

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

Attachments:

- Fees - Amount enclosed: \$ 1400⁰⁰
 \$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 Terry Bengard Properties Bengard Lost River Ranch		PHONE (HM) —	OWRD
PHONE (WK) 530 567-1097	CELL —	FAX —	
ADDRESS 20250 Lake California Dr			
CITY Cottonwood	STATE CA	ZIP 96022	E-MAIL jared.k@bengardranch.com

Organization Information

NAME Bengard Lost River Ranch		PHONE	FAX
ADDRESS 25400 North Pole Valley Rd		CELL 530 567-1097	
CITY Clamath Falls	STATE OR	ZIP 97603	E-MAIL jared.k@bengardranch.com

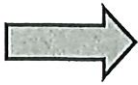
Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT / BUSINESS NAME		PHONE	FAX
ADDRESS		CELL	
CITY	STATE	ZIP	E-MAIL


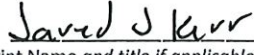
Note: Attach multiple copies as needed

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.

 _____  _____ 3/4/7/2021
 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 _____

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SECTION 2: PROPERTY OWNERSHIP

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Please indicate if you own all the lands associated with the project from which the water is to be diverted, conveyed, and used.

Yes

There are no encumbrances.

This land is encumbered by easements, rights of way, roads or other encumbrances.

No

I have a recorded easement or written authorization permitting access.

I do not currently have written authorization or easement permitting access.

Written authorization or an easement is not necessary, because the only affected lands I do not own are state-owned submersible lands, and this application is for irrigation and/or domestic use only (ORS 274.040).

Water is to be diverted, conveyed, and/or used only on federal lands.

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

SECTION 3: WELL DEVELOPMENT

WELL NO.	NAME OF NEAREST SURFACE WATER	IF LESS THAN 1 MILE:	
		DISTANCE TO NEAREST SURFACE WATER	ELEVATION CHANGE BETWEEN NEAREST SURFACE WATER AND WELL HEAD
1	LOST RIVER	.75 miles	
2	LOST RIVER	.75 miles	

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).

SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: _____

Total maximum rate requested: 9.0 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)
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KUAM 10290	<input type="checkbox"/>									
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KUAM 53779	<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)
irrigation	X OCT 31 ST	1 AF

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): .734.25 acres

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

Indicate the maximum number of acre-feet you expect to use in an irrigation season: .734.25

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): _____

Other means (describe):

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

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.

USE as needed

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*).

Due to drought, it is unclear how much water the irrigation district will get.

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Date _____

(For staff use only)



Oregon Water Resources Department
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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 _____

17

Klam
10292

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Well #1
34S/11 1/2 E/26 ad

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

SEP 16 1991

(START CARD) # 20037

(1) OWNER:
Name LOST RIVER RANCH
Address 25400 NORTH POE VALLEY ROAD
City KLAMATH FALLS State OR Zip 97601

LOCATION OF WELL by legal description:
County KLAMATH Latitude _____ Longitude _____
Township 34S Nor S. Range 11 1/2 E E or W, WM.
Section 26 SE 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 25400 NORTH POE VALLEY RD., K. FALLS, OR.

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date 8/29/91
Artesian pressure _____ lb. per square inch. Date _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 432 ft.
Explosives used Yes No Type _____ Amount _____

(11) WATER BEARING ZONES:
Depth at which water was first found 205 FWT

Diameter		From		To		Material	SEAL		Amount	
		From	To	From	To		From	To	sacks or pounds	
28	0	39		CONCRETE	0	39			54 SACKS	
1 1/2	39	112								
11	112	432								

From	To	Estimated Flow Rate	SWL
205	432	1500 GPM	45'

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 _____

(12) WELL LOG: Ground elevation _____

Casing	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
	20"	41	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Material	From	To	SWL
TOP SOIL	0	3	
YELLOW CHALK	3	10	
HARD YELLOW CHALK	10	16	
BROWN CLAY	16	18	
GRAY CLAY	18	104	
BLACK SANDS / BLACK SHALE	104	110	
HARD BLACK SAND	110	123	
HARD BLACK BASALT	123	129	
HARD BROWN SAND	129	160	
HARD BLACK BASALT	160	164	
BROWN BASALT	164	170	
BUBBLY BLACK SAND	170	203	
HARD BLACK BASALT	203	205	
BUBBLY BLACK SAND / RED CLAY	205	220	
BLACK BASALT	220	327	
BROWN SAND / RED CLAY	327	387	
BLACK SANDSTONE	387	410	
HARD BLACK BASALT	410	432	

