

# 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](http://www.oregon.gov/OWRD)

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## Emergency Use Permit Application Processing

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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](http://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.

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- 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

### Attachments:

- Fees - Amount enclosed: **\$900**  
\$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<br>TWELVE KS CATTLE, LLC       |                      |              | PHONE (HM)                            |
| PHONE (WK)                          | CELL<br>541-281-1011 |              | FAX                                   |
| ADDRESS<br>10227 CRYSTAL SPRINGS RD |                      |              |                                       |
| CITY<br>KLAMATH FALLS               | STATE<br>OR          | ZIP<br>97603 | E-MAIL<br>KRISTENKNOLL2018@YANDEX.COM |

### Organization Information

|                                     |             |              |                                       |     |
|-------------------------------------|-------------|--------------|---------------------------------------|-----|
| NAME<br>TWELVE KS CATTLE, LLC       |             |              | PHONE<br>541-281-1011                 | FAX |
| ADDRESS<br>10227 CRYSTAL SPRINGS RD |             |              | CELL                                  |     |
| CITY<br>KLAMATH FALLS               | STATE<br>OR | ZIP<br>97603 | E-MAIL<br>KRISTENKNOLL2018@YANDEX.COM |     |

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

|   |             |              |   |     |
|---|-------------|--------------|---|-----|
| AGENT / BUSINESS NAME<br>HOLLIE CANNON / WATER RIGHT SOLUTIONS, LLC |             |              | PHONE                                     | FAX |
| ADDRESS<br>409 PINE ST., SUITE 311                                  |             |              | CELL<br>541-821-5848                      |     |
| CITY<br>KLAMATH FALLS   | STATE<br>OR | ZIP<br>97601 | E-MAIL<br>HCANNON@WATERRIGHTSOLUTIONS.COM |     |

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.


  
Barron Knoll      Kristen Knoll      4/6/21  
 Applicant Signature      Applicant Signature      Date  
Kristen Knoll      Barron Knoll      4/6/21  
 Applicant Signature      Applicant Signature      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*).

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 |
| Well #1  | Lost River                    | 1.54 mi.                          | -73 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*).

See attached well log L-29448 (KLAM 52703)

**SECTION 3: WELL DEVELOPMENT, CONTINUED**

Source (aquifer), if known: Basalt

Total maximum rate requested: 4 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) |
| Well #1                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | L-29448                                  | <input type="checkbox"/> | 16" 12 3/4"     | +1 to 25 +1 to 350         | 0  | 0 to 350                 | 45.54 on 3/29/2021                              | Basalt            | 1383             | 4.00 cfs                 | 1059.2                    |
|                          | <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) |
|-----|-----------------------|---------------------------|
| IS  | April 1 to October 31 | 1059.2                    |
|     |                       |                           |
|     |                       |                           |
|     |                       |                           |

**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): 1059.2 acres

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

Indicate the maximum number of acre-feet you expect to use in an irrigation season: 1059.2 acre-feet

**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): 150 hp

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 20 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.

**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 Klamath Project is forecast to have about 80,000 acre feet or less when the needed supply is 450,000. The date Project water deliveries will begin is not known. For the second year in a row, there will likely not be enough water in the Klamath basin to sustain fish, farmers and birds. Klamath County commissioners recently declared a drought in the basin and asked the state to do the same. The Governor of Oregon declared a drought on 3-31-2021.

Please note: in the past OWRD has required a consent to injury from the owners of Cougar Spring and Crystal Spring. Applicant has been in communication with the Watermaster concerning these springs. Cougar Spring is dry and Crystal Spring is not flowing as of the date of this application. The Watermaster has a staff gauge in the pond at Crystal Spring. Because the water rights related to Cougar and Crystal springs cannot benefit from non-flowing springs, requiring a consent to injury is futile. Please check with the Watermaster to verify this statement concerning these springs are not flowing.

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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  |
|------------------------------|--------------------------------|-------------------------------|--|--------------------|----------------|---|
| Well #1                      | L-29448                        | <u>KLAM 52703</u>             | FM#1: 21-01638-10<br>FM#2: 01-04524-10 | 000.000<br>779.484 | 2021<br>2001   | Both flowmeter located at Google Earth location<br>N 42°10' 52"<br>W 121°39' 38.69" |
|                              |                                |                               |  |                    |                |   |
|                              |                                |                               |  |                    |                |   |
|                              |                                |                               |  |                    |                |   |
|                              |                                |                               |  |                    |                |   |
|                              |                                |                               |  |                    |                |   |
|                              |                                |                               |  |                    |                |   |
|                              |                                |                               |  |                    |                |   |

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Date \_\_\_\_\_

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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 \_\_\_\_\_

**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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Twelve K's drought permit

KLAM 52703

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.

