

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

Received
JUN 15 2026

Emergency Use Permit Application Processing

OWRD

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.

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

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Attachments:

- Fees - Amount enclosed: \$ 1200.00
 - \$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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SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME		PHONE (HM)	
PHONE (WK)	CELL	FAX	
ADDRESS			
CITY	STATE	ZIP	E-MAIL*

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Organization Information

NAME PINE GROVE IRRIGATION DISTRICT		PHONE 714-394-3913	FAX
ADDRESS 6510 SOUTH SIXTH PMB 95			CELL 714-394-3913
CITY KLAMATH FALLS	STATE OR	ZIP 97603	E-MAIL* ADCKEN@GMAIL.COM, ALSO JIM@927DESIGN.COM

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

AGENT / BUSINESS NAME HOLLIE CANNON		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.)

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

Kenneth D Korte
Print Name and title if applicable

Vice Pres 6/11/2026
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*).

All lands are within the boundaries of Pine Grove Irrigation District

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
KLAM 53755	Lost River	over 1 mile	NA

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*).

NA

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SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: Broken Grey Basalt

Total maximum rate requested: 6.68 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)
KLAM 53755	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KLAM 53755	<input type="checkbox"/>	16"	+1 to 174	NA	0 to 174	59.5 on 3/12/2026	Broken Grey Basalt	376	3000	1095
	<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)
Supplemental Irrigation	June 15, 2026	1095

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): 547.67 acres

List the Permit or Certificate number(s) of the water right(s) affected by drought: KA 1000

Indicate the maximum total number of acre-feet you expect to use in an irrigation season: 1095

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): 150 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.

Well KLAM 53755 will pump into the existing ditch system of PGID and distribute the water to the land listed on the application through the ditches and pipes of PGID

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 water is costly to pump and we are asking for the minimum amount needed to finish this irrigation season.

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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 Pine Grove Irrigatoin District	Address	
City Klamath Falls	State OR	Zip 97603

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: 0.00

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*).

PGID is part of the Klamath Project. Eventhough PGID has the same water right as all the Klamath Project, namely KA-1000, PGID is a "B Land" district and therefore will not receive an allotment of water from the Project because of record low snow pack. Klamath County has been declared to be in a Drought Emergency by the Govenor.

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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
KLAM 53755	L-29466	KLAM 53755	03-04187A-14	232.703 AF	6/11/2026	At the well

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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: _____
- SECTION 8: _____
- 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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KLAM 53755

OWRD

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 29466
START CARD # 107281

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number # 1
Name PINE GROVE IRRIGATION DISTRICT
Address 3939 S SIXTH ST BOX # 325
City KLAMATH FALLS State OREGON 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 376 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>22</u>	<u>0</u>	<u>174</u>	<u>CONCRETE</u>	<u>0</u>	<u>50</u>	<u>65 SCS</u>
<u>15</u>	<u>174</u>	<u>274</u>	<u>M</u>	<u>150</u>	<u>174</u>	<u>25 SCS</u>
<u>12 1/4</u>	<u>274</u>	<u>376</u>				

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	Steel	Plastic	Welded	Threaded
Casing: <u>16</u>	<u>0</u>	<u>174</u>	<u>28</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 174 FT.

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 3200 Drawdown 0.53 FT Drill stem at _____ Time 1 hr.

Temperature of water 74°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 39 S N or S Range 10 E E or W. WM.
Section 7 SE 1/4 NE 1/4
Tax Lot R3909 Lot 61C Block 500 Subdivision R592255
Street Address of Well (or nearest address) 9390 HIGHWAY 140E
KLAMATH FALLS OREG

(10) STATIC WATER LEVEL:
35 ft. below land surface. Date 3/25/03
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 185 FT.

From	To	Estimated Flow Rate	SWL
<u>185</u>	<u>376</u>	<u>3200 GPM</u>	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>SEE ATTACHED</u>			
<u>SITES</u>			

RECEIVED

APR 15 2003

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 3/4/03 Completed 3/25/03

(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.
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 601
Signed _____ Date 4/13/03

KLAM 53755
KLAM
53755

STOREY DRILLING SERVICES

P.O. Box 98 • MIDLAND, OREGON 97834
(541) 884-3990 • (800) 245-8122
Fax #: (530) 528-2562

22560 ADOBE ROAD • RED BLUFF, CALIFORNIA 96080
CONTRACTOR'S LICENSES:
OR #601 • CA #583153 • NV #38199



Pine Grove Irrigation District
3939 South Sixth Street Box # 325
Klamath Falls, Oregon 97603

START: March 4, 2003
FINISH: March 25, 2003

WELL LOCATION: Bernie Symonson Property - south side of Hwy 140E - 1 mile east of Hwy 39 & 140 Junction
SE¼ NE¼ S7 T39S R10E

LOG

0 - 3	Sandy topsoil
3 - 24	Yellow shale
24 - 168	Green clay with hard gray shale
168 - 211	Black lava
211 - 257	Hard broken gray basalt
257 - 288	Hard broken black basalt
288 - 293	Hard gray basalt
293 - 331	Broken black basalt
331 - 335	Hard gray basalt
335 - 376	Hard broken gray basalt

175 feet of 16 inch O.D. x .250 wall steel casing set and cemented at 174 feet.
22 inch diameter hole from 0 feet to 174 feet; 15 inch diameter hole from 174 feet to 274 feet;
12 inch diameter hole from 274 feet to 376 feet.
Static water level at 35 feet. Temperature 74° Fahrenheit.
Test pumped 3200 GPM at 58 feet.

