

**CLAIM OF
BENEFICIAL USE
for Groundwater Permits
claiming more than 0.1 cfs**



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

**A fee of \$230 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see
<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

RECEIVED
MAY 15 2023
OWRD

**SECTION 1
GENERAL INFORMATION**

1. File Information:

APPLICATION # G-18615	PERMIT # (IF APPLICABLE) G-18396	PERMIT AMENDMENT # (IF APPLICABLE) T-
---------------------------------	--	---

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Waibel Properties, LLC		PHONE NO. 541-419-1853	ADDITIONAL CONTACT NO.
ADDRESS 601 Union Street, Ste. 3315			
CITY Seattle	STATE WA	ZIP 98101	E-MAIL 21cows.bw@gmail.com

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each permit holder of record must sign this form.***

3. Permit holder of record (this may, or may not, be the current property owner):

PERMIT HOLDER OF RECORD Waibel Properties, LLC		
ADDRESS 8055 SW Powell Butte Hwy		
CITY Powell Butte	STATE OR	ZIP 97753

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

4/28/2023

5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
Bob Williams	04/27/2023	Ranch Manager

6. County:

Crook

7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

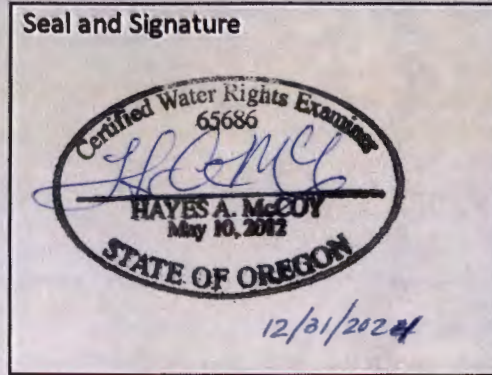
OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME Hayes A. McCoy		PHONE NO. 541-923-7554	ADDITIONAL CONTACT NO.
ADDRESS 1180 SW Lake Road #201			
CITY Redmond	STATE OR	ZIP 97756	E-MAIL hayes@ham-engr.com

Permit Holder of Record Signature or Acknowledgement

Each permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Brad Waibel	Managing Member	4-29-23

SECTION 3

CLAIM DESCRIPTION

1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 1	CROO 54130	L111980

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well 1	Camp Creek Basin	

3. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 1	Irrigation	Hay/Pasture	4/15-10/1	0.38
Total Quantity of Water Used				126 AF

4. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of appropriation to the place of use:

Well to piped system to irrigation pivot.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

YES NO

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well #1	0.38 cfs	0.67 cfs	Not running	Irrigation	42	42

RECEIVED

SECTION 4 SYSTEM DESCRIPTION

Are there multiple POAs?

YES

NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

POA Name or Number this section describes (only needed if there is more than one):

A. Place of Use

1. Is the right for municipal use?

YES

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
17S	21E	WM	11	SWNE			Irrigation	12.8	
17S	21E	WM	11	SENE			Irrigation	17.0	
17S	21E	WM	11	NWSE			Irrigation	9.0	
17S	21E	WM	11	NESE			Irrigation	3.2	
Total Acres Irrigated								42.0	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLOT), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLOT, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Describe the access port (type and location) or other means to measure the water level in the well:

Airline on top of well.

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
14"	3-33'	30'	3/21/2014		Waibel Prop.	D. Schlichting
12"	10'-310'	300'	3/21/2014		Waibel Prop.	D. Schlichting

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

CROO 54130/L111980 Well Log included submittal.

RECEIVED

MAY 15 2023

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)?

YES **NO**

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	10ALC	MG2092	Turbine		6"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Goulds	40 hp

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
40 hp	Unknown	21.7'	-8'	0.67

5. Provide pump calculations:

Stamp on pump noted 300 gpm (=0.67cfs). Pump calculations do not equal a reasonable number.

6. Measured Pump Capacity (using meter if meter was present and system was operating):

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not running			

Reminder: For pump calculations use the reference information at the end of this document.

7. Is the distribution system piped?

YES **NO**

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	2,790 lf	Plastic	Buried

RECEIVED

MAY 15 2023

OWRD

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Drip Emmitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley	988.9	25	200	0.44

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

YES **NO**

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir

N/A YES NO
N/A YES NO

Complete appropriate table(s), unused table may be deleted.

