

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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JUL 06 2026

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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: \$ 1800.00
 - \$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 TWELVE K'S CATTLE, LLC			PHONE (HM)	
PHONE (WK)	CELL 541-281-1011		FAX	
ADDRESS 10227 CRYSTAL SPRINGS RD				
CITY KLAMATH FALLS	STATE OR	ZIP 97603	E-MAIL* KNOLLBARRON@OUTLOOK.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*).

See attached list

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 54078	Lost River	1.18 mi	

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*).

See attached well log KLAM 54078 and KLAM 57413

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SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: Basalt

Total maximum rate requested: 12.85 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 54078	☐	☒	L-64053	☐	24"	+2 to 336	0	0 to 336	21.2 ft on 6-2- 26	Basalt	1551	5769	2056.4
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐						Received JUL 06 2026 OWRD			
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									

* 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)
Supplemental Irrigation	June 15 to October 31	2056.4

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): 1028.2 acres

List the Permit or Certificate number(s) of the water right(s) affected by drought: KA-1000 & KA-1004

Indicate the maximum total number of acre-feet you expect to use in an irrigation season: 2056.4

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): 300 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.

This well will both pump direct to pivots and wheel line and pump into the KID Canal system for delivery to the various locations.

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 land subject to this application are all in the Klamath Project. Because of a 25 year history of uncertain and reduced Project water supply, the owners of these lands have installed efficient pivots and wheel lines. Conservation is a way of everyday practice.

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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 Klamath Irrigation District	Address 6640 KID Lane	
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: 0.0 from June 16 to end of season

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*).

Because of record low snow pack, the projected water supply is 1/2 of the normal allocation for the Klamath Project.

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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 54078	L-64053	KLAM 54078 & KLAM 57413	20-03831-12	340.264 AF	6-12-26	At well house
			being repaired	contact Garrett Steensland	6-12-26	South of well at KID canal
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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 _____

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537765)

KLAM 54078

Amend *

Klam 54078

WELL ID # L64053

(START CARD) # 156043

*

(1) OWNER 03 08
KNOLL RANCH
5429 REEDER RD
KLAMATH FALLS OR 97603

(2) TYPE OF WORK : NEW WELL

(3) DRILL METHOD : ROTARY MUD

(4) PROPOSED USE: Irrigation

(5) BORE HOLE CONSTRUCTION:

Special Construction Approval NO Depth of Completed Well 1551 ft.
Explosives used NO Type Amount
HOLE SEAL AMOUNT
Diameter From To Material From To Sacks
24" 0 336 CEMENT & 0 336 151
12" 336 1551 BEYTONITE

How was seal Placed C
Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of Gravel

(6) CASING / LINER:

Dia. From To Gage Material
CASING 20" +2 336 375 STEEL / WELDED
Final location of shoe (s)

(7) PERFORATIONS / SCREENS:

METHOD TYPE MATERIAL
From To Slot size Number Dia. Tele / pipe size

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

TESTING METHOD PUMP
Yield GPM Drawdown Drill stem at Time
6300 113' 24 HOUR

Temperature of Water 76 F Depth Artesian Flow Found

Was a water analysis done? NO By whom

Did any strata contain water not suitable for intended use? No

(9) LOCATION OF WELL by legal description:

County KLAMATH Latitude Longitude
Township 39 S Range 10 E
Section 17 NE 1/4 SE 1/4
Tax Lot 2900 Lot Block Subdivision
Street Address of Well (or nearest address)
5429 REEDER RD. KLAMATH FALLS OR 97603

(10) STATIC WATER LEVEL:

6.8" ft. below land surface Date June 26, 2003
Artesian pressure Date

(11) WATER BEARING ZONES:

Depth at which water was first found 1375
From To Estimated Flow Rate SWL
1374 1551 5000 GPM 6.8"

(12) WELL LOG:

Ground Elevation
FROM TO SWL
TOP SOIL 0 3
BROWN CLAY 3 13
BLUE CLAY 13 17
BROWN CLAY 17 18
BLUE CLAY 18 27
SANDY BLUE CLAY 27 73
BLUE SAND 73 79
SANDY BLUE CLAY 79 99
BLUE CLAY 99 223
COURSE SAND 223 231
BLUE CLAY 231 248
BLUE CLAY 248 314
SANDY BLUE CLAY 314 327
BLUE CLAYSTONE 327 1330
GREY CLAYSTONE 1330 1374
FRACTURED GREY BASALT 1374 1551 6.8"

Date started March 31, 2003 Completed August 8, 2003

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

DALE 9-3-03 WWC # 1758

(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 well construction standards. This report is true to the best of my knowledge and belief.