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| 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 |
|------------------------------|--------------------------------|-------------------------------|-------------------------|-------------------|----------------|--------------------|
| Well Measurement             |                                |                               | Flowmeter Info          |                   |                |                    |
| Date                         | 3/29/2021                      |                               |                         | FM 1:             | FM Manufacture | McCometer          |
| Time                         | 13:25                          |                               |                         |                   | Serial #       | 21-01638-10        |
| Hold                         | 45                             |                               |                         |                   | FM Reading     | 000.000            |
| Cut                          | 1.54                           |                               |                         |                   | Multiplier     | 0.001              |
| MP Height                    | 1.0                            |                               |                         |                   | Units          | AF                 |
| WL=                          | 45.54                          | ft BLS                        |                         |                   |                |                    |

FM 2: Serial 01-04524-10  
 Reading 779.484  
 Multiplier 0.001  
 Units AF

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Measured by: Garnett Steensland Organization: OWRD

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

KLAM  
 52703

WELL I.D. # L 2944E  
 START CARD # 107255

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

(1) OWNER: Well Number #1

Name DOLG MCCABE  
 Address 10642 HIGHWAY 140E  
 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 1383 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE          |             |             | SEAL            |            |            | Sacks or pounds |
|---------------|-------------|-------------|-----------------|------------|------------|-----------------|
| Diameter      | From        | To          | Material        | From       | To         |                 |
| <u>2 1/2"</u> | <u>0</u>    | <u>25</u>   | <u>CONCRETE</u> | <u>0</u>   | <u>25</u>  | <u>45 SCS</u>   |
| <u>1 5/8"</u> | <u>25</u>   | <u>350</u>  | <u>CONCRETE</u> | <u>275</u> | <u>350</u> | <u>30 SCS</u>   |
| <u>1 3/4"</u> | <u>350</u>  | <u>1250</u> |                 |            |            |                 |
| <u>1 3/4"</u> | <u>1255</u> | <u>1383</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:               |           |            |            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>16"</u>            | <u>+1</u> | <u>25</u>  | <u>250</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| liner: <u>12 3/4"</u> | <u>+1</u> | <u>350</u> | <u>188</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| From | To | Slot size | Number | Diameter | Telepipe size | Casing                   | Liner                    |
|------|----|-----------|--------|----------|---------------|--------------------------|--------------------------|
|      |    |           |        |          |               | <input type="checkbox"/> | <input type="checkbox"/> |

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

| <input checked="" type="checkbox"/> Pump<br>Yield gal/min | <input type="checkbox"/> Bailor<br>Drawdown | <input type="checkbox"/> Air<br>Drill stem at | <input type="checkbox"/> Flowing<br>Artesian<br>Time |
|---|---|---|--|
| <u>1800</u>   | <u>104</u>                                  | <u>104</u>                                    | <u>24 hrs</u>  |

Temperature of water 77° F Depth Artesian Flow Found \_\_\_\_\_

Was a water analysis done?  Yes By whom \_\_\_\_\_  
 No

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 39S N or S Range 10E E or W WM.  
 Section 17 SEC 1/4 SE 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 10642 HIGHWAY 140E  
KLAMATH FALLS OR

(10) STATIC WATER LEVEL:

94 ft. below land surface. Date MAY 9, 01  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

| From        | To          | Estimated Flow Rate | SWL       |
|-------------|-------------|---------------------|-----------|
| <u>1250</u> | <u>1383</u> | <u>1800</u>         | <u>94</u> |

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

| Material                | From | To | SWL                                    |
|-------------------------|------|----|--|
| <u>SEE ATTACHED LOG</u> |      |    |  |
|                         |      |    | <b>RECEIVED</b>                        |
|                         |      |    | <b>APR 12 2001</b>                     |
|                         |      |    | <b>OWRD</b>                            |
|                         |      |    | <b>RECEIVED</b>                        |
|                         |      |    | <b>AUG 24 2001</b>                     |
|                         |      |    | WATER RESOURCES DEPT.<br>SALEM, OREGON |

Date started 4/18/01 Completed 5/9/01

(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.

