Oregon Water Resources Department Water Rights Division

Water Rights Application Number G-12971

Final Order

Application History

On June 5, 1992, CASCADE HIGHLANDS LTD PARTNERSHIP submitted an application to the Department for a water use permit. The Department issued a Proposed Final Order on March 12, 1996. The protest period closed April 26, 1996, and no protest was filed.

The proposed use would not impair or be detrimental to the public interest.

Order

The application therefore is approved as proposed by the Proposed Final Order, and Permit Number G-12494 is issued as limited by the conditions proposed by the Proposed Final Order.

DATED June /9, 1996

Martha O. Pagel

Director

Appeal Rights

Under the provisions of ORS 183.484, the applicant may appeal this order by filing a petition for review in the Circuit Court for Marion County or the circuit court for the county in which the applicant resides or has a principal business office. The petition for review must be filed within 60 days after the date this order is served.

Superseded 12/1/2014

CLAIM OF BENEFICIAL USE for Permits claiming more than 0.1 cfs and All Transfers



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.wrd.state.or.us

A fee of \$150 must accompany this form to be accepted for <u>permits</u> with a priority date of July 9, 1987, or later. (ORS 536.050(1))

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: http://www.wrd.state.or.us/OWRD/WR/cwre info.shtml#.

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.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

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 http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml.

SECTION 1 GENERAL INFORMATION

1. File Information

APPLICATION # (G, R, S or T)	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-12971	G-12494	T-9625

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2. Property Owner (current owner information)

THI BIGHT IN BOOK (BOOK)		PHONE NO.		ADDITIONAL CONTACT NO.
Highlands at Broken Top Commu	ınity	541 318-34	30	
Association co/Stephen Herr			3	
ADDRESS				
855 SW Yates Drive Suite 102			1.	
CITY	STATE	ZIP	E-MAIL	
Bend	OR	97702	gmbtca@bi	rokentop.org

APPLICANT/BUSINESS NAME Tetherow Golf Course LLC	2	PHONE NO. 541 388-26	26	ADDITIONAL CONTACT NO.
co/Chris Condon				
ADDRESS				
61240 Skyline Ranch Road				
CITY	STATE	ZIP	E-MAIL	
Bend	OR	97701	ccondon@t	etherow.com

If the current property owner is not the permit or transfer holder of record, it is recommended that an assignment be filed with the Department. The COBU must be signed by the permit or transfer holder of record.

3. Is the Property Owner the permit or transfer holder of record?

YES N

If "YES" the remainder of this item may be deleted.

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

			DEOEN/ED BY CIVING
PERMIT OR TRANSFER HOLDER OF R	ECORD		RECEIVED DI
Highlands at Broken Top Commi	unity Association	co/Stephen Herr	050 0 0 2014
Address	-		SEP 3 0 2014
855 SW Yates Drive Suite 102			
CITY	STATE	ZIP	SALEM, OR
Bend	OR	97702	

Are there additional permit or transfer holders of record?

YES N

If "NO" the following box may be deleted.

ADDITIONAL PERMIT OR TRANSFER HOLDER OF RECORD					
Tetherow Golf Course LLC					
ADDRESS	ADDRESS				
61240 Skyline Ranch Road					
CITY	STATE	ZIP			
Bend	OR	97701			

4. Date of Site Inspection: 9-23-14

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

Name	DATE	ASSOCIATION WITH THE PROJECT
Stephen Herr	9-23-14	Manager, Highlands at Broken Top CA
Ron Kidder, Botanical Dev.	01-10-11	Landscape/irrigation designer-contractor
Chris Condon	9-22-14	Manager, Tetherow Golf Course LLC
		irrigation system

6.	County:	Deschutes	
		Description	

7. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

**Mark "NA" if there are no owners of property not included in this claim

OWNER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

Are there additional Owners of Record?



Additional Owners of Record are listed in Appendix A included with this form, per e-mail dated Sept. 4, 2013 by Gerry Clark, Water Rights Services Division, OWRD.

SECTION 2

SYSTEM DESCRIPTION

A. Points of Diversion/Appropriation

1. Point of diversion/appropriation name or number:

POINT OF DIVERSION/APPROPRIATION	WELL LOG ID#	WELL TAG#
(POD/POA) NAME OR NUMBER	FOR ALL WORK PERFORMED ON THE WELL	(IF APPLICABLE)
(CORRESPOND TO MAP)	(IF APPLICABLE)	
POD 1 (HBT)	DESC 51899, DESC 55459	L 23814
POD 2 (TGC)	DESC 51900	L 23815

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 diversion/appropriation source and, if from surface water, the tributary:

POD/POA	Source	TRIBUTARY
NAME OR NUMBER		
POD 1	Deschutes Basin	N/A
POD 2	Deschutes Basin	N/A

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

POD/POA NAME OR NUMBER	Uses	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	RATE OR VOLUME FOR USE (CFS, GPM, OR AF)
POD 1	Irrigation	No crop - grasses	Irrigation season Typically from April to October	Varies 1.78 CFS max
POD 2	Irrigation	No crop – grasses	Irrigation season Typically from April to October	Varies 1.78 CFS max
Total Quantity	y of Water Used			Varies 3.6 CFS max

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

Irrigation water is accessed via well #L23814 as noted above. The well is equipped with a vertical turbine pump. Piping from the well pump conveys water to the storage lake (Reservoir #1 on the map). A supply pipe from the storage lake conveys water to the irrigation pump station which pressurizes and supplies water to the irrigation distribution piping and irrigation sprinkler heads distributed across the irrigated lands. The well pump and the irrigation pump station are housed within the same building adjacent to the storage lake.

Irrigation water is also accessed via well #L23815 as noted above. The well is equipped with a vertical turbine pump. Piping from the well pump conveys water to the storage lake s (Reservoir #2 and Reservoir #3 on the map). A supply pipe from the storage lake conveys water to the irrigation pump station which pressurizes and supplies water to the irrigation distribution piping and irrigation sprinkler heads distributed across the irrigated lands. The well pump and the irrigation pump station are both near Reservoir #2.

SECTION 2

SYSTEM DESCRIPTION (B through H)

Are there multiple PODs or POAs?



If "YES" you will need to copy and complete Sections 2B through 2H for each POD/POA. POD/POA Name or Number this section describes (only needed if there is more than one):

POD 1, POD 2

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B. Place of Use

1. Is the right for municipal use?

SALEM, OR



If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	Q-Q	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
17S	11E	WM	35	SE-SW			IRR	3.2	
17S	11E	WM	35	SW-SE			IRR	4.0	
17S	11E	WM	35	SE-SE			IRR	5.1	
18S	11E	WM	2	NW-NW			IRR	0.2	
18S	11E	WM	2	NE-NW			IRR	17.8	
18S	11E	WM	2	SW-NW			IRR	1.9	
18S	11E	WM	2	SE-NW			IRR	23.0	
18S	11E	WM	2	NW-NE			IRR	19.3	
18S	11E	WM	2	NE-NE			IRR	9.9	
18S	11E	WM	2	SW-NE			IRR	11.5	
18S	11E	WM	2	SE-NE			IRR	1.6	
18S	11E	WM	2	NE-SW			IRR	11.4	
18S	11E	WM	2	SE-SW			IRR	5.2	
18S	11E	WM	2	NW-SE			IRR	9.8	,
18S	11E	WM	2	NE-SE			IRR	4.4	
18S	11E	WM	2	SW-SE			IRR	5.4	
18S	11E	WM	2	SE-SE			IRR	1.3	
								135.0	SUB TOTAL
18S	11E	WM	2	SE-SE			IRR	1.6	į.
18S	11E	WM	1	SW-SW			IRR	4.3	
18S	11E	WM	11	NE-NE			IRR	19.0	
18S	11E	WM	11	SE-NE			IRR	6.3	
18S	11E	WM	11	NE-SE			IRR	17.0	
18S	11E	WM	11	SE-SE			IRR	9.5	
18S	11E	WM	12	NW-NW		x 3	IRR	11.8	1
18S	11E	WM	12	NE-NW			IRR	11.0	
18S	11E	WM	12	NW-NE			IRR	3.9	
18S	11E	WM	12	SW-NW			IRR	13.4	
18S	11E	WM	12	SE-NW			IRR	14.4	
18S	11E	WM	12	SW-NE			IRR	5.3	
18S	11E	WM	12	NW-SW			IRR	24.9	
18S	11E	WM	12	NE-SW			IRR	1.4	
18S	11E	WM	12	SW-SW			IRR	5.6	
18S	11E	WM	12	SE-SW			IRR	0.6	
				X				150.0	SUB TOTAL
Total	Acres I	rrigated		•	•			285.0	TOTAL

