

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 JUSBUYM INVESTMENT, LLC			PHONE (HM)
PHONE (WK)	CELL 209-481-5355		FAX
ADDRESS 2021 HWY 88			
CITY IONE	STATE CA	ZIP 95640	E-MAIL* JUSBUYM@GMAIL.COM

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 HOLLIE CANNON, WATER RIGHT SOLUTIONS, LLC			PHONE 541-821-5848	FAX
ADDRESS 3246 HAMMER ST				CELL 541-821-5848
CITY KLAMATH FALLS	STATE OR	ZIP 97603	E-MAIL* H.K.CANNON@GMAIL.COM	

Note: Attach multiple copies as needed

* By providing an e-mail address, consent is given to receive all correspondence from the Department electronically.
(A paper copy of the final order will also be mailed.)

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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.

Applicant Signature

Print Name and title if applicable

Date

Applicant Signature

Print Name and title if applicable

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
#2	Wood River	3889 ft	20 feet

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*).

None

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SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: Volcanic rock

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Total maximum rate requested: 10 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)
Well #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KLAM 59916	<input checked="" type="checkbox"/>	28	46	NA	0 to 46		Sealed	705		
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	24	60	NA	0 to 60		Sealed	705		
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	20	407	NA	60 to 467		Sealed	705		
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Liner	450 to 649	NA		4.12 ft above GL on 3/18/26	Broken Black Rock, Red Cinders, Black Sand	705	4488	895.48
	<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	June 1 to September 30	895

Rights affected by drought:

County in which use will occur: **Klamath**

(if the right is located in Klamath Basin/County you must complete Section 8)

Please indicate the total number of acres to be irrigated (must match map): 895.48 acres

List the Permit or Certificate number(s) of the water right(s) affected by drought: 10930, 10931, 10932, 10933 and 10934

Indicate the maximum total number of acre-feet you expect to use in an irrigation season: 895.48

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 turbine

Other means (describe): _____

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

Existing canals and ditches

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.

One foot of water is about 1/3rd the summer evapotranspiration. We are realistically asking for the drought permit to replace the water we would have expected on a normal water year. Last year we made two irrigations on this land. That is the amount we are asking for. Because the amount of water requested in this application is much less than the crop needs, we will be diligent in preventing waste.

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SECTION 6: WITHIN A DISTRICT

Check here if any of the water rights affected by drought are located within or served by an irrigation or other water district.

Irrigation District Name Wood River District Improvement Company	Address PO Box 342	
City Bly	State OR	Zip 97622

Yes No Has the irrigation district transferred the primary irrigation water right to another place of use for this irrigation season?

Projected irrigation season allotment, if known: 0

SECTION 7: 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*).

In a normal irrigation season we get 2 irrigations before the Tribe's water right ends irrigation for the season. We are only asking for the amount we normally would have received in a normal season

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SECTION 8: 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 is unlikely to issue Drought Emergency Use Permits for groundwater in the Klamath Basin.

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 #2	L 122346	KLAM 59916	17-11300-18	1372.95 AF	6-1-26	On the discharge pipe north of the well house about 15 feet

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STATE OF OREGON WATER SUPPLY WELL REPORT

KLAM 59916

WELL I.D. LABEL# L122346

START CARD # 1033050

(as required by ORS 537.765 & OAR 690-205-020 WRD

11/13/2017

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. First Name Last Name Company WOOD RIVER DISTRICT IMPROVEMENT CO. Address PO BOX 503 City FORT KLAMATH State OR Zip 97626

(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 Thrld 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

Depth of Completed Well 705.00 ft. Special Standard (Attach copy)

BORE HOLE

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, lbs. Rows include Cement and Calculated values.

How was seal placed: Method A B C D E

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

Table with columns: Casing Liner, Dia, +, From, To, Gauge, Stl, Plstc, Wld, Thrld. Includes shoe location options.

(7) PERFORATIONS/SCREENS

Perforations Method Factory Saw

Screens Type Material

Table with columns: Perf/ Screen Liner, Dia, From, To, Scrm/slot width, Slot length, # of slots, Tele/ pipe size.

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

Pump Bailer Air Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 840, 0, 0, 24.

Temperature 42 F Lab analysis Yes By

Water quality concerns? Yes (describe below) TDS amount 55 ppm

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County KLAMATH Twp 33.00 S N/S Range 7.50 E E/W WM Sec 16 SE 1/4 of the NW 1/4 Tax Lot 2400

Street address of well Nearest address NICHOLSON ROAD

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Rows for Existing Well / Pre-Alteration and Completed Well.

WATER BEARING ZONES

Depth water was first found 3.00

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft).

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Lists various geological layers like Sand & Pumice, Black Rock, etc.

Date Started 11/19/2016 Completed 12/16/2016

(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.

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.