DALE 9-3-03 WWC # 693

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KLAM 54078

STATE OF OREGON **RECEIVED**
 WATER WELL REPORT
 (as required by ORS 537765) SEP 05 2003

WELL ID # L46053
 (START CARD) # 156043

(1) OWNER WATER RESOURCES DEPT 03 08
 KNOLL RANCH SALEM, OREGON
 5429 REEDER RD
 KLAMATH FALLS OR 97603

(2) TYPE OF WORK : NEW WELL

(3) DRILL METHOD : ROTARY MUD

(4) PROPOSED USE: Irrigation

(5) BORE HOLE CONSTRUCTION:

Special Construction Approval NO Depth of Completed Well 1551 ft.
 Explosives used NO Type Amount
 HOLE SEAL AMOUNT
 Diameter From To Material From To Sacks
 24" 0 336 CEMENT & 0 336 151
 12" 336 1551 BEYTONITE

How was seal Placed C
 Backfill placed from ft. to ft. Material
 Gravel placed from ft. to ft. Size of Gravel

(6) CASING / LINER:

Dia. From To Gage Material
 CASING 20" +2 336 375 STEEL / WELDED

Final location of shoe (s)

(7) PERFORATIONS / SCREENS:

METHOD TYPE MATERIAL

From To Slot size Number Dia. Tele / pipe size

(8) WELL TESTS:

Minimum testing time is 1 hour
 TESTING METHOD PUMP
 Yield GPM Drawdown Drill stem at Time
 6300 113' 24 HOUR

Temperature of Water 76 F Depth Artesian Flow Found

Was a water analysis done? NO By whom

Did any strata contain water not suitable for intended use? No

(9) LOCATION OF WELL by legal description :

County KLAMATH Latitude Longitude
 Township 39 S Range 10 E
 Section 17 NE 1/4 SE 1/4
 Tax Lot 2900 Lot Block Subdivision
 Street Address of Well (or nearest address)
 5429 REEDER RD. KLAMATH FALLS OR 97603

(10) STATIC WATER LEVEL:

6' 8" ft. below land surface Date June 26, 2003
 Artesian pressure Date

(11) WATER BEARING ZONES :

Depth at which water was first found 1375

From	To	Estimated Flow Rate	SWL
1374	1551	5000GPM	6' 8"

(12) WELL LOG:

	Ground Elevation		SWL
	FROM	TO	
TOP SOIL	0	3	
BROWN CLAY	3	13	
BLUE CLAY	13	17	
BROWN CLAY	17	18	
BLUE CLAY	18	27	
SANDY BLUE CLAY	27	73	
BLUE SAND	73	79	
SANDY BLUE CLAY	79	99	
BLUE CLAY	99	223	
COURSE SAND	223	231	
BLUE CLAY	231	248	
BLUE CLAY	248	314	
SANDY BLUE CLAY	314	327	
BLUE CLAYSTONE	327	1330	
GREY CLAYSTONE	1330	1374	
FRACTURED GREY BASALT	1374	1551	6' 8"

Date started March 31, 2003

Completed August 8, 2003

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

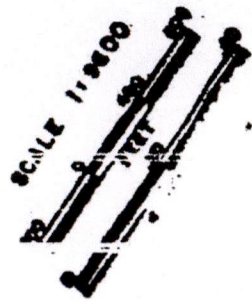
[Signature] DATE 9-3-03 WWC # 1758
 (Bonded) Water Well Constructor Certification: I accept responsibility for the construction alteration or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