WVC 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.

WVC Number 601

Signed \_\_\_\_\_ Date 5/20/01

# STOREY DRILLING SERVICES

P.O. Box 98 • MIDLAND, OREGON 97634  
 (541) 884-3990 • (800) 245-8122  
 Fax #: (530) 528-2562

22580 ADOBE ROAD • RED BLUFF, CALIFORNIA 96080  
 CONTRACTOR'S LICENSES:  
 OR #801 • CA #583153 • NV #38199



Doug McCabe  
 10642 Highway 140 E  
 Kinmath Falls, Oregon 97603

START: April 18, 2001  
 FINISH: May 9, 2001

**WELL LOCATION:** McCabe Ranch - South of West Pine Grove Road on south side of Highway 140E  
 SW¼ SE¼ S17 T39S R10E

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## LOG

|             |  |
|-------------|--|
| 0 - 7       | Packed sand  |
| 7 - 9       | Brown sandstone                                      |
| 9 - 12      | Yellow shale   |
| 12 - 42     | Gray clay  |
| 42 - 45     | Brown sandstone                                      |
| 45 - 165    | Gray clay  |
| 165 - 180   | Gray shale & black sandstone with streaks black sand |
| 180 - 260   | Gray shale   |
| 260 - 276   | Coarse sandstone & sandy gray clay                   |
| 276 - 290   | Gray clay  |
| 290 - 300   | Coarse black sandstone & gray clay                   |
| 300 - 1210  | Green clay   |
| 1210 - 1240 | Green clay with streaks hard shale                   |
| 1240 - 1250 | Hard black gray shale                                |
| 1250 - 1255 | Hard black basalt                                    |
| 1255 - 1282 | Hard broken black basalt                             |
| 1282 - 1300 | Black lava   |
| 1300 - 1323 | Hard broken gray basalt                              |
| 1323 - 1338 | Black basalt   |
| 1338 - 1341 | Gray basalt  |
| 1341 - 1361 | Brown ash & lava                                     |
| 1361 - 1363 | Hard black basalt                                    |
| 1363 - 1383 | Broken black basalt                                  |

25½ feet of 16 inch OD x .250 wall steel casing set and cemented to surface at 24¼ feet  
 15 inch diameter hole drilled from 24.5 feet to 350 feet  
 351 feet 2 inches of 12¼ x .188 wall steel liner set & cemented at 350 feet  
 14 inch OD bell casing assembly at 346 - 349 feet  
 12¼ inch diameter hole from 350 - 1255 feet  
 8¾ inch diameter hole from 1255 - 1383 feet  
 Test pumped 2000 GPM at 104 feet  
 Static water level at 94 feet and temperature of 80°F  
 Specific capacity of 200 GPM per foot of drawdown

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WATER RESOURCES DEPT  
 SALEM, OREGON

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AUG 24 2001

WATER RESOURCES DEPT.  
 SALEM, OREGON



**EXECUTIVE ORDER NO. 21-07**

**DETERMINATION OF A STATE OF DROUGHT EMERGENCY IN  
KLAMATH COUNTY DUE TO UNUSUALLY LOW SNOW PACK AND  
LACK OF PRECIPITATION**

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OWRD

At the request of Klamath County (by Resolution 2021-012, dated March 9, 2021) and based on the recommendations of the Drought Readiness Council and the Water Supply Availability Committee, and pursuant to ORS 536.740, I find the lack of precipitation and low snow pack have caused or will cause natural and economic disaster conditions in this county.

Forecasted water supply conditions are not expected to improve, and drought is likely to have significant economic impacts on the farm, ranch, forest, recreation, drinking water, and natural resources sectors, as well as impacts on fish and wildlife and other natural resources which are dependent on adequate precipitation and streamflow in these areas. Extreme conditions are expected to affect local growers, and increased the potential for fire, a loss of economic stability, shortened growing season, and decreased water supplies.

Conditions continue to be monitored by the state's natural resource and public safety agencies, including the Oregon Water Resources Department and the Oregon Office of Emergency Management.

Preparation and resiliency to drought are vital to the health and safety of persons, property, and the economic security of the citizens and businesses. I therefore declare that a severe, continuing drought emergency exists and is likely to continue to exist in Klamath County.