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WATER RESOURCES DEPT.
SALEM, OREGON

TW Well Services, LLC
 6466 Nile St
 Klamath Falls, OR 97603 USA
 5418502157
 twwellservices@yahoo.com

Invoice

BILL TO
 Klamath Basin Improvement District
 6640 KID Lane
 Klamath Falls, Oregon 97603

SHIP TO
 Klamath Basin Improvement District
 6640 KID Lane
 Klamath Falls, Oregon 97603

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
2026-60	03/12/2026	\$680.00	04/01/2026	Due on receipt	

P.O. NUMBER
 Static Level Test

SALES REP
 Jared

SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
Static Water Level Test	03/11/2025 Checked Static Levels on 8 Wells. KLAM-53737 KBID 1.8" KLAM-54078 Knolls 22'.8" KLAM-53755 PGID 59'.6" KLAM-53142 Sukraw 32'.2" KLAM-53732 Sukraw 26'.8" KLAM-52825 Balin 70'.5" KLAM-57412 Balin 68' KLAM-55311 Stuedli 18'.88	8	85.00	680.00

Ways to pay



[View and pay](#)

SUBTOTAL	680.00
TAX	0.00
TOTAL	680.00
BALANCE DUE	\$680.00

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Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING

2/10/2026

Well Information

Well Log: KLAM 53737 KBID f

Well Tag: L-60101

POA 1 : WELL 1

Required Measurement Period: MAR

Last Year's Status and Most Recent Measurement

Status: 2025 report satisfactory

Reason: Report was complete and on time.

Date: 3/27/2025 WL BLSD: .42 ft

MP Height and Description: 2 ft

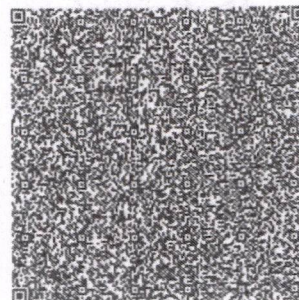
SOUNDING TUBE WEST SIDE OF CASING

Report Water Levels for POA 1 on Permit G 18797

1) Follow this link: <https://owrd.us/?0227>

or

2) Scan this QR code:



Water Right

Application: G 16030

Permit: G 18797

Transfer: T 13758

Certificate:

Submitted 3/11/26 10:55 AM

1.8" from top of MP

Well Information

Well Log: KLAM 54078 B. Knoll f

Well Tag: L-100393

POA 2 : WELL 2

Required Measurement Period: MAR

Last Year's Status and Most Recent Measurement

Status: 2025 report satisfactory

Reason: Report was complete and on time.

Date: 3/27/2025 WL BLSD: 24.99 ft

MP Height and Description: .17 ft

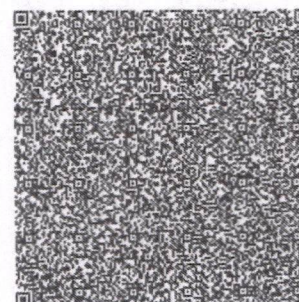
W SIDE SOUNDING TUBE

Report Water Levels for POA 2 on Permit G 18797

1) Follow this link: <https://owrd.us/?34b4>

or

2) Scan this QR code:



Water Right

Application: G 16030

Permit: G 18797

Transfer: T 13758

Certificate:

Submitted 3/11/26 11:10 AM

22' 8"

Well Information

Well Log: KLAM 53755 PKID f

Well Tag: L-29466

POA 3 : WELL 3

Required Measurement Period: MAR

Last Year's Status and Most Recent Measurement

Status: 2025 report satisfactory

Reason: Report was complete and on time.

Date: 3/27/2025 WL BLSD: 61.16 ft

MP Height and Description: .42 ft

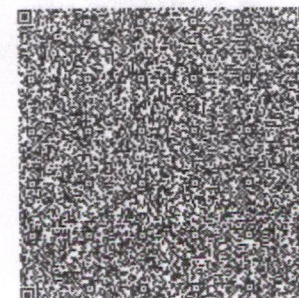
SOUNDING TUBE N SIDE OF CASING

Report Water Levels for POA 3 on Permit G 18797

1) Follow this link: <https://owrd.us/?e929>

or

2) Scan this QR code:



Water Right

Application: G 16030

Permit: G 18797

Transfer: T 13758

Certificate:

Submitted 3/11/26 10:57 AM

59' 6"

Questions? Contact the Groundwater Data Group at 971-720-0864 or OWRD.WaterLevelReporting@water.oregon.gov

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