RECEIVED

MAY 15 2023

WR

OWRD

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM’S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

YES NO

If “NO”, items 2 through 4 relating to this section may be deleted.

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING’S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES NO

If “NO”, items 2 through 4 relating to this section may be deleted.

H. Additional notes or comments related to the system:

[Empty rectangular box for additional notes or comments]

RECEIVED
MAY 15 2023
OWRD

SECTION 5 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	5/12/2020		
BEGIN CONSTRUCTION (A)			
COMPLETE CONSTRUCTION (B)	5/12/2025	4/1/2017	
COMPLETE APPLICATION OF WATER (C)	5/12/2025	9/30/2021	

* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)?

YES **NO**

If "NO", items a and b relating to this section may be deleted.

If the reports have not been submitted, attach a copy of the reports if available.

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement?

YES NO

If "NO", items b through d relating to this section may be deleted.

b. What month was the initial measurement to be taken in?

March 15, 2023

c. Was the measurement submitted to the Department?

YES NO

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements?

YES NO

If "NO", items b through e relating to this section may be deleted.

RECEIVED

MAY 15 2023

b. Provide the month, or months, the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) required?

YES* NO
YES* NO

d. If "YES", were those measurements submitted to the Department?

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
<i>X MEASUREMENT NOT TAKEN IN 2022</i>			

5. Pump Test:

a. Did the permit require the submittal of a pump test?

YES NO

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

If "NO", items b through e relating to this section may be deleted.

b. Has the pump test been previously submitted to the Department?

YES **NO**

c. Is the pump test attached to this claim?

YES **NO**

d. Has the pump test been approved by the Department?

YES **NO**

e. Has a pump test exemption been approved by the Department?

YES NO

**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

*UNKNOWN
- SEE EXEMPTION
REQUEST*

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device?

YES NO

If "NO", items b through f relating to this section may be deleted.

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

b. Has a meter been installed?

YES NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
	Aquamaster 900	50502	Working	Disconnected	2020 (Est.)

If a meter has been installed, items d through f relating to this section may be deleted.

RECEIVED

MAY 15 2023

OWRD

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department?

YES NO

If "NO", item b relating to this section may be deleted.

b. Have the reports been submitted?

YES **NO**

If the reports have not been submitted, attach a copy of the reports if available.

8. Other conditions required by permit, permit amendment final order, or extension final order:

a. Were there special well construction standards?

YES **NO**

b. Was submittal of a ground water monitoring plan required?

YES **NO**

c. Was submittal of a water management and conservation plan required?

YES **NO**

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well?

YES **NO**

WELL ID #	DATE ATTACHED TO WELL
L111980	

e. Other conditions?

YES **NO**

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

**SECTION 6
ATTACHMENTS**

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
Well Log for CROO 54130	

**SECTION 7
CLAIM OF BENEFICIAL USE MAP**

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

RECEIVED
MAY 10 2023
OWRD

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

Aerial photos and available GIS information. Crook County GIS and Google Earth photos (9/20/2020).

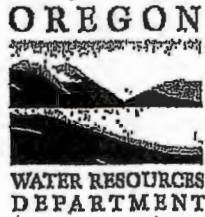
RECEIVED
MAY 15 2023
OWRD

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- N/A* Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

RECEIVED
MAY 15 2023
OWRD



RECEIVED
MAY 15 2023
OWRD

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Waibel Properties LLC
601 Union St. STE 3315, Seattle WA 98101

Transaction Type: Claim

Fees Received: \$ 230.00

Cash Check; Check No. 3526

Name(s) on Check: HA McCoy Engineering & Surveying LLC

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.

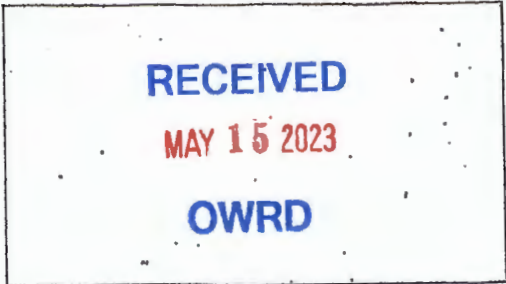
If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,
OWRD Customer Service Staff

Submission received by: Corie Lorrain
(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.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.



Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Waibel Properties LLC
601 Union St. STE 3315, Seattle WA 98101

Transaction Type: Claim

Fees Received: \$ 230.00

Cash Check; Check No. 3526

Name(s) on Check: HA McCoy Engineering & Surveying LLC

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: Corie Courien
(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.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.

Hayes McCoy

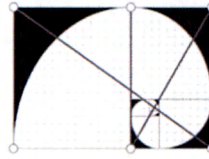
From: Hayes McCoy <hayes@ham-engr.com>
Sent: Friday, April 28, 2023 5:51 PM
To: 'CLARK Gerald E * WRD'
Cc: 'Bob Williams'
Subject: Permit G-18396 Well Test Exemption Request
Attachments: 230428-17175-Exemption.pdf

Hello Gerry,

I am preparing the Claim of Beneficial Use for the above permit. My client has a well test from 2015 from another well very close. Attached is the exemption request. Please let me know if I should mail in a paper copy or if an email is adequate.

Hayes McCoy
H.A. McCoy Engineering & Surveying
(541)923-7554

RECEIVED
MAY 15 2023
OWRD



H.A. McCoy
ENGINEERING & SURVEYING, LLC

PO Box 533 Redmond, OR 97756 · 541-923-7554 · www.ham-engr.com

April 28, 2023

Oregon Water Resource Department
c/o Gerald Clark
725 Summer Street NE, Ste. A
Salem, OR 97301

RE: Permit G-18396 Well Test Multiple Well Test Exemption

Pursuant to OAR 690-217-0020(3), this letter is a request for a multiple well exemption on behalf of Waibel Properties, LLC. A well test (or exemption) is required as part of a Claim of Beneficial Use for the above referenced permit for water use in Crook County, Oregon.

The multiple well exemption allows the owner to submit a well test from a different well if the owner owns both wells, the wells are within five miles of each other, and the wells produce water from the same aquifer.

Enclosed is a well test associated with Permit G-10430. Both wells are under the same ownership (Waibel Properties, LLC), located less than 0.25 miles apart, and appear to draw water from the same aquifer given their proximity to Camp Creek and the depth of well construction. Also enclosed are the well logs for CROO 54129, CROO 54130 and ownership information.

If you require any additional information, please contact me.

Sincerely,

H.A. McCoy Engineering & Surveying, LLC

Hayes A. McCoy - CWRE

RECEIVED
MAY 15 2023
OWRD

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

CROO 54129
4/17/2014

WELL I.D. LABEL# L 111979
START CARD # 1022226
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name
Last Name
Company WAIBEL PROPERTIES, LLC
Address 8055 SW POWELL BUTTE HWY
City POWELL BUTTE State OR Zip 97753

(2) TYPE OF WORK
[X] New Well [] Deepening [] Conversion
[] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing:
Material From To Amt sacks/lbs
Seal:

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE
[] Domestic [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 740.00 ft.
Special Standard (Attach copy)
BORE HOLE SEAL sacks/lbs
Dia From To Material From To Amt lbs

How was seal placed: Method [] A [] B [] C [] D [] E
[X] Other POURED IN DRY
Backfill placed from ft. to ft. Material
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
Shoe [] Inside [] Outside [] Other Location of shoe(s)
Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method Factory
Screens Type Material
Perf/ Casing/ Screen Scrn/slot Slot # of Tel/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
Temperature 53 F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County CROOK Twp 17.00 S N/S Range 21.00 E E/W WM
Sec 12 NE 1/4 of the NW 1/4 Tax Lot 700
Tax Map Number Lot
Lat ' ' or DMS or DD
Long ' ' or DMS or DD
[] Street address of well [X] Nearest address
OFF CAMP CREEK RD BY PAULINA HWY

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 3/19/2014 31
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Depth water was first found 150.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
3/14/2014 150 180 150 31
3/17/2014 370 410 200 31

(11) WELL LOG
Ground Elevation
Material From To
Top Soil 0 3
Yellow Clay Stone 3 10
Brown Sand & Gravel 10 25
Hard Green Clay Stone 25 110
Hard Green & Grey Clay Stone 110 150
Soft Grey Basalt 150 170
Hard Green Clay Stone 170 370
Hard Grey Clay Stone 370 410
Soft Green Clay Stone 410 621
Soft Green & Grey Clay Stone 621 740