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

C. Diversion and Delivery System Information

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

1. Is a pump used?

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

2. Pump Information

YES	
ILB	

NO

MANUFACTURE R	Model	SERIAL NUMBER	Type (centrifugal, turbine or submersible)	INTAKE SIZE	DISCHARGE SIZE
Robbco	9THE	23355	Vertical turbine (HBT well)	9-IN	8-IN
Cornell	3ҮН-СС	154918944	Centrifugal end suction (HBT booster)	8-IN	8-IN
N/A	N/A	N/A	Vertical turbine (TGC well)	8-IN	8-IN
Flowserv	10EMM-9	0610NSH00672-4	Centrifugal end suction (TGC booster)	8-IN	8-IN

3. Motor Information

MANUFACTURER	Horsepower
US Motors (HBT well)	150 hp
Cornell (HBT booster)	125 hp
Emerson (TGC well)	100 hp
Emerson (TGC booster)	75 hp

4. Theoretical Pump Capacity

Horsepower	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT
		DURING PUMPING		(IN CFS)
150		349 feet	15 feet	1.87
125	145 Psi	0	Varies- 85 feet	1.87
	discharge		max	
100		301 feet	7 feet	1.80
75				1.34

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5. Provide pump calculations:

Well Pump- theoretical capacity calculation (HBT):

Q = 550(e)(hp)/(j) (TDH)

e = .70

hp = 150

j=62.4

TDH= 349'+15'+26'(minor losses)= 390'

Q=550(.70)(150) / 62.4(390) = 2.37 cfs (Note well pump discharge is controlled to 1.87 cfs maximum by pc controller and variable speed motor drive).

Irrigation Pump Station pump theoretical calculation (HBT):

e = .75

hp = 125

TDH = 335'(station discharge pressure set = 145 psi)

Q = 550(.75)125 / 62.4(335) = 2.46 cfs (Note irrigation pump discharge is controlled to 1.87 cfs maximum by pc controller and variable speed motor drive).

Well Pump- theoretical capacity calculation (TGC):

Q = 550(e)(hp)/(j) (TDH)

e = .70

hp = 100

i=62.4

TDH = 301' + 15' + 26' (minor losses) = 342'

Q=550(.70)(100) / 62.4(342) = 1.80 cfs

Irrigation Pump Station pump theoretical calculation (TGC):

e = .75

hp = 75

TDH = 370'(station discharge pressure set = 145 psi)

Q = 550(.75)75 / 62.4(370) = 1.34 cfs

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

1	1 3 (8	1	1 0/
INITIAL METER	ENDING METER	DURATION OF TIME	TOTAL PUMP OUTPUT
READING	READING	OBSERVED	(IN CFS)
852,842	852,854	15 min.	1.78 (POD #1 – HBT)
668,724	668,736	15 min.	1.78 (POD #2 – TGC)

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

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7. Is the distribution system piped?

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If "NO" items 8 through item 11 may be deleted.

8. Mainline Information

CAI	Server Sh. //	, OR
- A	b /\ /i	
	L IV	- 115

MAINLINE SIZE	LENGTH	TYPE OF PIPE	Buried or Above Ground
12 inch diameter	4500 feet	pvc	buried
10 inch diameter	800 feet	pvc	buried
8 inch diameter	3250+10,000	pvc	buried
	=13,250 feet		
6 inch diameter	18,800+22,960	pvc	buried
	41,760=feet		
4 inch diameter	400 feet	pvc	buried

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	Type of Pipe	Buried or Above Ground
2 inch diameter (HBT)	68,000 feet (est)	pvc	buried
2 inch diameter (TGC)	130,000 feet (est)	pvc	buried

10. Sprinkler Information

OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
60-100 psi	20-60	590 (approx.)	N/A	1.8 CFS for any combination of zones at any one time
60-100 psi	7-40	2800 (approx.)	N/A	1.8 CFS for any combination of zones at any one time
	PSI 60-100 psi	PSI OUTPUT (GPM) 60-100 psi 20-60	PSI OUTPUT (GPM) NUMBER OF SPRINKLERS 60-100 psi 20-60 590 (approx.) 60-100 psi 7-40 2800	PSI OUTPUT (GPM) NUMBER OF SPRINKLERS 60-100 psi 20-60 590 N/A (approx.) N/A 60-100 psi 7-40 2800 N/A

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

11. Pivot Information

Manufacturer	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
N/A				

12. Additional notes or comments related to the system:

As noted earlier, the Irrigation pumping system is a package system including a pc controller and variable motor drive, which allows for strict discharge control and maximum flow rates, as well as accommodating a wide variety of sprinkler and flow demands/needs.

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D. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)?

SALEM, OR



NC

If "NO", items 2 through 8 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:

1-1/2" Schedule 40 PVC dedicated access conduit located at well-head.

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

CASING	CASING	TOTAL	COMPLETION	COMPLETION	WHO THE WELL	WELL
DIAMETER	DEPTH	DEPTH	DATE OF	DATES OF	WAS DRILLED	DRILLED BY
			ORIGINAL	ALTERATIONS	FOR	
			WELL			
10" (HBT)	505	532	8/14/1998	6/30/2003	Cascade	Jack Abbas-
					Highlands LTD	Abbas Well
					Partnership	Drilling Co.
12" (TGC)	522	522	7/24/1998	N/A	Cascade	Western
					Highlands LTD	Water
	,				Partnership	Development
						Corporation

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.

DESC 51899 (original well HBT), DESC 55459 (alteration HBT), DESC 51900 (TGC)

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



If "NO", items 6 through 8 relating to this section may be deleted.

E. Storage

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



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

If "YES" is it a:

Storage Tank

Bulge in System / Reservoir

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

YES NO

2. Storage Tank:

MATERIAL	CAPACITY	ABOVE GROUND OR
(CONCRETE, FIBERGLASS, METAL, ETC.)	(IN GALLONS)	BURIED
N/A		

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
RES #1 (HBT)	9-FEET	9.0-ACRE FEET
RES #2 (TGC-1)	9-FEET	9.0 ACRE FEET
RES #3 (TGC-2)	8-FEET	8.0 ACRE FEET

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?



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

H. Reservoir

1. Does the claim involve a reservoir modified through a transfer?

Reminder: This section should only be completed if the reservoir right has been modified through the transfer process. If the claim is for a permitted reservoir use the Claim of Beneficial Use form for reservoirs.

If "NO", items 2 through 9 relating to this section may be deleted.