**NOW, THEREFORE, IT IS HEREBY DIRECTED AND ORDERED:**

- I. The Oregon Department of Agriculture is directed to coordinate and provide assistance in seeking federal resources to mitigate drought conditions and to assist in agricultural recovery in Klamath County.
- II. The Oregon Water Resources Department and the Water Resources Commission are directed to coordinate and provide assistance to water users in Klamath County as the Department and Commission determine is necessary and appropriate in accordance with ORS 536.700 to 536.780.
- III. The Oregon Water Resources Department is directed to seek information from the Oregon Department of Fish and Wildlife to help understand the impacts of water availability on Oregon's fish and wildlife, as necessary and appropriate in accordance with ORS 536.700 to 536.780.



EXECUTIVE ORDER NO. 21-07  
PAGE TWO

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- IV. The Office of Emergency Management is directed to coordinate and assist as needed with assessment and mitigation activities to address current and projected conditions in Klamath County.
- V. All other state agencies are directed to coordinate with the above agencies and to provide appropriate state resources as needed to assist affected political subdivisions and water users in Klamath County.
- VI. This Executive Order expires on December 31, 2021.

Done at Salem, Oregon, this 31<sup>st</sup> day of March, 2021.

A handwritten signature in cursive script that reads "Kate Brown".

---

Kate Brown  
GOVERNOR

ATTEST:

---

Shemia Fagan  
SECRETARY OF STATE

By my signature below, I hereby consent to the Application for Drought Permit submitted by Twelve Ks Cattle, LLC

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OWRD

Pinniger 2007 Trust  
4369 Selma  
Klamath Falls, OR 97603

Signature Joe M Klepp Date 4-6-21

City of Klamath Falls  
PO Box 237  
Klamath Falls, OR 97601

Signature Joe M Klepp Date 4-6-21

Duane Hardenburger  
8135 Reeder Rd  
Klamath Falls, OR 97603

Signature Brian J. Hesse Date 4/6/21

Axel Farms LLC  
C/O Mark Ledford  
PO Box 910  
Medford, OR 97501

Signature Joe M Klepp Date 4-6-21

Betty Hanks  
5807 Airway Dr  
Klamath Falls, OR 97603

Signature [Signature] Lessee Date 4/5/2021

Metler First Family LLC  
7143 Reeder Rd  
Klamath Falls, OR 97603

Signature *Joe M Kuehn* Date 4-6-21

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Rodney Blackman  
7243 Reeder Rd  
Klamath Falls, OR 97603

Signature *Joe M Kuehn* Date 4-6-21

Gene Webb  
7937 Reeder Rd  
Klamath Falls, OR 97603

Signature *Joe M Kuehn* Date 4-6-21

Lila Stutzer  
8405 Reeder Rd  
Klamath Falls, OR 97603

Signature *[Signature]* Lessee Date 4/5/2021

Kenneth Darrow  
8230 Reeder Rd  
Klamath Falls, OR 97603

Signature *Brian Kroll, Lessee* Date 4/5/21

IMPERATO JUSTIN  
8722 SPARTA LN  
WILTON, CA 95693-9403

Signature *Justin Imperato Lessee* Date 4/5/21



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SALMON KENT TIMOTHY & BAGHOTT LYNAN LEA  
4615 REEDER RD  
KLAMATH FALLS, OR 97603

Signature Brian J. Full, Lessee Date 4/5/21

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

Signature Brian J. Full, Lessee Date 4/5/21

LANGFORD TIMOTHY G & REBEKAH J  
8925 REEDER RD  
KLAMATH FALLS, OR 97603

Signature Timothy G. Langford, Lessee Date 4/5/2021

BEDDOE MATTHEW & SUZANNE L  
8705 REEDER RD  
KLAMATH FALLS, OR 97603

Signature Matthew Beddoe Date 4/5/21

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

Signature Brian J. Full, Lessee Date 4/5/21

ALANIZ WESLEY & AMANDA  
1020 BISMARCK ST  
KLAMATH FALLS, OR 97601

Signature Brian J. Full, Lessee Date 4/6/21

CULVER FAMILY TRUST  
7820 REEDER RD  
KLAMATH FALLS, OR 97603

Signature Brian J. Full, Lessee Date 4/5/21