RECEIVED
MAY 15 2013
OWRD

Date Started 2/17/2014 Complete 3/19/2014

(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
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 1583 Date 4/17/2014
Signed DAVID A SCHLICHTING (E-filed)
Contact Info (optional)

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

CROO 54130
4/17/2014

WELL I.D. LABEL# L 111980
START CARD # 1022206
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D. _____
First Name _____ Last Name _____
Company WAIBEL PROPERTIES, LLC
Address 8055 SW POWELL BUTTE HWY
City POWELL BUTTE State OR Zip 97753

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

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: _____
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 510.00 ft.
BORE HOLE SEAL sacks/lbs
Dia From To Material From To Amt lbs
18 0 33 Granular Bentonite 0 33 35 S
14 33 310
8 310 510

How was seal placed: Method A B C D E
 Other POURED IN DRY
Backfill placed from _____ ft. to _____ ft. Material _____
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
14 3 33 250
12 10 310 250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Factory
Screens Type _____ Material _____
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Liner 12 140 180 .13 3 912
Perf Liner 12 270 310 .13 3 912

(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 _____ 300 3
Temperature 54 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County CROOK Twp 17.00 S N/S Range 21.00 E E/W WM
Sec 12 NW 1/4 of the NW 1/4 Tax Lot 700
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
CORNER OF PAULINA HWY BEFORE CAMP CREEK RD

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 3/21/2014 _____ 31
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 146.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
2/12/2014	146	192	125		31
2/13/2014	290	317	175		31

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	5
Brown Sand & Gravel	5	18
Hard Green Clay Stone	18	146
Hard Gery Clay Stone	146	192
Hard Green Clay Stone	192	251
Hard Grey & Green Clay Stone	251	290
Hard Grey Clay Stone	290	310
Hard Green Clay Stone	310	510

RECEIVED
MAY 15 2014
OWRD

Date Started 2/12/2014 Complete 3/21/2014

(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 _____
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 1583 Date 4/17/2014
Signed DAVID A SCHLICHTING (E-filed)
Contact Info (optional) _____



Taxlots: 1721000000700

Mailing Name: WAIBEL PROPERTIES LLC
Mailing Address: 601 UNION ST STE 3315
SEATTLE, WA 98101
Acres: 4,787.99
Zone: EFU*
Assessment Info: [More Info](#)
Tax Map: [More Info](#)

Zoom to: ...

Crook County, Oregon

+ - Quick Search 🔍 ☰ 🏠 📏 🗺️ 🖨️ ⓘ

600ft

-120.1734

Well # 111979



Oregon Water Resources Department

PUMP TEST FORM COVER SHEET



Well Owner:

Name _____
Address _____
County _____
City, State, Zip _____

Well Location:

Township _____ (N or S), Range _____ (E or W)
Section _____ 1/4, 1/4, 1/4 _____
Well Depth _____ Date Drilled _____
Owners Well No. (if any) _____

Water Right Information:

Application No. _____ Permit No. _____ Certificate No. _____
Does this pump test apply to more than one water right? _____ If Yes, fill out numbers below:
App. No. _____ Permit No. _____ Cert. No. _____
App. No. _____ Permit No. _____ Cert. No. _____

Pump Test:

Test conducted by: Nathan Tower Well Owner? _____ (Y/N)
Company: Thompson Pump + Irrigation
Address: 63002 Sherman Rd Date of Test: 11/4/2015
City, State, Zip: Bend OR 97703

Method of Discharge Measurement: Water meter
Method of Water Level Measurement: Airline / E-Tape
Depth of Air Line (if used): 399
Pump Type: Sub Turbine
Was pump test conducted during normal use of the well? N (Y/N)
Description of point from which water level was measured: top of open well head

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? N (Y/N). If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: _____

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? Y (Y/N)
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approximate distance: 1580 ft Approximate elevation difference: 10 ft
Is well elevation above or below the surface water body? above

Static water level measurements: (Three measurements at least 20 minutes apart are required in the hour before pumping begins):

Time: 700 Am Depth to Water: 31 ft
Time: 720 Am Depth to Water: 31 ft
Time: 740 Am Depth to Water: 31 ft

RECEIVED

MAY 15 2023

OWRD

Discharge Measurements: (A discharge measurement is required at the start of pumping and once an hour during the test):

Time: 800 Am Discharge Rate: 350 GPM
Time: 9 Discharge Rate:
Time: 10 Discharge Rate:
Time: 11 Discharge Rate:
Time: 12 Discharge Rate:

Pump turned on: Date: 11/4/15 Time: 800 Pump turned off: Date: 11/4/15 Time: 4:00
Total pumping time: 8 hrs _____ hours, _____ minutes.