Final location of sheets: _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Date started JULY 3, 91 Completed AUG 29 1991

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing
 Artesian
Yield gal/min 1500 Drawdown 8 Drill stem at _____ Time 2 Hours

(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.
Signed _____ Date _____ WWC Number _____

Temperature of water 56°F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(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.
Signed [Signature] WWC Number 601
Date 9/7/91

Well #2

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

WELL I.D. # L 60104
START CARD # 152253

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

(1) LAND OWNER Name Poe Valley Improvement Dist. Well Number _____
Address 6840 Kid Lake
City Klamath Falls State Or Zip 97603

(9) LOCATION OF WELL by legal description:
County Klamath Latitude _____ Longitude _____
Township 39S N or S Range 11 1/2 E B or W. WM.
Section 22 SE 1/4 SW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 24500 North Poe Valley Rd. Klamath Falls Or

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

(10) STATIC WATER LEVEL:
62 ft. below land surface. Date 4-4-03
Artesian pressure _____ lb. per square inch Date _____

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(11) WATER BEARING ZONES:
Depth at which water was first found 115'

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

From	To	Estimated Flow Rate	SWL
<u>115</u>	<u>188</u>	<u>500 gpm</u>	<u>62</u>
<u>201</u>	<u>767</u>	<u>3500 gpm</u>	<u>62</u>

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 775 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
<u>20"</u>	<u>0</u>	<u>110 Cement</u>	<u>0</u>	<u>110</u>	<u>79 Sacks</u>
<u>15 1/2"</u>	<u>110</u>	<u>575</u>			
<u>14"</u>	<u>575</u>	<u>706</u>			
<u>8"</u>	<u>706</u>	<u>775</u>			

(12) WELL LOG:
Ground Elevation _____

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 _____

Material	From	To	SWL
<u>Top Soil & Boulders</u>	<u>0</u>	<u>10</u>	
<u>tan clay</u>	<u>10</u>	<u>35</u>	
<u>Grey clay</u>	<u>35</u>	<u>102</u>	
<u>Basalt</u>	<u>102</u>	<u>115</u>	
<u>frac Basalt</u>	<u>115</u>	<u>188</u>	<u>62</u>
<u>tan shale rock</u>	<u>188</u>	<u>201</u>	
<u>frac Basalt</u>	<u>201</u>	<u>223</u>	<u>62</u>
<u>red boulders</u>	<u>223</u>	<u>244</u>	<u>62</u>
<u>frac Basalt</u>	<u>244</u>	<u>598</u>	<u>62</u>
<u>frac Basalt w/ talc</u>	<u>598</u>	<u>692</u>	<u>62</u>
<u>frac Basalt</u>	<u>692</u>	<u>767</u>	<u>62</u>
<u>Basalt</u>	<u>767</u>	<u>775</u>	

(6) CASING/LINER:
Casing: Diameter 15" From +16 To 110 Gauge Steel 250 Plastic Welded Threaded
Liner: none
Drive Shoe used Inside Outside None
Final location of shoe(s) _____

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WATER RESOURCES DEPT.
SALEM, OREGON

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____
From To W Slot size 1/2" Diameter _____ Tele/pipe size _____ Casing _____ Liner _____

Date started 3-20-03 Completed 4-4-03

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Artesian
Yield gal/min 4000+ Drawdown _____ Drill stem at 700 Time 1 hr.