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SECTION 3

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CONDITIONS

SALEM, OR

Please pay special attention to this section. All conditions contained in the permit, permit amendment, transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits, transfer final orders, and any 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 is to be completed by. 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, extension or transfer final order:

	DATE FROM	DATE	DESCRIPTION OF ACTIONS TAKEN BY
	PERMIT OR	ACCOMPLISHED*	WATER USER TO COMPLY WITH THE
	TRANSFER		TIME LIMITS
ISSUANCE DATE	June 19, 1996		
BEGIN CONSTRUCTION (A)	June 19, 1997	July 20, 1998 (well desc 51899)	Geotechinical engineering and well design for the well was complete in the time limit.
COMPLETE CONSTRUCTION (B)	October 1, 2013	October 1, 2013	Construction of wells, pumps, storage, and irrigation systems to put the water to beneficial use has been completed.
COMPLETE APPLICATION OF WATER (C)	October 1, 2013	October 1, 2013	

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

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

If "NO", you may delete item 3 in this section.

3. If for a transfer extension order, provide the following information:

Volume	PAGE	DATE EXTENDED TO
		×

4. Initial Water Level Measurements:

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



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

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

March

c. Was the measurement submitted to the Department?



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

DATE OF	MEASUREMENT MADE BY	Метнор	MEASUREMENT
MEASUREMENT			
Previously			
Submitted			

- 5. Annual Static Water Level Measurements:
- a. Was the water user required to submit annual static water level measurements?

YES NO

If "NO", items 5b through 5e relating to this section may be deleted.

b. Provide the month in which the static water level measurement was to be made:

March

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

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	Метнор	Measurement
Previously Submitted			-

- 6. Pump Test (Required for most ground water permits prior to issuance of a certificate)
- a. Did the permit require the submittal of a pump test?

YES NO

If "NO", items 6b through 6d relating to this section may be deleted.

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

YES NO

c. Is the pump test attached to this claim?

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YES NO

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

SALEM, OR

7. Measurement Conditions:

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

If "NO", items 7b through 7f 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?



NO

c. Meter Information

POD/POA Name or #	Manufacturer	SERIAL#	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD#1	Water Specialties	20033059- 8	Working	852,854	August 2003
POD #2	Sensus	67419456	Working	668,736	July 2006

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department?

NO

8. R	lecording and reporting conditions		
a. Is	s the water user required to report the water use to the	ne Department?	YES NO
If "N	${\it O}$ ", item 8b relating to this section may be deleted.		
b. I	Iave the reports been submitted?		YESONO
	METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID	
Pape	er	Dan Cardot, Oregon Premier Properties	
If the	e reports have not been submitted, attach a copy of t	he reports if available.	
9. F	sh Screening		
	re any points of diversion required to be screened to sion?	o prevent fish from entering the point of	of YES NO
10. E	By-pass Devices		
	re any points of diversion required to have a by-pasing the point of diversion?	s device to prevent fish from	YES NO
	Other conditions required by permit, permit amendransfer final order	ment final order, extension final order,	
a	. Were there special well construction standards?		YES NO
b	. Was submittal of a ground water monitoring plan	n required?	YES NO
c	. Was the water user required to restore the riparia	nn area if it was disturbed?	YES NO
d	. Was a fishway required?		YES NO
e	. Was submittal of a letter from an engineer require	red prior to storage of water?	YES NO
f	. Was submittal of a water management and conse	ervation plan required?	YES NO
g	g. Other conditions?		YES NO
	TES" to any of the above, identify the condition and ply with the condition(s):	describe the water user's actions to	
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SECTION 4

VARIATIONS

Include a description of variations from the permit, permit amendment final order, extension final order, or transfer final order. (i.e. "The permit allowed three points of diversion. 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.")

SECTION 5 ATTACHMENTS

If you are attaching any documents to this report, provide a list:

ATTACHMENT NAME	DESCRIPTION
Well Report DESC 51899	Original well log- POD #1
Well Report DESC 55459	Well modification report- POD #1
Well Report DESC 51900	Original well log – POD #2

SECTION 6

CLAIM SUMMARY

POD/POA	Махімим	CALCULATED	AMOUNT OF	Use	# OF	# OF ACRES
NAME OR #	RATE	THEORETICAL	WATER		ACRES	DEVELOPED
	AUTHORIZED	RATE BASED ON	MEASURED		ALLOWED	
		SYSTEM				
POD #1	1.875 cfs	2.37 cfs	1.78 cfs	irrigation	150	135
POD #2	1.875 cfs	1.8 cfs	1.78 cfs	irrigation	150	150

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.

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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 OrthoPhotography with survey ground control and 1.0-foot pixel resolution obtained in September 2010 was used to prepare the claim of beneficial use map. Source of orthographic aerial photograph is 3Di West (GeoTerra Mapping Group). Survey Ground Control set by D'Agostino Parker LLC, Keith Dagostino PLS 2885.

Photograph/flight date: September 2, 2010.

3Di West Job #10-106.



 \boxtimes

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.)

\boxtimes	Map on polyester film.
	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
\boxtimes	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
	Locations of fish screens, fish by-pass devices, meters and measuring devices in relationship to point of diversion or appropriation.
\boxtimes	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
\boxtimes	Point(s) of diversion or appropriation (illustrated and coordinates)
	Tax lot boundaries and numbers
n/a	Source illustrated if surface water
	Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
\boxtimes	Application and permit number or transfer number
\boxtimes	North arrow
\boxtimes	Legend

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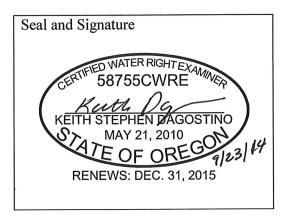
CWRE stamp and signature

SEP 3 0 2014

SECTION 8 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		PHONE No.		ADDITIONAL CONTACT NO.
Keith Dagostino		541.322.880	07	
ADDRESS				
185 SW Shevlin Hixon Drive, Suite 101				
CITY	STATE	ZIP	E-MAIL	
Bend	OR	97702	kdagostino	@dp2llc.com

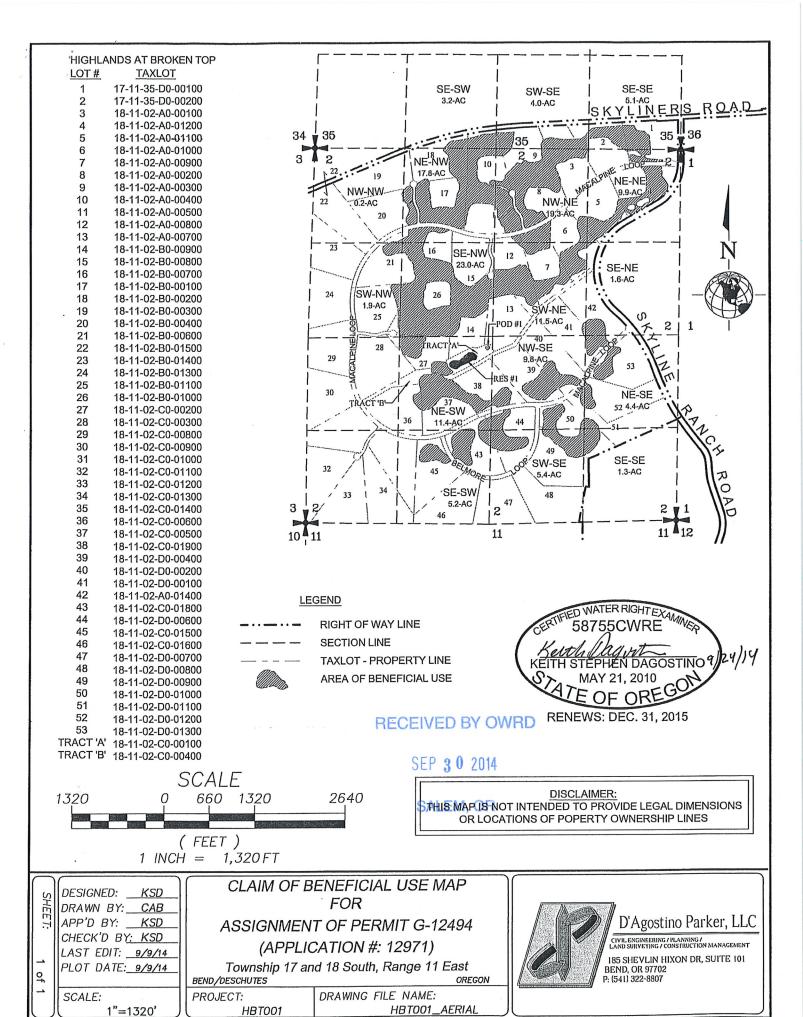
Permit or Transfer Holder's of Record Signature or Acknowledgement