[Signature] DATE 9-3-03 WWC # 693

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KLAM. 54078

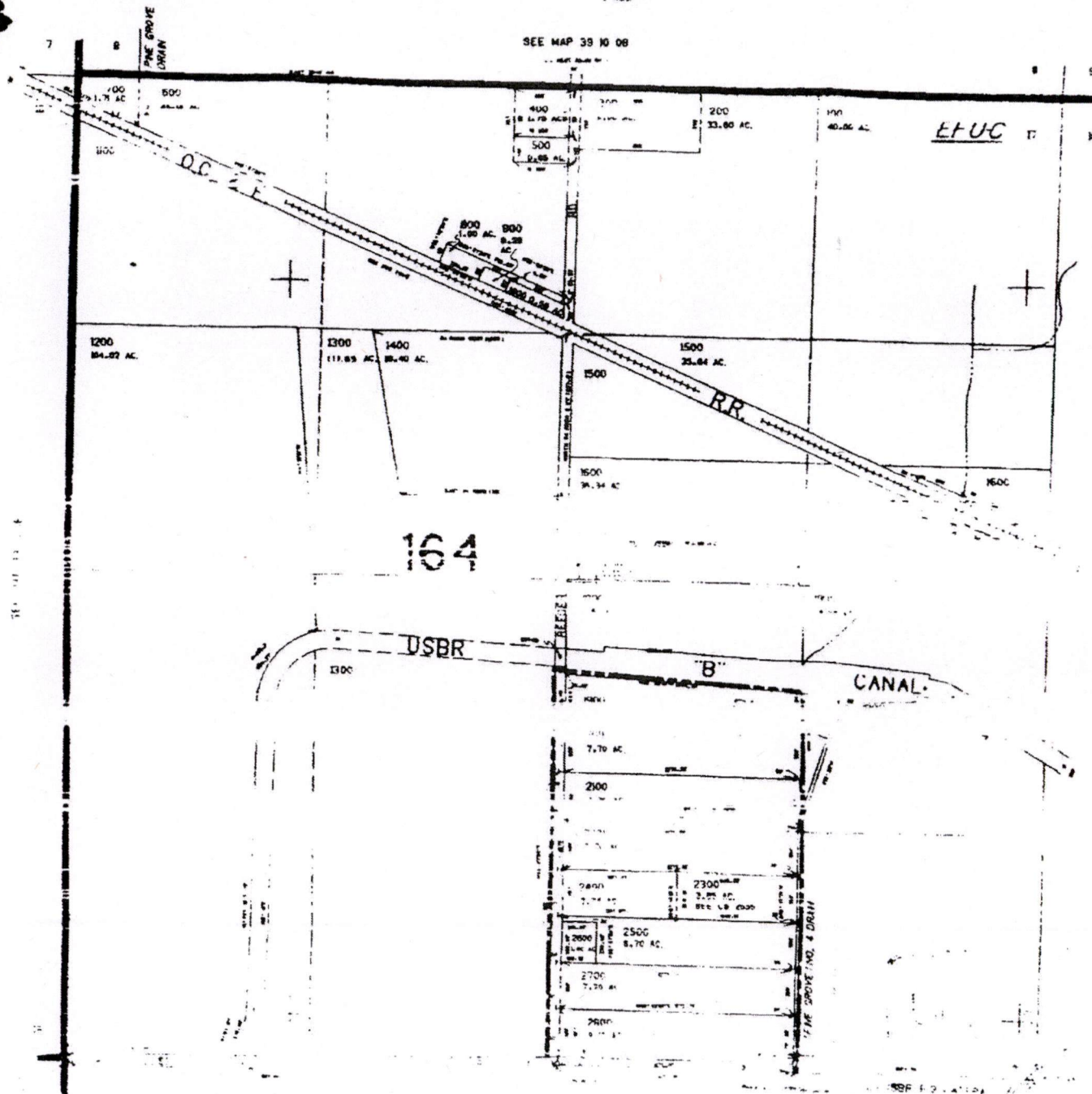


THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY.