(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.
Signed _____ WWC Number _____ Date _____

Temperature of water 58 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(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 [Signature] WWC Number 1803 Date 4-27-03

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Oregon Water Resources Department
Well Report Query

-  Main
-  Help
-  Return
-  Contact Us

Well Report Query Results *GPS points, where available are at the far right of the table. Click link to view on map*

Well Log: KLAM 53779

Well Log	Details	T-R-Sr QQ-Q	Taxlot	Street of Well	Owner	Company	Special Standards	Well Type	First Water	Completed Depth	Static Water Level	Yield	Completed Date	Received Date	Bonded Constructor	Startcard	Well ID #	New	Abandon	Deepen	Alteration	Conversion	Domestic	Irrigation	Community	Livestock	Industrial	Injection	Thermal	Dewatering	Piezometer	Latitude/ Longitude
KLAM 53779 Groundwater Info	Details	39.00S-11.50E-22 SE-SW	700	24500 N POE VALLEY RD		POE VALLEY IMPROVEMENT DISTRICT 6640 KID LANE KLAMATH FALLS OR 97603		W	115.00	775.00	62.0	4000.0	04/04/2003	04/29/2003	OXLEY, DAVID OXLEY WELL DRILLING	152253	80104	✓						✓								42.1682 -121.5121

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Oregon Water Resources Department
Well Report Query

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Well Report Query Results *GPS points, where available are at the far right of the table. Click link to view on map*

Well Log: KLAM 10292

Well Log	Details	T-R-S/ Q-Q-Q	Taxlot	Street of Well	Owner	Company	Special Standards	Well Type	First Water	Completed Depth	Static Water Level	Yield	Completed Date	Received Date	Bonded Constructor	Startcard	Well Id #	Now	Abandon	Deepen	Alteration	Conversion	Domestic	Irrigation	Community	Livestock	Industrial	Injection	Thermal	Dewatering	Piezometer	Latitude/ Longitude
KLAM 10292 Groundwater Info	Details	39.00S-11.50E-26 SE-NE		25400 N POE VALLEY RD		LOST RIVER RANCH 25400 N POE VALLEY RD KLAMATH FALLS OR 97601		W	205.00	432.00	45.0	1500.0	08/29/1991	09/16/1991	STOREY, DAVID M	20037	✓							✓								42.1584 -121.4925

[Download Data](#)

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
			03-04294-14	156,585		
			65	act x .001		
			1.98			
			66.98			
		mph	1.6			
		WL: 65.38 ft BLS				

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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
			04-00795-44			12-15'
			414,511			
			act x.001			
		50				
		1121		mph 0.7		
		51.21				
			W/L = 50.51 A BLS			
			W/L = 50.51	A BLS	A BLS	