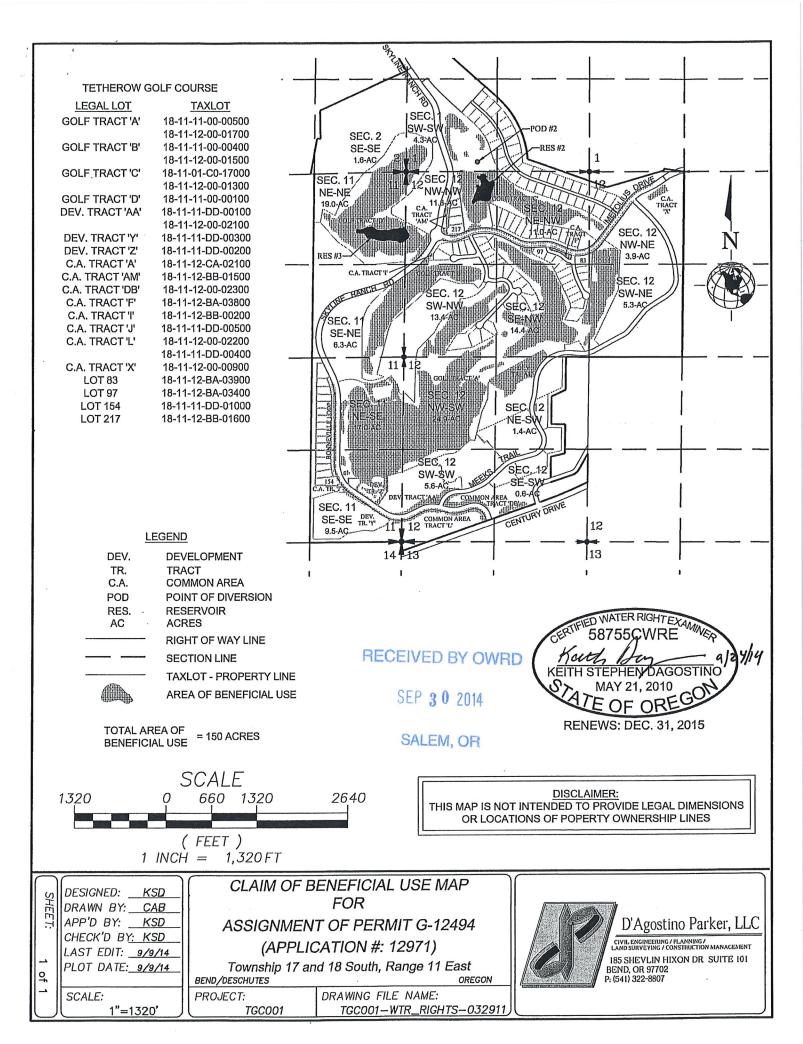
The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	DATE
Call 6	Highlands at Broken Top Community Association co/Bogdan Dziurzynski	9/23/14
Mh ha Shlall	Tetherow Golf Course LLC co/Chris Van Der Velde	9/19/14

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APPENDIX A
Highlands at Broken Top and Tetherow Golf
Owners of Record 9/24/2014

Highlands at Broken Top

39

Lot#	Taxlot	Owner of Record	
1	17-11-35-D0-00100	Weston Investment Co LLC	
2	17-11-35-D0-00200	Kyriakos, James Dean and Michelle	
3	18-11-02-A0-00100	RKL LLC	
4	18-11-02-A0-01200	Davidson Family Trust	
5	18-11-02-A0-01100	FC Fund LLC	
6	18-11-02-A0-01000	Hardin, Timothy M and Caren M	
7	18-11-02-A0-00900	ARGO Capital Group LTD	
8	18-11-02-A0-00200	Zehnder, Werner and Susan	
9	18-11-02-A0-00300	Bien, Rodney W and Kathryn W	
10	18-11-02-A0-00400	Bledsoe, Drew and Maura	
11	18-11-02-A0-00500	Thomas E Strange Rev Trust ETAL	
12	18-11-02-A0-00800	Ryan, Michael G and Moore, Kathleen R	
13	18-11-02-A0-00700	Wright, Kenton D	
14	18-11-02-B0-00900	Sandgren Living Trust	
15	18-11-02-B0-00800	Steelhammer, Geoffrey G and Brandy R	
16	18-11-02-B0-00700	Durkin, David A and Mardi L	
17	18-11-02-B0-00100	Johnson, Kenneth Jeffrey ETAL	
18	18-11-02-B0-00200	Charno, John and Sandra	
19	18-11-02-B0-00300	Wickham, Douglas John ETAL	* * *
20	18-11-02-B0-00400	Bryand, Andy D and Nancy K	
21	18-11-02-B0-00600	Dostal, Kevin Jay and Tamara	RECENTER
22	18-11-02-B0-01500	Breyman Properties LLC	RECEIVED BY OWRD
23	18-11-02-B0-01400	Dryden, Jeff and Dryden, Mike	0.55
24	18-11-02-B0-01300	Allen, James P and Brenda Scarlett	SEP 3 0 2014
25	18-11-02-B0-01100	Brooks and Sheri Hilton Joint Trust	
26	18-11-02-B0-01000	NTC & Co LLP FBO Patrick L Radecki IRA	SALEM, OR
27	18-11-02-C0-00200	Lea A Dziurzynski Rev Trust ET AL	,
28	18-11-02-C0-00300	Azur, Bryan and Angela	
29	18-11-02-C0-00800	Van Velzen, Femke	
30	18-11-02-C0-00900	Warta Family Trust	
31	18-11-02-C0-01000	Equinox Holdings LTD	
32	18-11-02-C0-01100	Valentine Revocable Trust	
33	18-11-02-C0-01200	Douglas F Berry MD Profit ET AL Trust	4-
34	18-11-02-C0-01300	Farver Benjamin and Meaghan	
35	18-11-02-C0-01400	M Louis Pengue JR Rev Trust ETAL	
36	18-11-02-C0-00600	Jones, Tracy A and Tammy J	
37	18-11-02-C0-00500	Denson Investments LLC	
38	18-11-02-C0-01900	Lovejoy, Winfield Scott III and Kristy Marie	

