

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 by OWRD

JUN 18 2026

Salem, OR

Emergency Use Permit Application Processing

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

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
** 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: valve vault, and concrete cistern

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SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME Knife River Corporation - Northwest Attn: Jeff Steyaert			PHONE (HM)
PHONE (WK) (541) 918-5142	CELL		FAX
ADDRESS 32260 Old Highway 34			
CITY Tangent	STATE OR	ZIP 97389	E-MAIL* jeff.steyaert@kniferiver.com

Organization Information

NAME Knife River Corporation - Northwest Attn: Jeff Steyaert			PHONE (541) 918-5142	FAX
ADDRESS 32260 Old Highway 34			CELL (541) 968-1898	
CITY Tangent	STATE OR	ZIP 97389	E-MAIL* jeff.steyaert@kniferiver.com	

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

AGENT / BUSINESS NAME Jason C. Howard			PHONE (503) 768-5121	FAX
ADDRESS P.O. Box 80762				CELL
CITY Portland	STATE OR	ZIP 97280	E-MAIL* jasonhoward@h2ogeo.com	

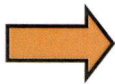
Note: Attach multiple copies as needed

* 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.



Jeffrey R. Steyaert
Applicant Signature

Jeffrey R. Steyaert, Assistant Secretary
Print Name and title if applicable

6/8/2026
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*).

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
DESC 57329	Deschutes River	900 ft	15 ft

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*).

DESC 57329 (well log attached) produces from openings in a deeper confined basalt/sandstone/volcanics aquifer, which is recharged from precipitation and snowmelt in more distant mountain front and mountain block highlands, and less prone to drought cycle effects than the Deschutes River.

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SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: basalt/sandstone/volcanics

Total maximum rate requested: 0.25 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)
DESC 57329	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DESC 57329	<input type="checkbox"/>	12 in 10 in 8 in (liner)	4 - 98 2 - 246 2 - 590	none none 490-590	0-98	399 (2006)	confined basalt/sandstone/volcanics	590	112.5	87
	<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)
manufacturing	year-round	87

Rights affected by drought:

County in which use will occur: Deschutes

(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*): 29 acres

List the Permit or Certificate number(s) of the water right(s) affected by drought: 20788

Indicate the maximum total number of acre-feet you expect to use in an irrigation season: 87

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): 20-30 hp (estimated) electric submersible well pump

Other means (describe): 350-400 hp (estimated) electric submersible bulge pump in cistern

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

Pumping from an existing well (DESC 57329) will be conveyed to an adjacent 225,000 gallon concrete cistern where temporarily stored. From the concrete cistern another pump provides up to 2,600 gpm via connection to the existing pipeline to the area of use. Valves located in an underground vault will be used to open the well supply line and close the river water mainline for the duration of the requested emergency -use permit. The concrete cistern and pump also provides mandated storage and flows for fire protection.

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.

Due to the Governor of Oregon declaration of drought emergency and Executive Order 26-05 effective April 1, 2026, the District 11 Watermaster requested that Knife River apply for emergency drought transfer from surface water to the onsite well.

Water is incorporated into finished aggregate and concrete products, or evaporates or infiltrates where used only as needed for moisture/dust control or general cleanup. Runoff to surface water is not generated at the site. Daily water consumption equates to about 0.36 AF/day, which is less than the authorized 0.25 cfs rate (0.495 AF/day) using a 1.98 AF/day per 1 cfs conversion factor. Monthly consumption based on 20 business days is around 7.2 AF/month, which equates to an annual use volume of 87 AF/year. Although not used for irrigation assuming a high beneficial use of 3 AF/acre per year would allow the requested emergency use within a 29 acres designated area.

The well would be metered to allow for measuring the amount of water diverted, if a condition of the permit.

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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 Tumalo Irrigation District	Address 64697 Cook Avenue	
City Bend	State OR	Zip 97703

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: n/a

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*).

While located within Tumalo Irrigation District, the primary (surface) water right is not a Tumalo Irrigation District water right.

The Watermaster notified Knife River that the entitled primary (surface) water right may not be further available this year. Given the Governor of Oregon declaration of drought emergency and Executive Order 26-05 effective April 1, 2026, the Watermaster requested that Knife River apply for emergency drought transfer from surface water to the onsite well.

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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
Section 8 N/A						

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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 _____

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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DESC 57329

DESC 57329

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

04-12-2006

WELL LABEL # L 81813

START CARD # 181668

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company HAP TAYLOR AND SONS
 Address PO BOX 83
 City BEND State OR Zip 97709

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(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 FIRE

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 590.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/ lbs
16	0	98	Cement	0	98	514	S
12	98	320					
10	320	630					

How was seal placed: Method A B C D E

Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		4	98	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	10		2	246	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	8		2	590	.188	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method MACHINE
 Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
		8	490	590	.125	3	1,520	

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
200		590	2

Temperature 52 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Deschutes Twp 16.00 S N/S Range 12.00 E E/W WM
 Sec 31 NW 1/4 of the SE 1/4 Tax Lot 400
 Tax Map Number _____ Lot _____
 Lat 44 ° 8 '14.000" or 44.1372222 DMS or DD
 Long -121 ° 19 '15.000" or -121.32083333 DMS or DD
 Street address of well Nearest address

6543 W HWY 20

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	04-12-2006		399

Flowing Artesian?

WATER BEARING ZONES Depth water was first found 440

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-30-2006	440	480	50		399
03-30-2006	535	590	200		399

(11) WELL LOG Ground Elevation 3,180

Material	From	To
Gravels	0	2
Lava Cobbles	2	18
Pumice Gravels Clay	18	36
Sand Brown	36	51
Clay Silt red brown	51	62
Cinders Red	62	68
Pumice	68	79
Lava Red	79	115
Crevice	115	120
Medium	120	138
Crevice	138	142
Red Brown Clay Layers	142	180
Conglomerate Sand layers Caving	180	225
Sandstone Gray	225	240
Lava Basalt	240	335
Sandstone Brown	335	350
Lava Broken	350	365
Lava Gray	365	388
Sandstone Brown	388	480

Date Started 02-13-2006 Completed 04-05-2006

(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 758 Date 04-12-2006
 Electronically Filed
 Signed THOMAS R PECK (E-filed)

(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 1720 Date 04-12-2006
 Electronically Filed
 Signed JACK ABBAS (E-filed)
 Contact Info (optional)

OREGON



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Salem, OR

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Knife River Corporation 32260
Old Highway 34 Tangent, OR 97389

Transaction Type: Drought App

Fees Received: \$ 600.00

Cash

Check:

Check No. 24802317

Name(s) on Check: Knife River

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,

OWRD Customer Service Staff

Submission received by:

Sarah Benham

(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (*i.e., the application or other document*).
- Date-stamp all pages. (*NOTE: Do not stamp check.*)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (*application/other document*) in the top drawer of filing cabinet.