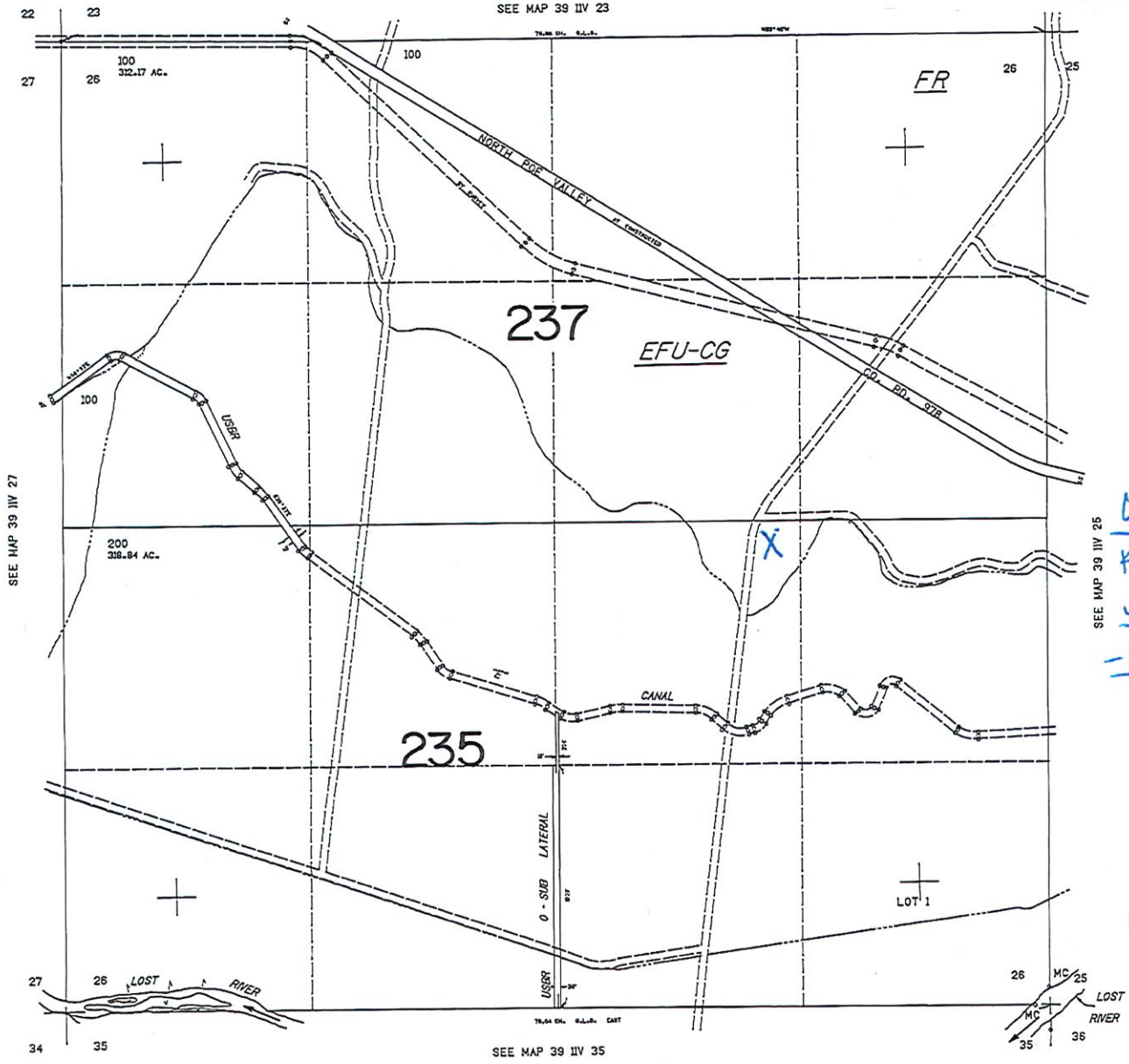
Bengard
Well #1

SECTION 26 T.39S. R.11 1/2E. W.M.
KLAMATH COUNTY
1"=400'

MAP 2 OF 5

MAP CREATED 02-04-2021

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY.