18-11-02-D0-00400 Zidek Family QSST Trust FBO Brian P Zidek

18-11-02-D0-00200	Fox, Matthew Chandler and Margherita
18-11-02-D0-00100	Worthington, Roger G
18-11-02-A0-01400	Moore, Gary L and Kelly C
18-11-02-C0-01800	Egeland, Daniel E
18-11-02-D0-00600	Fourneir, Bruce R and Joanne E
18-11-02-C0-01500	Butterworth Family Rev Trust
18-11-02-C0-01600	Laakmann Living Trust
18-11-02-D0-00700	Laakmann Living Trust
18-11-02-D0-00800	Todd Allen Craig
18-11-02-D0-00900	Potter Michael J and Tressi L
18-11-02-D0-01000	Linda G Storch Revocable Trust
18-11-02-D0-01100	Lilly, Albert Jackson III and Soma l
18-11-02-D0-01200	Tucker Family Revocable Trust
18-11-02-D0-01300	2004 Herold Family Trust
18-11-02-C0-00100	Cascade Highlands LLC
18-11-02-C0-00400	Highlands At Broken Top Comm Assoc Inc
	18-11-02-D0-00100 18-11-02-A0-01400 18-11-02-C0-01800 18-11-02-D0-00600 18-11-02-C0-01500 18-11-02-D0-00700 18-11-02-D0-00800 18-11-02-D0-00900 18-11-02-D0-01000 18-11-02-D0-01100 18-11-02-D0-01200 18-11-02-D0-01300 18-11-02-C0-00100

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SALEM, OR

Tetherow Golf

Lot#	Taxlot	Owner of Record
Golf Tract 'A'	18-11-11-00-00500	Tetherow Golf Course LLC
	18-11-12-00-01700	Tetherow Golf Course LLC
Golf Tract 'B'	18-11-11-00-00400	Tetherow Golf Course LLC
	18-11-12-00-01500	Tetherow Golf Course LLC
Golf Tract 'C'	18-11-01-C0-17000	Tetherow Golf Course LLC
	18-11-12-00-01300	Tetherow Golf Course LLC
Golf Tract 'D'	18-11-11-00-00100	Tetherow Golf Course LLC
Dev. Tract 'AA'	18-11-11-DD-00100	Weston Investment Co LLC
	18-11-12-00-02100	Weston Investment Co LLC
Dev. Tract 'Y'	18-11-11-DD-00300	VRE Tract Y LLC
Dev. Tract 'Z'	18-11-11-DD-00200	Tetherow Golf Course LLC
C.A. Tract 'A'	18-11-12-CA-02100	Weston Investment Co LLC
C.A. Tract 'AM'	18-11-12-BB-01500	SFI Cascade Highlands LLC
C.A. Tract 'DB'	18-11-12-00-02300	Arrowood Tetherow LLC
C.A. Tract 'F'	18-11-12-BA-03800	SFI Cascade Highlands LLC
C.A. Tract 'I'	18-11-12-BB-00200	SFI Cascade Highlands LLC
C.A. Tract 'J'	18-11-11-DD-00500	SFI Cascade Highlands LLC
C.A. Tract 'L'	18-11-12-00-02200	Arrowood Tetherow LLC
	18-11-11-DD-00400	Arrowood Tetherow LLC
C.A. Tract 'X'	18-11-12-00-00900	Tetherow Glen 58 LLC
Lot 83	18-11-12-BA-03900	Yelas Developments INC
Lot 97	18-11-12-BA-03400	Harris, John and Alma Ruth
Lot 154	18-11-11-DD-01000	SFI Cascade Highlands LLC
Lot 217	18-11-12-BB-01600	Alexander, Scott and Tricia

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SALEM, OR

STATE OF OREGON DESC	51899 WELLI	D#	250
		r CARD) # 10202	29
Instructions for completing this report are on the last page of this form	e 51899 - (START		
(1) OWNER: Well Number: CH2	(9) LOCATION OF WELL by legal des	cription:	
Name Cascade Highlands Ltd. Partnership	County Deschutes Lat	itude Longita	de
Address P.O. Box 80054	Township 18S Nor S. Range 11E	E or vv.	of Wini. 4
City Portland State OR Zip 97208 97208	Tax Lot 100 R1 Lot Block	Subdivision	BroknTop
(2) TYPE OF WORK:	Street Address of Well (or nearest address)		
X New Well Deepening Alteration (repair/recondition) Abandonment			
(3) DRILL METHOD:	(10) STATIC WATER LEVEL:	n	/14/98
	301 ft. below land surface. Artesian pressure ib. per se	quare inch. Date	
X Rotary Air Rotary Mud Cable Auger Other			
	(11) WATER BEARING ZONES:		
(4) PROPOSED USE:	Depth at which water was first found 308		
□ Domestic □ Community □ Industrial X Irrigation □ Thermal □ Injection □ Livestock □ Other	From To	Estimated Flow Rat	e SWL
		3000+	
(5) BORE HOLE CONSTRUCTION:			
Special Construction approval Yes X No Depth of Completed Well 507 ft. Explosives used Yes X No Type Amount			
HOLE SEAL Amount	40 10511 100-		
Diameter From To Material From To sacks or pounds	(12) WELL LOG: Ground elev	vation	
17.5" 0 507 Cement 0 285 236 Sacks			
	Material Brown Sandy Top Soil	From To	SWL
	Boulders	3 18	+
	Brown & Pink Pumice	18 29	
How was seal placed: Method A B X C D E	Lt. Blue Gray Basalt	29 33 33 33	
Other	Cement Grout 4 yds. from 6'-33' Lt. Blue Gray Basalt	33 54	+-+
Backfill placed fromft. toft. Material	Brown Volcanics	54 64	
Gravel placed fromft. toft. Size of gravel	Gray Basalt	64 114	
(6) CASING/LINER:	Brown & Red Cinders	114 126 126 140	
Diameter From To Gauge Steel Plastic Welded Threaded	Gray & Black Basalt & Cinders Lt. Gray Ash (Firm)	140 156	
Casing: 12" +1 378 .250 X	Hard Gray Basalt	156 210	
12" 378 504 375 X X X	Lt. Gray Ash	210 219 219 233	
Liner:	Hard Gray Basalt Brown Ash & Basalt	219 233 233 246	
Liner:	Gray Basalt with Ash	246 296	
	Lt. Gray Volcanic Tuft	296 308	
Final location of shoe(s)	Brown Conglomerate WB Broken Basalt WB	308 420 420 433	
(7) PERFORATIONS/SCREENS:	Red Cinder Rock WB	433 450	
X Perforations Method Factory	Brown & Red Conglomerate WB	450 475	
Streens Type Material Slot Tele/pipe	Brown & Gray Basalt WB	475 497	
Slot Tele/pipe From To size Number Diameter size Casing Liner	Hard Gray Basalt	497 507	301
378 504 3/16" 3024 12" Pipe X			
	Date started 7/20/98 Compl	leted 8/14/98	
	(unbonded) Water Well Constructor Certif	ication:	
	I certify that the work I performed on the construct	ction, alteration, or aba	ndonment
(8) WELL TESTS: Minimum testing time is 1 hour	of this well is in compliance with Oregon water sup Materials used and information reported above are	oply well construction s	tandards.
Flowing	Materials used and information reported above are belief.	due to my best known	and
Pump Bailer X Air Artesian		WWC Number	
Yield gal/min Drawdown Drill stern at Time	Signed	Date	
1000 20'+/- 1hr.			
	(bonded) Water Well Constructor Certifica		umrk
	I accept responsibility for the construction, altera performed on this well during the construction date	auon, or apandonment es reported above. Al	l work
Temperature of Water 54 Depth Artesian Flow found	performed during this time is in compliance with O	regon water supply we	11
Was a water analysis done? Yes By whom	construction standards. This report is true to the b	est of my knowledge a	nd belief.
Did any strata contain water not suitable for intended uses	Law Kobs, T. Kur Bay	WWC Number_	100
Salty Muddy Odor Colored Other	Signed Now Dut Muse Western Water Developm		10
Depth of strata: ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SEC		OPY - CUSTOMER	

