

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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Emergency Use Permit Application Processing

ORS 536.700-780 and 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.

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: DROUGHT INFORMATION
- SECTION 7: KLAMATH BASIN WELL INFORMATION

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Attachments:

- Fees - Amount enclosed: \$ 600,00
\$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 Jani K. McPherson		PHONE (HM) 541-884-2517	
PHONE (WK)	CELL 541-892-0135	FAX	
ADDRESS 13555 Tingley Lane			
CITY Klamath Falls	STATE OR	ZIP 97603	E-MAIL jani_mac@hotmail.com

Organization Information

NAME		PHONE	FAX
ADDRESS			CELL
CITY	STATE	ZIP	E-MAIL

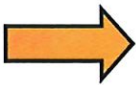
Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT / BUSINESS NAME Josh McPherson		PHONE 541-892-5909	FAX
ADDRESS 889 Old Midland Road			CELL 541-892-5909
CITY Klamath Falls	STATE OR	ZIP 97603	E-MAIL

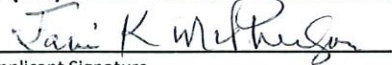
Note: Attach multiple copies as needed

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.


Jani K. McPherson
4-8-21
 Applicant Signature Print Name and title if applicable Date
 _____ _____ _____
 Applicant Signature Print Name and title if applicable Date

For Department Use		
App. No. _____	Permit No. _____	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.

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- 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.

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List the names and mailing addresses of all affected landowners (*attach additional sheets if necessary*).

Jani K. McPherson, Member of McPherson Properties, LLC, PO Box 1, Midland, OR 97634

Dale and Glenda Beckman, 898 Old Midland Road, Klamath Falls, OR 97603

Richard and Darlene Pope, 910 Old Midland Road, Klamath Falls, OR 97603

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
53940	Tingley Pond	10'	5'
138417	Spring Lake		

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*).

Flowmeter reading on 03-15-21 for well #53940: 676.814 acre feet

Flowmeter reading on 04-05-21 for well #138417: 899.549 acre feet

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SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: _____

Total maximum rate requested: 1.0 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)
L65273	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KLAM 53940	<input type="checkbox"/>	12"				10.83' 03-29-19		518'	448gpm	69.45 af
L138417	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KLAM60671	<input type="checkbox"/>	12"				69.3' 03-22-21		558'	300gpm	50 af
	<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.

SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Irrigation	04-15-21 to 10-15-21	1 acre foot

Rights affected by drought:
 County in which use will occur: Klamath (if the right is located in Klamath Basin/County you must complete section 7)
 Please indicate the total number of acres to be irrigated (must match map): 119.45 acres
 List the Permit or Certificate number(s) of the water right(s) affected by drought: Klamath Irrigation District
Klamath Basin Improvement District
 Indicate the maximum number of acre-feet you expect to use in an irrigation season: 119.45

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SECTION 5: WATER MANAGEMENT

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A. Diversion and Conveyance

What equipment will you use to pump water from your well(s)?

- Pump (give horsepower and type): (2) 60 HP pressure pumps, (1) 100 HP well pump, (1) 40HP well pump
- Other means (describe):

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

Well #53940 is pumped into the adjacent pond and then pumped from the pond into the pressure irrigation system.

Well #60671 is pumped directly into the pressure irrigation system.

When available, water from Well #53940 will be conveyed through the USBR ditch system to supplement water from Well #60671.

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.

All return flows from well #53940 drain into my pond and are repumped.

Flowmeters on both wells are installed to measure water used .

The amount of water requested will ensure the survival of perennial pastures and preserve the quality of alfalfa stands.

Flood irrigated fields will be converted to sprinkler irrigation to prevent water wastage.

SECTION 6: 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*).

The current drought in Klamath County is causing the Bureau of Reclamation to restrict access to irrigation water within the Klamath Project. Therefore I would like a drought permit to irrigate the lands I own and lease with our well water.