Well location
KLAM 10292
42.1584
-121.4925

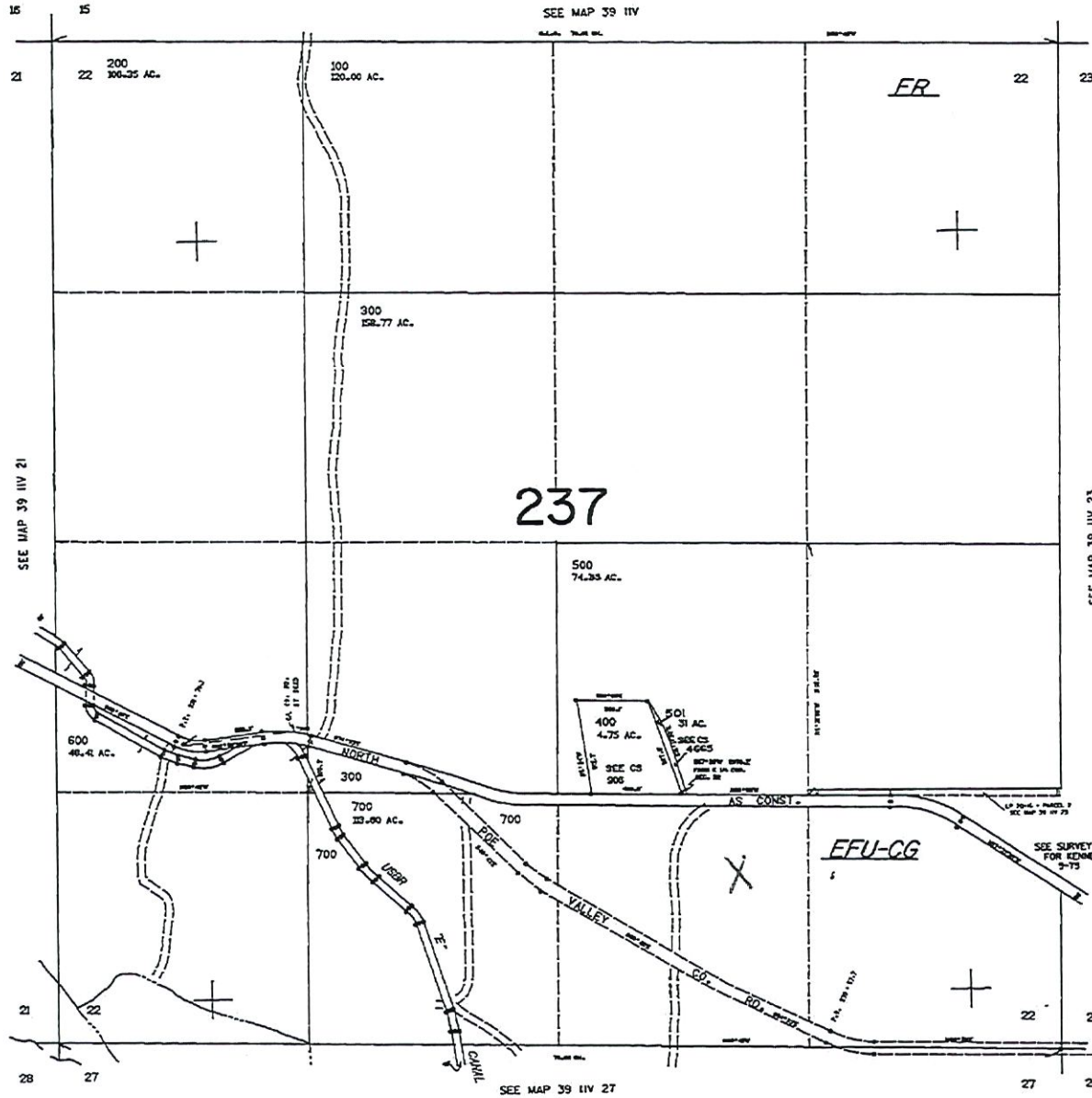
Bengard
Well #2

REVISED 11-05-2018
THIS MAP WAS PREPARED FOR
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SECTION 22 T.39S. R.11 1/2E. W.M.
KLAMATH COUNTY

MAP 1 OF 5

MAP CREATED 02-04-2021



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Well location
Klam 53779
42.1682
-121.5121

SECTION 27 T.39S. R.11 1/2E. W.M.
KLAMATH COUNTY

1"=400'

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY.