License Number 1385 Date 11/13/2017

Signed ROBERT BUCKNER (E-filed)

Contact Info (optional)

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

KLAM 59916

11/13/2017

Map of Hole

STATE OF OREGON
WELL LOCATION MAP

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0800



This map is supplemental to the WATER SUPPLY WELL REPORT

LOCATION OF WELL

Well Label: 122346

Latitude: 42.7142714021 Datum: WGS84

Printed: April 16, 2017

Longitude: -122.00633882253

Township/Range/Section/Quarter-Quarter Section:

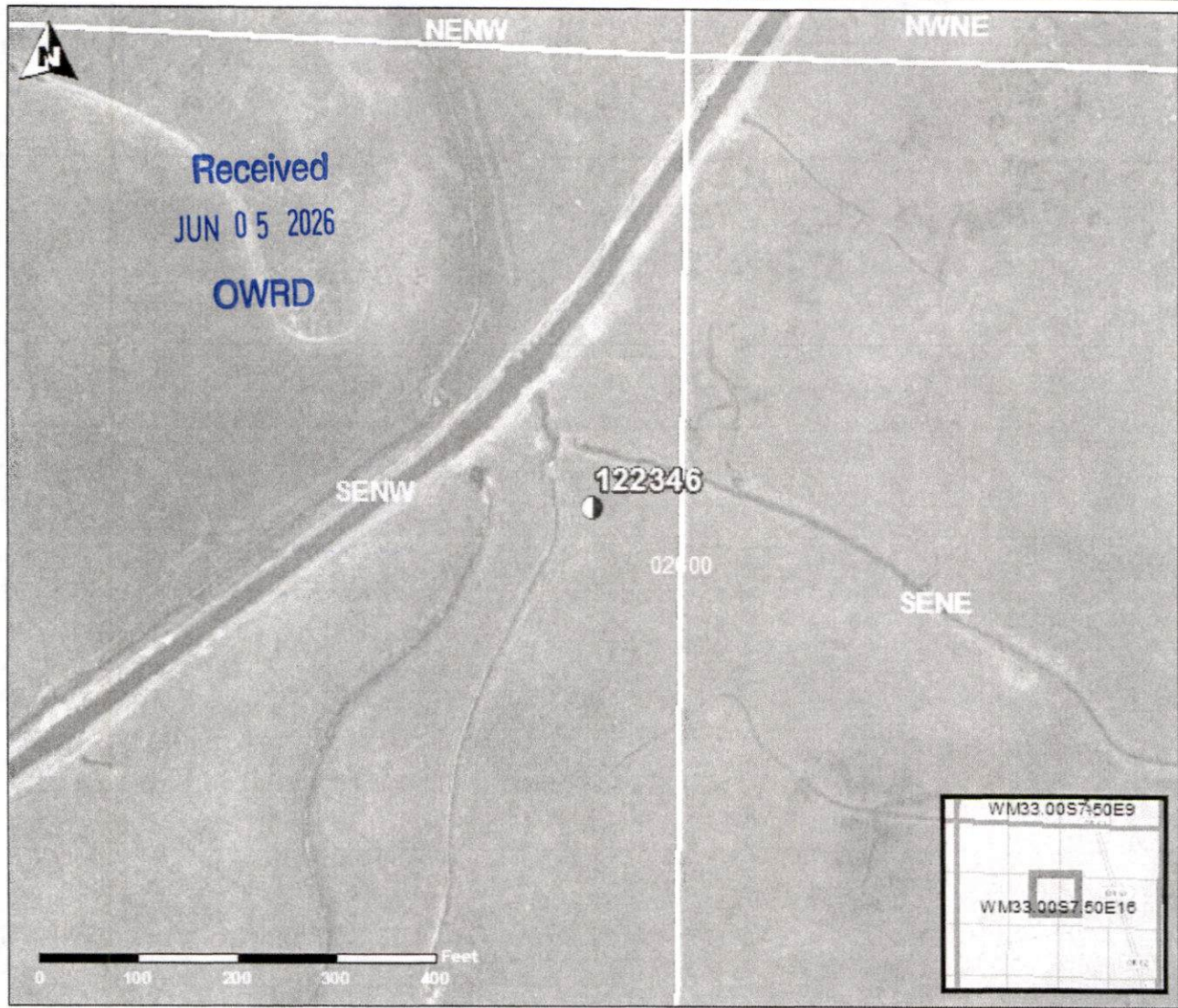
WM 33S 7 5E 16 SENW

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Address of Well:

NICHOLSON ROAD

Provided by well constructor



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: WITHIN A DISTRICT
- SECTION 7: DROUGHT INFORMATION
- SECTION 8: KLAMATH BASIN WELL INFORMATION

Attachments:

- Fees - Amount enclosed: \$ 1500
\$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: _____

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Emergency Use Permit Application Processing

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Oregon Revised Statute (ORS) 536.700-780 and Oregon Administrative Rule (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 widespread drought and decreasing groundwater levels, if a drought emergency is declared in Klamath County, it is unlikely that the Oregon Water Resources Department (Department) will issue Drought Emergency Use Permits for groundwater.

A portion of the application fees for Drought Emergency Use 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.