water requested. The use of drip lines will also conserve water and prevent surface runoff, therefore eliminating risk of discharge to surface water drainages.

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*).

-The Drought Declaration has made the applicant's typical irrigation supply, which is through a delivery contract with Rogue River Valley Irrigation District, very unreliable and has put the supply in question all together after May. The nursery crop grown on the subject property is grown in open-air instead of greenhouses, making the crop particularly sensitive to high heat and dry conditions forecasted for the coming season. The proposed emergency use will provide the applicant with a small but reliable and easily managed irrigation source with less potential for loss and waste than typical irrigation deliveries. The source well is constructed in a confined aquifer that is not in direct hydraulic connection to surface water, reports a high capacity on its recent driller's log, and is therefore an ideal short-term source for emergency irrigation.

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SECTION 7: KLAMATH BASIN/COUNTY WELL INFORMATION

PLEASE NOTE: Due to the pervasive drought and rapidly declining groundwater levels in the Klamath Basin, the Oregon Water Resources Department will not issue Drought Emergency Use Permits for groundwater in the Klamath Basin in 2022.

-This section does not apply to this application as the proposed use is in Jackson County.

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.

-A flow meter is currently not installed on the proposed source well because it is an exempt domestic well. The applicant will have the well pump contractor install an appropriately sized totalizing flow meter on the well for measurement of usage during the summer irrigation season.

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 1 JACK-64974	#142547	JACK-64974	-	-	-	Will be installed at the wellhead

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

JACK 64974
8/31/2021

WELL I.D. LABEL# L 142547
START CARD # 1053583
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D. _____
First Name _____ Last Name _____
Company 1310 GREGORY LLC
Address 1310 EAST GREGORY RD.
City CENTRAL POINT State OR Zip 97502

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: _____
Material From To Amt sacks/lbs
Seal: _____

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 205.00 ft.

BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	26	Bentonite Chips	0	26	23	S
8	26	39				Calculated	18
6	39	205				Calculated	

How was seal placed: Method A B C D E
 Other DRY Poured
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	1	39	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/>	2	205	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 39
Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Factory / Laser cut
Screens Type _____ Material _____

Perf/ Screen	Casing/ Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4	145	205	.032	2	9600	4

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
250		204	3

Temperature 61 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 160 ppm
From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County JACKSON Twp 36.00 S N/S Range 1.00 W E/W WM
Sec 30 SW 1/4 of the NE 1/4 Tax Lot 2101
Tax Map Number _____ Lot _____
Lat _____ " or 42.41413061 DMS or DD
Long _____ " or -122.86496210 DMS or DD
 Street address of well Nearest address
1310 EAST GREGORY RD. CENTRAL POINT, OREGON. 97502

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 8/29/2021 _____ 15
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 120.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8/28/2021	100	200	200		15

(11) WELL LOG Ground Elevation _____

Material	From	To
Top soil, brown. W/ clay	0	8
Clay Stone, Brown.	8	21
Clay Stone, Blue/grey . Consolidated	21	120
Clay Stone, Blue/Grey. Fractured, WB	120	205

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Date Started 8/26/2021 Completed 8/30/2021

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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.
License Number _____ Date _____
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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.
License Number 1798 Date 8/31/2021
Signed GARY NEWMAN (E-filed)
Contact Info (optional) Southern Oregon Well Drilling inc.

Date _____

(For staff use only)



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

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

MAP

- Permanent quality and drawn in ink
- Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
- North Directional Symbol
- Township, Range, Section, Quarter/Quarter, Tax Lots
- Reference corner on map
- Location of each well, and/or dam if applicable, by reference to a recognized public land survey corner (distances north/south and east/west). Each well must be identified by a unique name and/or number.
- Indicate the area of use by Quarter/Quarter and tax lot clearly identified
- Number of acres per Quarter/Quarter and hatching to indicate area of use if for supplemental irrigation or nursery
- Location of main canals, ditches, pipelines or flumes
- Other _____

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 (NA)

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

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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