SECTION 17 T.33S. R.10E. W.M.
KLAMATH COUNTY
1"=400'

39 10 17

SEE MAP 39 10 08



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WELL LABEL # L 64053

START CARD # 1009683

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company KNOLL RANCH
 Address 5429 REEDER ROAD
 City KLAMATH FALLS State OR Zip 97603

(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 _____

(5) BORE HOLE CONSTRUCTION Special Standard ☐ (Attach copy)
Depth of Completed Well 1,531.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
19	336	1,531					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Not Disturbed

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	
											
											
											
											
											

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

(7) PERFORATIONS/SCREENS	
Perforations Method	
Screens Type	Material

[illegible]

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
10,000	54	85	1.440

Temperature 78 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Klamath Twp 39.00 S N/S Range 10.00 E E/W WM
Sec 17 NE 1/4 of the SE 1/4 Tax Lot 2900
Tax Map Number Lot

Lat " or DMS or DD
Long " or DMS or DD

☒ Street address of well ☐ Nearest address

5429 Reeder Road, Klamath Falls, OR 97601

(10) STATIC WATER LEVEL		Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening	03-04-2010				12
Completed Well	04-14-2010				13

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found

[illegible]

(11) WELL LOG

Ground Elevation

[illegible]

Date Started 03-17-2010 Completed 04-14-2010

(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 _____
Electronically Filed
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 1385 Date 06-13-2010
Electronically Filed
Signed ROBERT BUCKNER (E-filed)
Contact Info (optional)

The people and businesses listed below hereby authorize Twelve K's, LLC to provide water through the KID canal system to their property. Water will be provided by a drought permit through OWRD

Klamath Irrigation District
6640 KID Lane, Klamath Falls, OR 97603

FERNLUND CARL RAYMOND & NANCY LYNN
11443 BUESING RD KLAMATH FALLS OR 97603

SARGENT COLTON D & HAILY K
12211 BUESING RD KLAMATH FALLS OR 97603

HILL DENISE TRUST ET AL
18131 HILL RD KLAMATH FALLS OR 97603

JOHNSON JASON & JOHNSON CARI
21406 HARPOLD RD MALIN OR 97632

Banner Hill for Ryan Hartman Lessee

TURNER VERONICA
17957 S POE VALLEY RD KLAMATH FALLS OR 97603

Veronica Turner

CAMPBELL DARRELL LEE
13254 HWY 140 E KLAMATH FALLS OR 97603

Darrell Campbell

GARRIOTT DENA K AND WILLIAM L LIVI ET AL
13066 HWY 140 E KLAMATH FALLS OR 97601

HRICZISCSE MICHAEL S
12952 HWY 140 E KLAMATH FALLS OR 97603

RUSSELL KENNETH LEROY
12750 E HWY 140 KLAMATH FALLS OR 97603

STAEBLER KRISTEN ANN
12750 E HWY 140 KLAMATH FALLS OR 97603

KNOLL BARRON W ET AL
10227 CRYSTAL SPRINGS RD KLAMATH FALLS OR 97603

Banner Hill

WERST MARK N & CONSTANCE D
12440 HWY 140 E KLAMATH FALLS OR 97603

DOBRY LEN A TRUSTEE
8650 HILL RD KLAMATH FALLS OR 97603

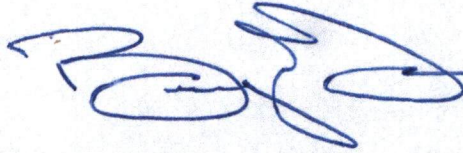
Leaser

JACOBSON JACKIE
723 LOMA LINDA KLAMATH FALLS OR 97601

Jackie Jacobson

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GRAETSCH CHRISTOPHER F & BECKY ANN
8607 REEDER RD KLAMATH FALLS OR 97603