I rent 5 acres of pasture from Dale and Glenda Beckman and 10 acres of pasture from Richard and Darlene Pope. I am attaching their written authorization permitting access to irrigate their land.

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SECTION 7: KLAMATH BASIN/COUNTY WELL INFORMATION

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
L65273		KLAM 53940	03-05370	676.814	04/06/21	50 ft. S. & 1604 ft. W. from the NE corner of Section 5
L138417		KLAM 60671	06-04024	899.549	04/06/21	2573 ft. N. & 556 ft. W. from the SE corner of Section 8

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: _____
- Fees _____

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MAP

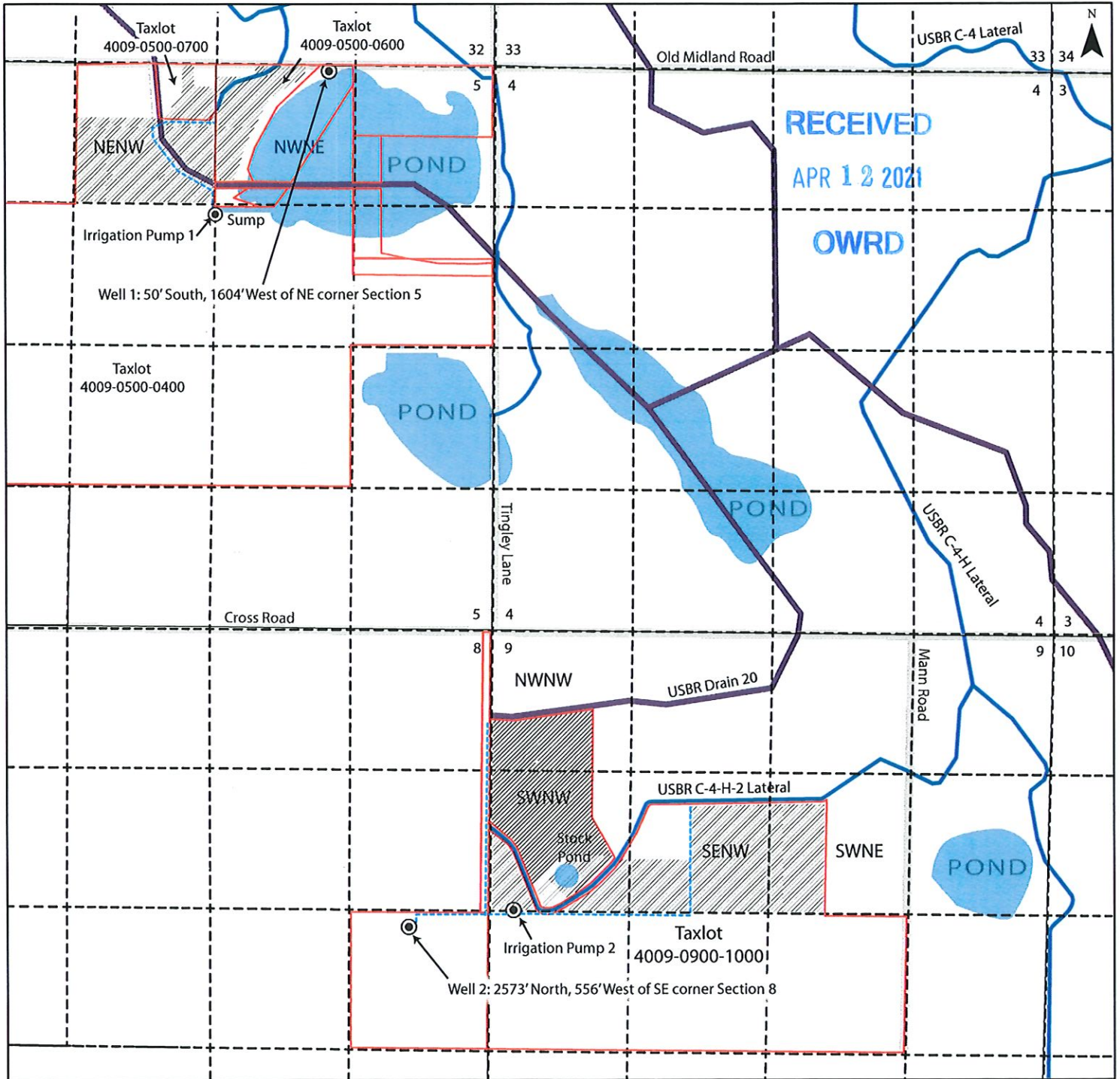
- Permanent quality and drawn in ink
- Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
- North Directional Symbol
- Township, Range, Section, Quarter/Quarter, Tax Lots
- Reference corner on map
- Location of each well, and/or dam if applicable, by reference to a recognized 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 _____