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STATE OF OREGON **WATER SUPPLY WELL REPORT**

Auger

Irrigation

Amount

sacks or pounds

Other

Well Number:

(as required by ORS 537.765)

(2) TYPE OF WORK:

(3) DRILL METHOD:

(4) PROPOSED USE:

HOLE

Diameter From

Other

Casina:

Liner:

From

Pump

Yield gal/min

Temperature of Water

Depth of strata:

Backfill placed from

Gravel placed from

(6) CASING/LINER: **Diameter**

Final location of shoe(s)

Perforations

To

Screens

(7) PERFORATIONS/SCREENS:

Slot

(1) OWNER:

Name

Address City

Rotary Air

Domestic

☐ Thermal

Other

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

 New Well
 □ Deepening
 □ Alteration (repair/recondition)
 □ Abandonment

Cable

Industrial

Livestock

SFAL

В

ft.

Gauge

Diameter

Air

Drill stem at

Depth Artesian Flow found

ft. to

ft. to

To

Method

Number

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

Bailer

Drawdown

Was a water analysis done? Yes By whom

Did any strata contain water not suitable for intended use? Salty Muddy Odor Colored Other

Туре

From

□ c

Steel

Size of gravel

Plastic

Material

Tele/pipe

size

Welded

Casing

Flowing

Artesian

Time

☐ Too little

Threaded

П

Liner

To

DDDE

Cascade Highlands Ltd. Partnership

Rotary Mud

Community

Special Construction approval Yes No Depth of Completed Well

__ Injection

(5) BORE HOLE CONSTRUCTION:

Explosives used Yes No Type

How was seal placed: Method A

	WELL	ID#			
	(STAR	T CARD) #	. 1	02027	7
				age 2	
(9) LOCATION OF W. County Township 16S Section 12 Tax Lot Lo Street Address of Well	N or S. Range 11E	iS	_ E	or VV. of % vision	WM.
	w land surface.		D	ate	
Artesian pressure	lb. per s	quare inch.	D	ate	
(11) WATER BEARING Depth at which water wa					
From	То	Estimate	d Flo	w Rate	SWI
		1			
					-
Grav & Brown Sand	leterial y Ash WB		om 0	To 528	swi 266
Bottom of hole cavi	ng	52		542	-
Gray & Brown Sand	WB	52	8	542	266
					+
				8	
					-
	RECEIVED			-	
	ILOZI				
	SEP 1 6 1998	DEIVE	E	Y OV	VRD
	OUDCES [IFPT.			
WA	SALEM, OREGON	SEP 3	0	2014	
			-		
		SALE	A .	DE)	
		1 1 1 1	<i>1</i> 1, (JH	

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Completed

Signed

Date started

WWC Number Date

/b.	andad!	Matas	Mall.	Constru	otor Co	diffication.

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.

WWC Number 1385 Date 9 - 6 -Western Water Development Corporation

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

SECOND COPY - CONSTRUCTOR

THIRD COPY - CUSTOMER

d.		
-		

DESC 55459 DESC 55459

STATE OF OREGON Water Supply Well Report (as required by ORS 537.765)

Depth of strata:

DESC

Received Date: 07-14-2003

Well ID Tag # L

Start Card #

23814

156243

Phone: 541-548-2787

8

Instructions for completing this report are on the last page of this form. (9) Location of Hole by legal description (1) Owner Well Number: 2 Latitude: 44°2'23" Longitude: 121°22'43" County: DESC Name: **CASCADE HIGHLANDS LTD** Township: 10:00 S /85 Range: 11.00 E Street: 61999 BROKENTOP DR Section: 2 NESW Lot: Block: State: OR Zip Code: 97702 BEND City: Subdivision: BROKENTOP Tax Lot: 100 (2) Type of Work Street Address of Well (or nearest address): NOT YET ASSIGNED New Alter (Recondition) MAP, with location identified, must be attached Deepening Abandonment (10) Static Water Level (3) Drill Method Date: 06 / 30 / 2003 Feet below land surface: 347.0 Rotary Mud X Cable X Rotary Air Auger Artesian Pressure: Date: Other: (4) Proposed Use (11) Water Bearing Zones Depth at which water was first found: Domestic Community Industrial X Irrigation Injection 505.00 ft. From To est Flow swl Livestock Thermal 505.00 532.00 1000.00 347 (5) Bore Hole Construction Special Standards: Depth of completed well: 532.00 ft. **Ground Elevation:** 3797 ft. (12) Well Log Explosives Used: Amount: Type: То swl Material From Seal Hole **BEGINNING SWL 347** 0.00 0.00 То Sacks/lbs To Mtrl From Diameter From 505.00 532.00 347 FRAC BASALT/LAVA GRAY RED 10.00 505.00 532.00 **RAN 10" CASING** 0.00 0.00 0.00 0.00 TO SHUT OFF SAND TAG NUMBER ON WELL DOES NOT 0.00 0.00 MATCH TAG NUMBER ON 0.00 0.00 Other: DID NOT DISTURB How was seal placed? **DESC51899 WELL LOG** 0.00 0.00 Material: Back fill placed from: Filter pack from: Size: (6) Casing / Liner Shoe Shoe Csng/ Weld Thrd Diameter To Gauge Mtrl at used From Liner 505 2.00 505.00 .250 C 10.00 RECEIVED RECEIVED BY OWRD (7) Perforation / Screens Perforations: AUG 1 8 2003 Csng/ Width Height #Slots Dia. t/pSize Lnr Mtrl From То WATER RESOURCES DEF'. Screens: SALEM, OREGON S Size #Slots Dia. t/pSize Type Gauge Mtrl From To SALEM, OR (Minimum testing time is one hour) (8) Well Tests Date Started: 06 / 18 / 2003 Date Completed: 06 / 30 / 2003 Drawdown Stem at Yield Units Duration 530.00 1.00 (unbonded) Water Well Constructor Certification: 1000.00 G I certify that the work I perform 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 the best knowledge and belief. W/WC #:758 Signed by: THOMAS R PECK Temperature of Water: 47 F (bonded) Water Well Constructor Certification: Was water analysis done? Depth of artesian flow: I accept responsibilty for the constuction, alteration, or abandonment work by whom? performed on this well during the construction dates reported above. All work Did any strata contain water unsuitable for use? performed during this time is in compliance with Oregon well construction Too Little standards. This report is true to the best of my knowledge and belief. Odor Colored other: Muddy WWC.#: 1720 Signed by: JACK ABBAS

Page 1 of 1

ABBAS WELL DRILLING CO

,		

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

Depth Artesian Flow found

24 hr.

SECOND COPY - CONSTRUCTOR

constru

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, elteration, 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

n standards. This report is true to the best of my knowledge and belief.

Western Water Development Corporation

THIRD COPY - CUSTOMER

Date

WWC Number, 1385

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1000

22

Was a water analysis done? Yes By whom

Did any strata contain water not suitable for intended use?