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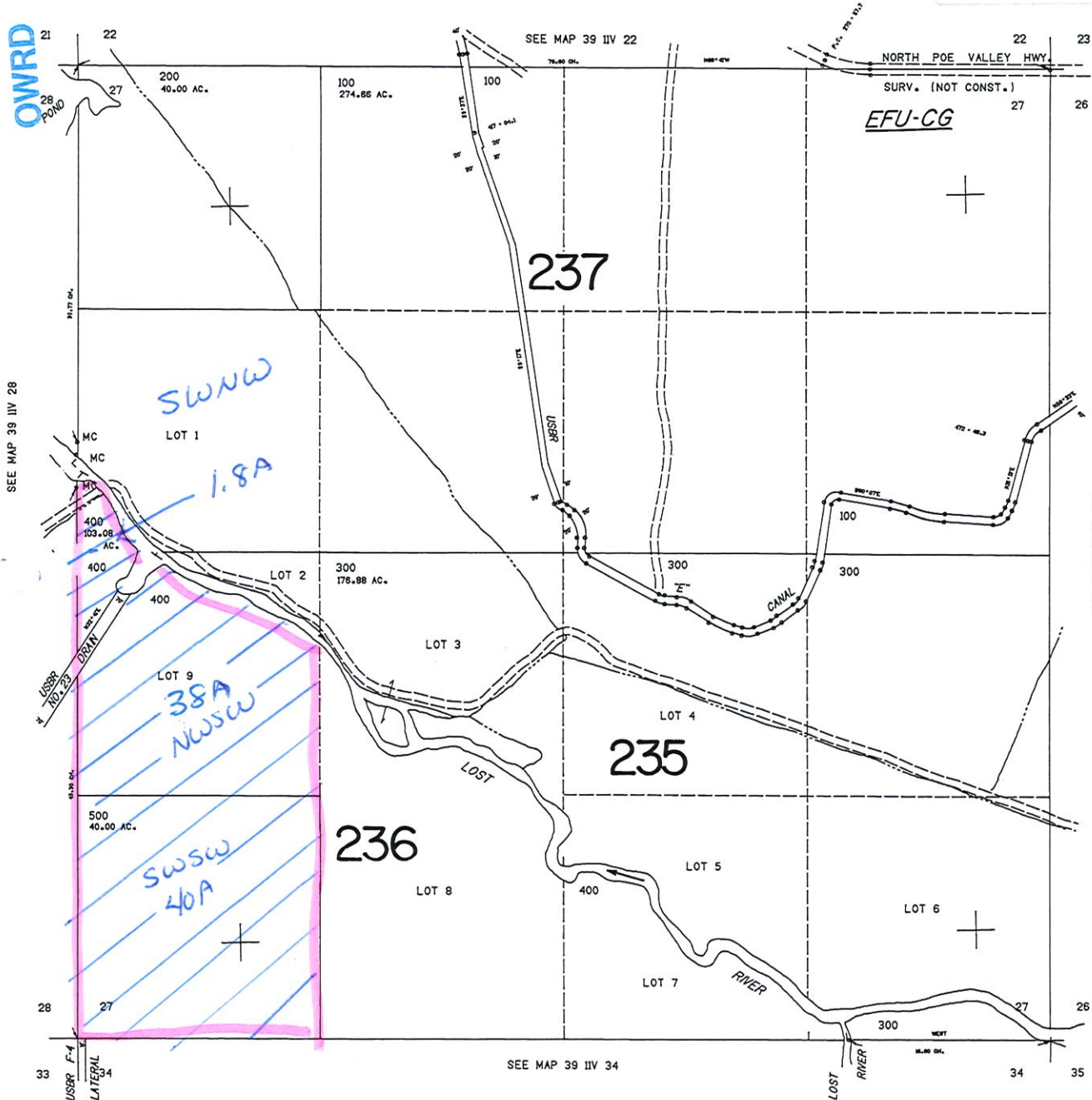
RECEIVED