Drought Well Permit Application for Jani K. McPherson for lands in Klamath County: Township 40S, Range 9E, Willamette Meridian

Number of acres to be irrigated

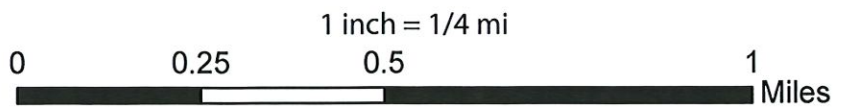
NE 1/4 NW 1/4 Section 5, T40S, R9E, WM: 28.25 acres
 Area within taxlot #4009-0500-0400: 25 acres
 Area within taxlot #4009-0500-0700: 3.25 acres
 NW 1/4 NE 1/4 Section 5, T40S, R9E, WM: 10 acres
 Area within taxlot #4009-0500-0600: 10 acres

Area within taxlot #4009-00900-1000: 81.2 acres
 NW 1/4 NW 1/4 Section 9, T40S, R9E, WM: 12.8 acres
 SW 1/4 NW 1/4 Section 9, T40S, R9E, WM: 31.4 acres
 SE 1/4 NW 1/4 Section 9, T40S, R9E, WM: 24.3 acres
 SW1/4 NE 1/4 Section 9, T40S, R9E, WM: 12.7 acres



Legend

- Irrigation Drain
- Irrigation Ditch
- County Road
- Supply pipe for drought permit
- Taxlots
- Area of Use
- Easements



STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)
 Instructions for completing this report are on the last page of this form

WELL ID # **L65273**
 (START CARD) # **133608**

(1) **OWNER:** Well Number: _____
 Name **JOHN McPHERSON**
 Address **12555 TINGLEY LN.**
 City **KLAMATH FALLS** State **OR** 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 **518** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	feet or pounds	
20	0 16	3/8 BENTONITE	0 30	29 SACKS	
18	16 130	CEMENT &	30	51 SACKS	
12	130 200	BENTONITE	130	4 SACKS	
10	200 518				

How was seal placed: Method A B C D E
 Other **3/8 BENTONITE POURED**
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER:**

Casing:	Diameter	From To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
	12	+2 137	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	NONE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **137 FT.**

(7) **PERFORATIONS/SCREENS:**
 Perforations Method **NONE**
 Screens Type _____ Material _____

From To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1500 GPM		100 FT.	1 hr.

Temperature of Water **72 F** Depth Artesian Flow found **NONE**
 Was a water analysis done? Yes No By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other **SURFACE**
 Depth of strata: **10' TO 15'**

(9) **LOCATION OF WELL by legal description:**
 County **KLAMATH** Latitude _____ Longitude _____
 Township **40S** N or S. Range **09E** E or W. of WM.
 Section **5** NW 14 NE 14
 Tax lot **500** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **SW CORNER OF OLD MIDLAND RD. AND TINGLEY LN. KLAMATH FALLS, OR**

(10) **STATIC WATER LEVEL:**
12 ft. below land surface. Date **6/27/03**
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found **10 FT.**