Salty Muddy Odor Colored Other

Temperature of Water 54

Depth of strata: 266

	·	
		•

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

SEP 1 6 1998

WELL ID#	L12815

(START CARD)# 102027

Instructi	ons for	complet	ing this repo	t are on ti	ne last p	page of	this form	WATE	RESOURCES DEPT					
(1) OW	NER:			v	Vell Nun	nber:	CH1	WAIE		VELL by legal d	iescriptic	n:		
Name	Casca		ghlands Li	d. Partn	ershi	р			County Deschutes Township 18S	Nor S. Range 11	_Latitude	l	.ongitude or W. of	
Address			054				07000		Section 12	NW NW	% NW		%	•••••
City	Portla	ına			State C	JR Zij	97280							roknTop
(2) TYF	PE OF	WORK	(:						Street Address of Well	(or nearest address))			
X New \	Nell [Deepe	ning Alt	eration (re	pair/reco	ondition)	Aba	ndonment						
(3) DRI	LL ME	THOD	:						(10) STATIC WATE			D	ate	
X Rotar		_	otary Mud	Cable	•	1	Auger		Artesian pressure		er square in		ate	
Other									(11) WATER BEAR	NG ZONES:				
(4) PR	OPOSE	D US	E:						Depth at which water v					
Dome			ommunity	Indus	trial		X Irrigatio	n	Deput at Wilkin Water v					
Them		_	jection	Lives			Other _		From	То		ated Flo	w Rate	SWL
(5) BO	RE HO	LE CC	NSTRUCT	ION:					266 302	269 542	25+ 3000			266 302
			oval Yes		Depth of	Comple	ted Well	522 ft.	002		5555			
			X No Type			_ Amo	unt							
-	HOLE			SEAL		То		ount r pounds	(12) WELL LOG:					
Diameter 17.5"	r From	546	Materia Cement	'	From 0	285	176 Sa			Ground	elevation			
										Material		From	То	SWL
	-	-							Brown Sandy Soil			0	6	
	+								Brown Sand & Ast Brown Ash Tuft			9	9	-
	1								Gray Ash Tuft			19	25	
		ced: Me	ethod A	ВХ	C] D [E		Gray Basalt			25	110	
Other Backfill p		m	ft. to	ft. I	Material				Red Volcanic Con Brown Ash & Base			110 132	132 180	1
Gravel p			ft. to		Size of g	ravel			Hard Gray Basalt	116		180	191	
(6) CA	SING/L	INER:							Brown Ash & Basa			191	195	
(-,	Diamete			Sauge Si	teel P	lastic	Welded	Threaded	Red Cinder Congle Black Cinder Rock			195 226	226 248	1
Casing:	12"	+1			X		X		Brown Ash & Basa			248	266	
-	12"	36	2 522 .3						Broken Gray Basa			266	269	266 266
-					j				Broken Gray Basa 20 cyds Cement G			269 306	305 306	266
Liner:				!					Medium Brown As	h WB		306	324	266
Final loca	tion of a	han(a)				Ш	Ц		Red Volcanic Con			324 332	332 369	266 266
Control									Hard Gray Broken Brown & Red Volc			369	402	266
			S/SCREEN						Hard Gray Volcani			402	426	266
\equiv	Perforati	ons	Method F	actory	М	aterial			Lost Circulation	ara M/D		426	430	266
Ш	Screens	Slot	Туре		Tele/	_			Red & Brown Cind Hard Gray Broken			430	443	266 266
From	To	8126		Diameter	siz	19	Casing	Liner	Soft Brown Volcar	ics WB		469	510	266
362	522	3/16'	3840		+		X	H	Continued on next		7	//2 <i>4/</i> 98		
				7 85 5 5					Date started 6/29/98					
		ļ			-			님	(unbonded) Water We I certify that the work I p	ell Constructor Co	ertification struction, alt); eration. :	or aband	onment
	<u></u>		<u>_l</u>						of this well is in complian	ce with Oregon water	r supply well	constru	ction sta	ndards.
(8) WE	LL TE	STS: N	Ainimum te	sting ti	me is	1 hou	r Flowing	n	Materials used and inform	ation reported above	are true to	my best	knowled	ge and
X Pump	•		Bailor	Air			Artesia		belief.		WA	NC Nurr	ber	
Yield gal	/min	Dr	ewdown	Drill s	tem at		Time		Signed		Dat			
1000		22				24								
.500									(bonded) Water Well	Constructor Cert	ification:			_
									I accept responsibility for performed on this well du	or the construction, a	alteration, or	abando	nment w	ork vork
Tempera	dura of M	Vater 54	1 -	epth Artes	ion Flor	v found			performed on this well du performed during this tim	nny ure construction e is in compliance wi	ith Oregon w	ater sup	opty well	-VIN
			ie? Yes	By whom		· Ivalid			construction standards.	his report is true to	the best of m	ny kanowi	edge and	belief.
Did any	strata con	ntain wa	ter not suitable				Too little		Signed hobert	K. L. lea	V\ ► Def		ber, 1:	385
Salty Depth of			Odor 🗌 C	RE(Other		BY OV	VRD.	Weste	rn Water Devel				
Par 91								W 1 1 1 2 4						

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

SECOND COPY - CONSTRUCTOR

THIRD COPY - CUSTOMER

		de la companya de la

Completion Checklist for Claims of Beneficial Use

Application # <u>G 1297/</u> Transfer #
Date Received 9/30/2014
CWRE Name Keith Degostino Claim Logged
Oversized Map #
Reviewer ()
CIVISEA HE
Submittee 1/2019
Oversized Map # Reviewer Map Review:
Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
Application & permit #; or transfer # (OAR 690-014-0100(1))
Disclaimer (OAR 690-014-0170(5))
North arrow (OAR 690-310-0050(2)(c))
CWRE stamp and signature (OAR 690-014 & 310-0050) Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
Township, range, section, and tax lot numbers (OAR 690-310-0050(4))
Source illustrated if surface water (OAR 690-014-0170(3))
Point(s) of diversion or appropriation (illustrated) (OAR 690–014(4) & 690-310-0050)
Point(s) of diversion or appropriation (coordinates)(OAR 690–014(4) & 690-310-0050)
Conveyance structures illustrated (pump, pipelines, ditches, etc.) (OAR 690-310-0050) Description of the location, in relation to the point of diversion or appropriation, of any fish screens, by-pass devices,
and measuring devices required (OAR 690–014-0170(4))
Place of use (1/4 1/4, or projected 1/4 1/4 lines within DLCs, or Gov Lots; if irrigation, # of acres in each subdivision;
if for domestic or human consumption, location of dwelling or spigot) (OAR 690-310-0050, 690-014, 690-380-
6010)
Report Review:
Report Review: On form or format provided by the Department (OAR 690-014-0100(1)) of the Application & permit #; or transfer # (OAR 690-014) Ownership information (OAR 690-014) Date of survey (OAR 690-014) Person interviewed (OAR 690-014)
On form or format provided by the Department (OAR 690-014-0100(1))
Application & permit #; or transfer # (OAR 690-014)
Ownership information (OAR 690-014)
Person interviewed (OAR 690-014)
County (OAR 690-014)
Description of conveyances system (from POD to POU) (OAR 690-014-0100)
Source(s) of water (OAR 690-014-0100)
Place of use location (OAR 690-014-0100) Type of use (OAR 690-014-0100)
Extent of use (OAR 690-014-0100)
Rate and Duty (OAR 690-014-0100)
Diversion rate for each use (OAR 690-014-0100)
Diversion works description (pump make, serial model, capacity, and description) (OAR 690-014-0100)
System capacity (OAR 690-014-0100) Calculated capacity of system (required)
Measured amount of use (optional)
Permit/Transfer Final Order Conditions (OAR 690-014-0100)
Time limits
Initial water level measurements
Annual static water level measurements Measurement, recording, and reporting
Meter/measuring device
Water use reporting
Fish screening and/or by-pass
Pump test (ground water) Other conditions
Officer configurations
CWRE stamp and signature (OAR 690-014-0100) Signature(s) of permittee of transfer holder (OAR 690-014-0100)
\sim Number of the permittee of the property of the property of the permittee of the property of the permittee of the property of the permittee of the permitte