APR 03 2021

NORTH

T39S R11.5E
Sec 27
Tax lot
400 - SWNW - 1.80
NWSW 38.0
500 - SWSW - 40.0

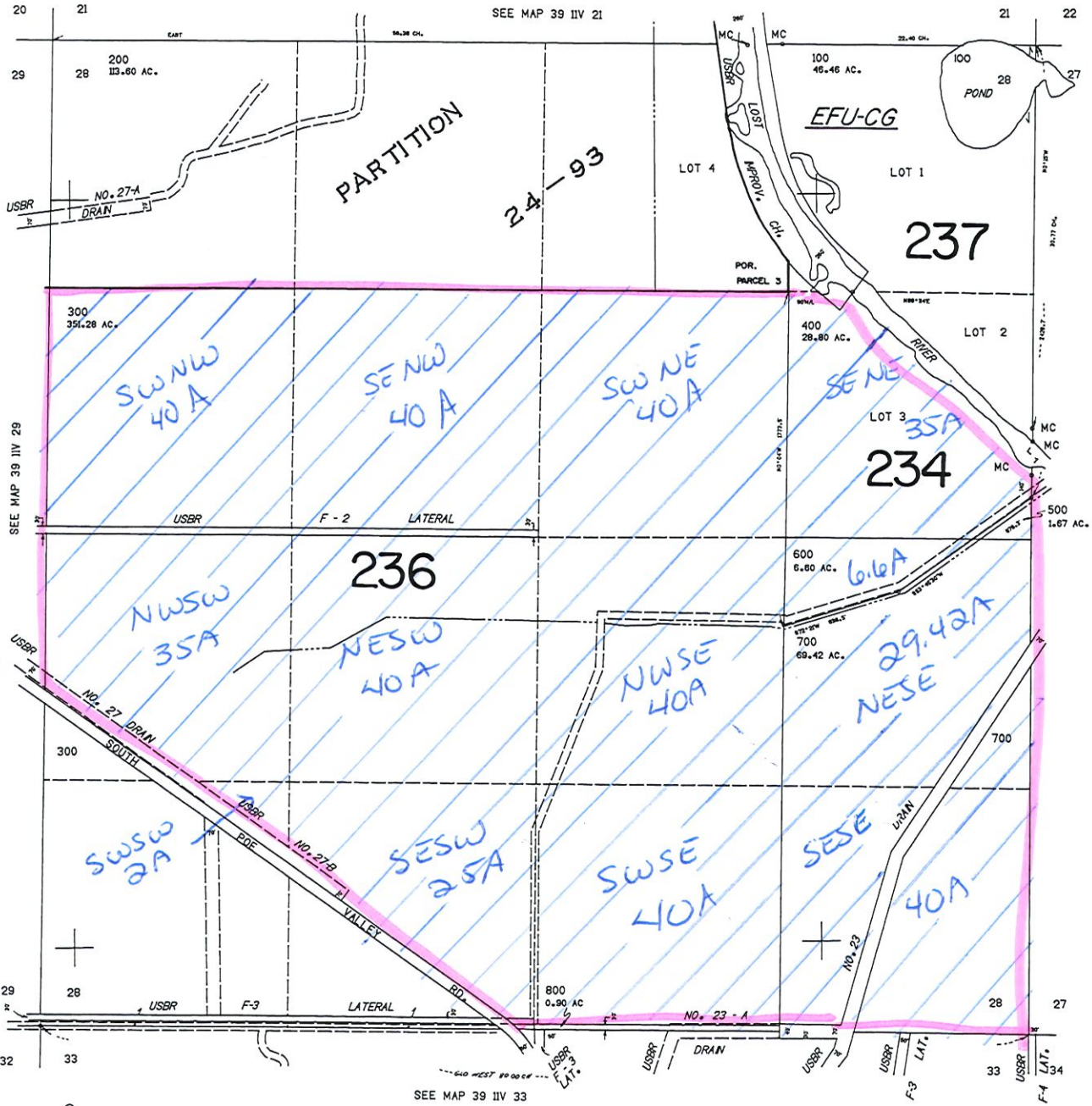
Scale
1" = 880'



SECTION 28 T.39S. R.11 1/2E. W.M.
KLAMATH COUNTY

1"=400'

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY.



RECEIVED
APR 09 2021
OWRD

NORTH

T39S R11.5E
SEC 28
Tax lot

300	SWNW	40.0
	SE NW	40.0
	SW NE	40.0
	NW SE	40.0
	NWSW	35.00
	NESW	40.00
	SWSW	2.00
	SESW	25.00
	SWSE	40A
400	SENE	35.0
600	NESE	6.6
700	NESE	29.42
	SESE	40.0

Scale
1"=800'

REVISED 06-04-14

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

SECTION 34 T.39S. R.11 1/2E. W.M.
KLAMATH COUNTY

1" = 400'