STUTZER LILA M
8405 REEDER RD KLAMATH FALLS OR 97603

HARDENBURGER LIVING TRUST ET AL
8135 REEDER RD KLAMATH FALLS OR 97603

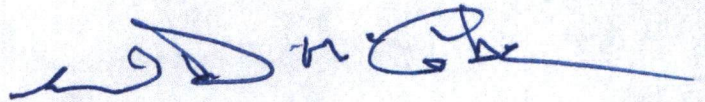
Duane J. Hardenburger 4/23/26

DARROW KENNETH W & JANICE L
8230 REEDER RD KLAMATH FALLS OR 97603

Ken Darrow

~~METTLER FIRST FAMILY LLC~~
~~7143 REEDER RD KLAMATH FALLS OR 97603~~

MCCABE WILLIAM DOUGLAS & LINDA
10642 HWY 140 E KLAMATH FALLS OR 97603



SALMON KENT TIMOTHY & BAGHOTT LYNAN LEA
3502 NORTH RIDGE DR KLAMATH FALLS OR 97601

TWELVE KS LAND LLC
10227 CRYSTAL SPRINGS RD KLAMATH FALLS OR 97603

Banner Kroll manager

MOUNT CALVARY CEM ASSN
PO BOX 1237 KLAMATH FALLS OR 97601

Webb Family Trust
Gene & Pam Webb
7937 Reeder Rd
Klamath Falls, OR 97603

Pamela L Webb

Received

JUL 06 2026

OWRD

The people and businesses listed below hereby authorize Twelve K's, LLC to provide water through the KID canal system to their property. Water will be provided by a drought permit through OWRD

Klamath Irrigation District
6640 KID Lane, Klamath Falls, OR 97603

KID WILL OPERATE WITHIN THE
CONFINES OF THE PERMITS RECTIFIED
Gene R. Sma for KID

FERNLUND CARL RAYMOND & NANCY LYNN
11443 BUESING RD KLAMATH FALLS OR 97603

SARGENT COLTON D & HAILY K
12211 BUESING RD KLAMATH FALLS OR 97603

HILL DENISE TRUST ET AL
18131 HILL RD KLAMATH FALLS OR 97603

JOHNSON JASON & JOHNSON CARI
21406 HARPOLD RD MALIN OR 97632

TURNER VERONICA
17957 S POE VALLEY RD KLAMATH FALLS OR 97603

CAMPBELL DARRELL LEE
13254 HWY 140 E KLAMATH FALLS OR 97603

Darrell Campbell

GARRIOTT DENA K AND WILLIAM L LIVI ET AL
13066 HWY 140 E KLAMATH FALLS OR 97601

HRICZISCSE MICHAEL S
12952 HWY 140 E KLAMATH FALLS OR 97603

Bancroft, Lessee

RUSSELL KENNETH LEROY
12750 E HWY 140 KLAMATH FALLS OR 97603

Kenneth Russell

STAEBLER KRISTEN ANN
12750 E HWY 140 KLAMATH FALLS OR 97603

Kristen Staebler

KNOLL BARRON W ET AL
10227 CRYSTAL SPRINGS RD KLAMATH FALLS OR 97603

Bancroft

WERST MARK N & CONSTANCE D
12440 HWY 140 E KLAMATH FALLS OR 97603

Mark N. Werst

DOBRY LEN A TRUSTEE
8650 HILL RD KLAMATH FALLS OR 97603

JACOBSON JACKIE
723 LOMA LINDA KLAMATH FALLS OR 97601

Jackie Jacobson

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GRAETSCH CHRISTOPHER F & BECKY ANN
8607 REEDER RD KLAMATH FALLS OR 97603



STUTZER LILA M
8405 REEDER RD KLAMATH FALLS OR 97603

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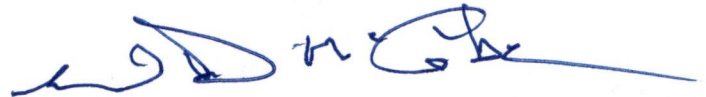
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Brian Thull, Lessee

TWELVE KS LAND LLC
10227 CRYSTAL SPRINGS RD KLAMATH FALLS OR 97603

- Brian Thull manager

MOUNT CALVARY CEM ASSN
PO BOX 1237 KLAMATH FALLS OR 97601

- Brian Thull, Lessee

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Denise Hill Trustee

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