Note: Well must be idle for at least 16 hours prior to the test.

PUMP TEST DATA SHEET

APPLICATION NO. _____ PERMIT NO. 111979

All water level measurements must either be in 1) feet and inches, or 2) feet and decimal fractions. (Circle one)

DRAWDOWN DATA

DATE	TIME	TIME SINCE PUMP STARTED (minutes)	WATER LEVEL MEASUREMENT	CORRECTION IF ANY	DEPTH TO WATER	COMMENTS	DATE	TIME	TIME SINCE PUMP STOPPED (minutes)	WATER LEVEL MEASUREMENT	CORRECTION IF ANY	DEPTH TO WATER	COMMENTS
	800		31	+3ft				4:00		312	+3		
	820		115					4:15		105			
	840		275					4:30		64			
	900		314					4:45		32			
	920		314					5:00		32			
	940		314					5:15		32			
	1000		314										
	1020		314										
	1040		314										
	1100		314										
	1120		314										
	1140		312										
	1200		312										
	1220		312										
	1240		312										
	1:00		312										
	1:20		312										
	1:40		312										
	2:00		312										
	2:20		312										
	2:40		312										
	3:00		312										
	3:20		312										
	3:40		312										
	4:00		312										

RECEIVED
MAY 15 2023
OWRD

STATE OF OREGON WATER SUPPLY WELL REPORT

CROO 54129

WELL I.D. LABEL# L111979

START CARD # 1022226

ORIGINAL LOG #

(as required by ORS 537.765 & OAR 690-205-0210)

4/17/2014

(1) LAND OWNER Owner Well I.D. First Name Last Name Company WAIBEL PROPERTIES, LLC Address 8055 SW POWELL BUTTE HWY City POWELL BUTTE State OR Zip 97753

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion [] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION Casing: Dia + From To Gauge Stl Plstc Wld Thrd Seal: Material From To Amt sacks/lbs

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community [] Industrial/ Commercial [] Livestock [] Dewatering [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy) Depth of Completed Well 740.00 ft. BORE HOLE SEAL sacks/lbs

Table with columns: Dia, From, To, Material, From, To, Amt, Sacks/lbs. Rows show seal data for different diameters.

How was seal placed: Method [] A [] B [] C [] D [] E [X] Other POURED IN DRY Backfill placed from ft. to ft. Material 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 Shoe [] Inside [] Outside [] Other Location of shoe(s) Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS Perforations Method Factory Screens Type Material Perf/ Casing/ Screen Dia From To width length slots # of Tel/ pipe size

Table with columns: Perf, Casing/Screen, Dia, From, To, width, length, slots, # of Tel/ pipe size. Rows show perforation data.

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) Temperature 53 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) TDS amount

(9) LOCATION OF WELL (legal description) County CROOK Twp 17.00 S N/S Range 21.00 E E/W WM Sec 12 NE 1/4 of the NW 1/4 Tax Lot 700 Tax Map Number Lot Lat Long DMS or DD DMS or DD Street address of well Nearest address OFF CAMP CREEK RD BY PAULINA HWY

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 3/19/2014 31 Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 150.00 SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG Ground Elevation Material From To Top Soil 0 3 Yellow Clay Stone 3 10 Brown Sand & Gravel 10 25 Hard Green Clay Stone 25 110 Hard Green & Grey Clay Stone 110 150 Soft Grey Basalt 150 170 Hard Green Clay Stone 170 370 Hard Grey Clay Stone 370 410 Soft Green Clay Stone 410 621 Soft Green & Grey Clay Stone 621 740

Date Started 2/17/2014 Complete 3/19/2014

(unbonded) Water Well Constructor Certification I certify that the work performed on the construction, deepening, alteration, 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

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 1583 Date 4/17/2014 Signed DAVID A SCHLICHTING (E-filed) Contact Info (optional)

RECEIVED MAY 15 2023 OWRD