MAP 5 OF 5

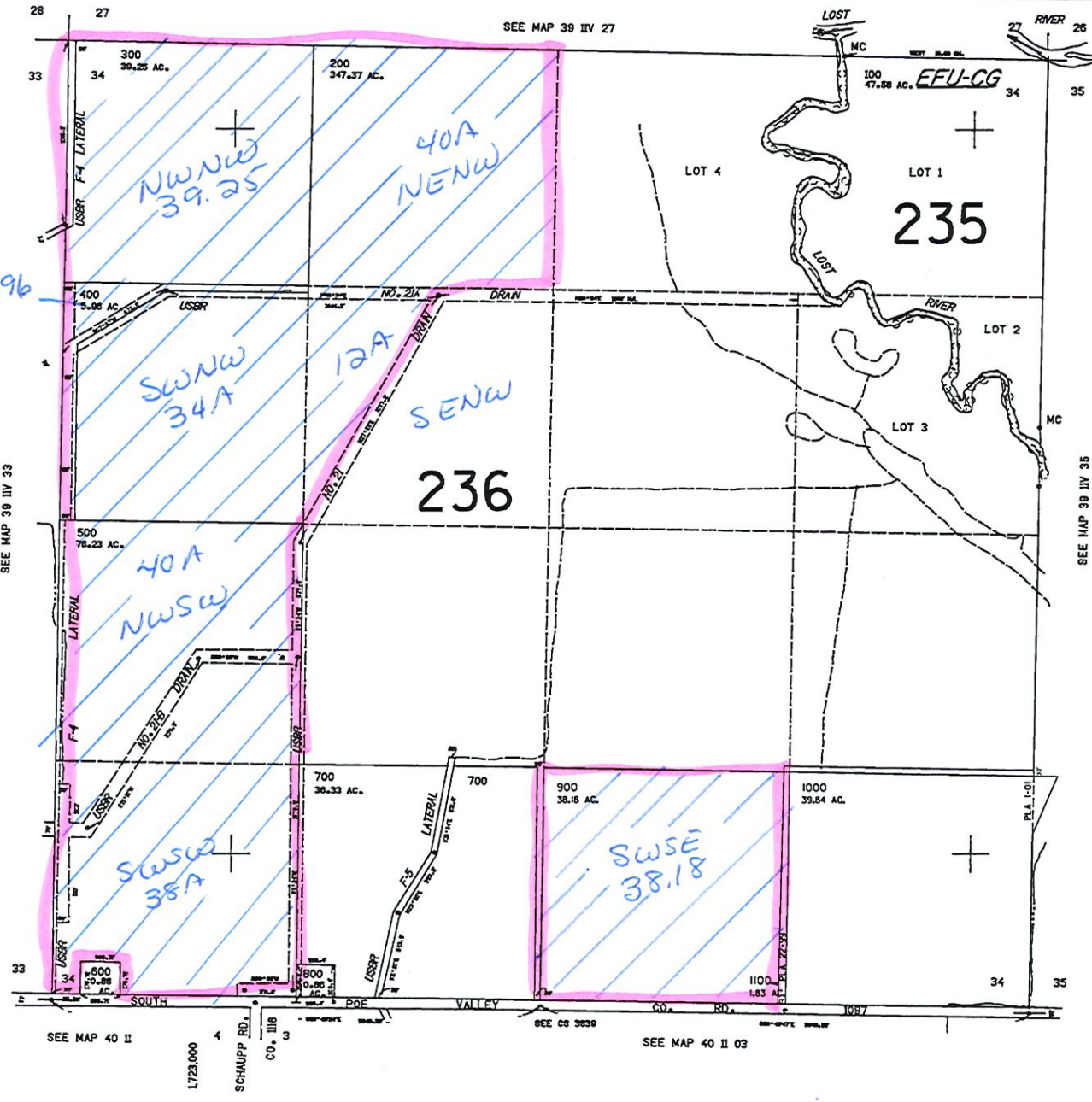
MAP CREATED 03/08/2021

NORTH
T39S R11.5E
SEC. 34

Taxlot

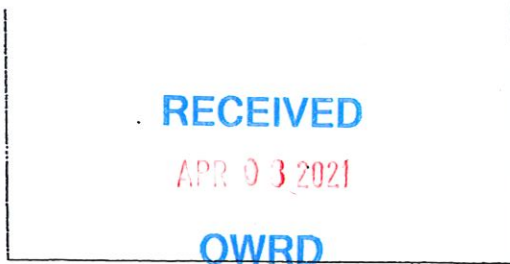
- 200 NENW 40.0
- SENW 12.0
- SWNW 34.0
- 300 NWNW 39.25
- 400 SWNW 5.96
- 500 NWSW 40.0
- SWSW 38.0
- 900 SWSE 38.18

Scale
1" = 880'



RECEIVED
APR 09
OWRD

174,000



Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Tom Bengard Ranch
P.O. Box 80090 Salinas, CA 93912

Transaction Type: DROUGHT APP

Fees Received: \$ 1400.⁰⁰

Cash Check: Check No. 18325
Name(s) on Check: SAME
Address on Check: _____


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

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

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

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

Sincerely,
OWRD Customer Service Staff

Submission received by: 
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt, and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Place the Submission Receipt with check/cash in the small top drawer (i.e., "Fiscal Pick Up Drawer"). Place the Submission Receipt with submission (application/other document) in the large bottom drawer.