From	To	Estimated Flow Rate	SWL
30	123	50 GPM	11
490	518	3000 GPM	12

(12) **WELL LOG:** Ground elevation **4150**

Material	From	To	SWL
TOP SOIL	0	10	
BROWN CLAY & GRAVEL	10	15	11
BROWN CLAY	15	30	
GRAY CLAY WITH STREAKS OF BLACK SANDSTONE & GRAVEL	30	123	11
GRAY CLAY & CLAYSTONE	123	266	
HARD BLACK CLAYSTONE	266	267	
GRAY CLAY & CLAYSTONE	267	490	
FRACTURED BLACK LAVA ROCK WITH BLACK & BROWN CINDERS	490	518	12

Important Document
 Keep with property records.
 Transfer to new owner if property sells.

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Date started **6/16/03** Completed **6/23/03**
(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 my best knowledge and belief.
 Signed **J. Buck Pinkard** WWC Number **1880** Date **6/23/03**

(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.
 Signed **Stephen R. Hughes** WWC Number **777** Date **6/23/03**

(1) LAND OWNER

Owner Well I.D. _____
First Name JANI Last Name MCPHERSON

Company _____
Address 13555 TINGLEY LN.
City KLAMATH FALLS State OR Zip 97603

(2) TYPE OF WORK

New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
	12		2	178	.250				

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

Special Standard (Attach copy)

Depth of Completed Well 558.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	lbs
20	0	178	Bentonite Chips	0	100	168	S
12	178	558				Calculated	164
						Calculated	

How was seal placed: Method A B C D E

Other **POURED DRY**

Backfill placed from 100 ft. to 178 ft. Material PEA GRAVE

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

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12		2	178	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tolc/ pipe size

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
300		160	1

Temperature 67 °F Lab analysis Yes By _____

Water quality concerns?	From	To	Description	TDS amount	ppm	Units
				163		

(9) LOCATION OF WELL (legal description)

County KLAMATH Twp 40.00 S N/S Range 9.00 E E/W WM
Sec 8 NE 1/4 of the SE 1/4 Tax Lot 400
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

13555 TINGLEY LN., KLAMATH FALLS, OR 97603

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Pre-Alteration			
Completed Well	8/10/2020		70

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 351.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8/10/2020	351	558	300		70

(11) WELL LOG

Ground Elevation _____

Material	From	To
topsoil	0	1
brown clay	1	5
brown claystone	5	73
claystone w broken sandstone layers	73	170
grey claystone	170	313
hard broken claystone	313	319
grey sandy claystone	319	351
fractured grey claystone w broken layers	351	503
broken blue claystone	503	526
broken black lava	526	558

Date Started 7/23/2020 Completed 8/10/2020

(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 1940 Date 8/10/2020

Signed BENJAMIN FRY (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 1355 Date 8/10/2020

Signed ARTHUR FRY (E-filed)

Contact Info (optional) _____

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DATE: April 5, 2021

TO: Oregon Water Resources Department

RE: Emergency Use Permit for Ground Water (Drought)

As the owners of Taxlot # 4009-0500-0700 located at 898 Old Midland Rd, I give Jani McPherson and Josh McPherson authorization to access my property for irrigation purposes.



Dale Beckman

4/7/21
Date



Glenda Beckman

4/7/21
Date

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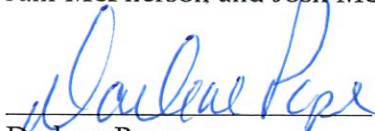
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DATE: April 7, 2021

TO: Oregon Water Resources Department

RE: Emergency Use Permit for Groundwater (Drought)

As the owner of Taxlot #4009-0500-0600 in Klamath County, located at 910 Old Midland Road, I give Jani McPherson and Josh McPherson authorization to access my property for irrigation purposes.


Darlene Pope

7 Apr. 21
Date