

JUL 6, 2026

OWRD

# Application for an Emergency Use Permit for Groundwater (Drought)



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

Received by OWRD  
JUN 22 2026  
Salem, OR

## SECTION 1: APPLICANT INFORMATION AND SIGNATURE

### Applicant Information

|                                   |                      |              |            |
|-----------------------------------|----------------------|--------------|------------|
| NAME<br>DIANA AND ROBERT ANGELINI |                      |              | PHONE (HM) |
| PHONE (WK)                        | CELL<br>541.778.6189 |              | FAX        |
| ADDRESS<br>6000 THOMPSON CREEK RD |                      |              |            |
| CITY<br>JACKSONVILLE              | STATE<br>OR          | ZIP<br>97530 | E-MAIL*    |

### Organization Information

|                                          |             |              |                                    |     |
|------------------------------------------|-------------|--------------|------------------------------------|-----|
| NAME<br>STEVE SELF, SELF MADE FARMS, LLC |             |              | PHONE                              | FAX |
| ADDRESS<br>226 NORTH PAGE                |             |              | CELL<br>503.706                    |     |
| CITY<br>PORTLAND                         | STATE<br>OR | ZIP<br>97227 | E-MAIL*<br>STEVE@SELFMADEFARMS.COM |     |

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

|                                                                     |             |              |                                          |     |
|---------------------------------------------------------------------|-------------|--------------|------------------------------------------|-----|
| AGENT / BUSINESS NAME<br>RICK PARSONS, PARSONSWATER CONSULTING, LLC |             |              | PHONE<br>541.499.0257                    | FAX |
| ADDRESS<br>1619 MINEAR RD                                           |             |              | CELL<br>303.667.5067                     |     |
| CITY<br>MEDFORD                                                     | STATE<br>OR | ZIP<br>97501 | E-MAIL*<br>RICK.PARSONS@PARSONSWATER.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.

*Robert Angelini*  
Applicant Signature

ROBERT ANGELINI 5-4-26  
Print Name and title if applicable Date

*Diana Angelini*  
Applicant Signature

DIANA ANGELINI 5-4-26  
Print Name and title if applicable Date

*Steven Self*

Steven Self

7/6/26