DEF = deficient

N/A = Not Applicable

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Conflic	d COBU reviewed t check Any Conflicts? for ownership
	of Interest
Staff Recon	nmendations:
	Proof to the Satisfaction has been established to the full extent as described in the permit or transfer order.
	Proof to the Satisfaction has been not been established to the full extent as described in the permit or transfer order and the right should be limited as follows:
	Proof to the Satisfaction has not been established for the following reasons: Proposed Actions: Send letter requesting the following items/information: Send letter recommending extension to cure deficiencies:
Can certificate t	pe processed further? _Yes
	If "Yes":ProposedFinal Certificate #
Mailing list:	
Propose	ed:
Final:	

Certificate issuance r focessing Checkinst

CLAIM OF BENEFICIAL USE for Permits claiming more than 0.1 cfs and All Transfers



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.wrd.state.or.us

A fee of \$150 must accompany this form to be accepted for <u>permits</u> with a priority date of July 9, 1987, or later. (ORS 536.050(1))

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: http://www.wrd.state.or.us/OWRD/WR/cwre_info.shtml#.

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.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

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 http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml.

SECTION 1 GENERAL INFORMATION

1. File Information

APPLICATION # (G, R, S or T)	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-12971	G-12494	T-9625

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME	PHONE NO).	ADDITIONAL CONTACT NO.		
Highlands at Broken Top Community		541 318-3430			
Association co/Stephen Herr					
ADDRESS					
855 SW Yates Drive Suite 102					
CITY	STATE	ZIP	E-MAIL		
Bend	OR	97702	gmbtca@b	rokentop.org	

APPLICANT/BUSINESS NAME Tetherow Golf Course LLC co/Chris Condon		PHONE NO. 541 388-26	
ADDRESS		<u> </u>	<u> </u>
61240 Skyline Ranch Road			
CITY	STATE	ZIP	E-MAIL
Bend	OR	97701	ccondon@tetherow.com

If the current property owner is not the permit or transfer holder of record, it is recommended that an assignment be filed with the Department. The COBU must be signed by the permit or transfer holder of record.

3. Is the Property Owner the permit or transfer holder of record?



If "YES" the remainder of this item may be deleted.

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

PERMIT OR TRANSFER HOLDER OF RECORD					
Highlands at Broken Top Community Association co/Stephen Herr					
ADDRESS		- · · · · · · · · · · · · · · · · · · ·			
855 SW Yates Drive S	uite 102				
CITY	STATE	ZIP			
Bend OR 97702					

Are there additional permit or transfer holders of record?



If "NO" the following box may be deleted.

ADDITIONAL PERMIT OR TRANSFER HOLDER OF RECORD					
Tetherow Golf Course LLC					
Address					
61240 Skyline Ranch Road	ŀ				
CITY	STATE	ZIP			
Bend OR 97701					

- 4. Date of Site Inspection: 9-23-14
- 5. Person(s) interviewed and description of their association with the project:

Name	DATE	ASSOCIATION WITH THE PROJECT
Stephen Herr	9-23-14	Manager, Highlands at Broken Top CA
Ron Kidder, Botanical Dev.	01-10-11	Landscape/irrigation designer-contractor
Chris Condon	9-22-14	Manager, Tetherow Golf Course LLC
		irrigation system

-	0		
0.	County:	Deschutes	

7. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

**Mark "NA" if there are no owners of property not included in this claim

OWNER OF RECORD			
ADDRESS		* 40	
CITY	STATE	ZIP	

Are there additional Owners of Record?



Additional Owners of Record are listed in Appendix A included with this form, per e-mail dated Sept. 4, 2013 by Gerry Clark, Water Rights Services Division, OWRD.

SECTION 2

SYSTEM DESCRIPTION

A. Points of Diversion/Appropriation

1. Point of diversion/appropriation name or number:

POINT OF DIVERSION/APPROPRIATION	WELL LOG ID #	WELL TAG#
(POD/POA) NAME OR NUMBER	FOR ALL WORK PERFORMED ON THE WELL	(IF APPLICABLE)
(CORRESPOND TO MAP)	(IF APPLICABLE)	次用。48.20mm 第二
POD 1 (HBT)	DESC 51899, DESC 55459	L 23814
POD 2 (TGC)	DESC 51900	L 23815

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 diversion/appropriation source and, if from surface water, the tributary:

POD/POA	Source	Tributary
NAME OR NUMBER		
POD 1	Deschutes Basin	N/A
POD 2	Deschutes Basin	N/A

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

POD/POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	RATE OR VOLUME FOR USE (CFS, GPM, OR AF)
POD 1	Irrigation	No crop - grasses	Irrigation season Typically from April to October	Varies 1.78 CFS max
POD 2	Irrigation	No crop – grasses	Irrigation season Typically from April to October	Varies 1.78 CFS max
Total Quantit	y of Water Used			Varies 3.6 CFS max

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

Irrigation water is accessed via well #L23814 as noted above. The well is equipped with a vertical turbine pump. Piping from the well pump conveys water to the storage lake (Reservoir #1 on the map). A supply pipe from the storage lake conveys water to the irrigation pump station which pressurizes and supplies water to the irrigation distribution piping and irrigation sprinkler heads distributed across the irrigated lands. The well pump and the irrigation pump station are housed within the same building adjacent to the storage lake.

Irrigation water is also accessed via well #L23815 as noted above. The well is equipped with a vertical turbine pump. Piping from the well pump conveys water to the storage lake s (Reservoir #2 and Reservoir #3 on the map). A supply pipe from the storage lake conveys water to the irrigation pump station which pressurizes and supplies water to the irrigation distribution piping and irrigation sprinkler heads distributed across the irrigated lands. The well pump and the irrigation pump station are both near Reservoir #2.

SECTION 2

SYSTEM DESCRIPTION (B through H)

Are there multiple PODs or POAs?



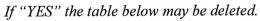
If "YES" you will need to copy and complete Sections 2B through 2H for each POD/POA.

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

POD 1, POD 2	

B. Place of Use

1. Is the right for municipal use?





TWP	RNG	MER	SEC	Q-Q	GLOT	DLC	USE	IF IRRIGATION,	IF IRRIGATION, #
								# PRIMARY	SUPPLEMENTAL
150	1117	XX/A/I	25	CE CW			IRR	ACRES 3.2	ACRES
17S	11E	WM	35	SE-SW SW-SE	-		IRR	4.0	
17S	11E	WM WM	35 35	SW-SE SE-SE	-		IRR	5.1	
17S	11E	WM	2	NW-NW			IRR	0.2	
18S	11E 11E	WM	2	NE-NW			IRR	17.8	The second secon
18S 18S	11E	WM	2	SW-NW	70.00	- 20	IRR	1.9	
		WM	2	SE-NW	A 12 745		IRR	23.0	
18S	11E		2				IRR	19.3	
18S	11E	WM		NW-NE	1 12 12	3 - 1	IRR	9.9	17,5777
18S	11E	WM	2	NE-NE			IRR	11.5	
188	11E	WM	2	SW-NE					200
18S	11E	WM	2	SE-NE			IRR	1.6	
18S	11E	WM	2	NE-SW	- t t-i		IRR		
18S	11E	WM	2	SE-SW			IRR	5.2	
18S	11E	WM	2	NW-SE			IRR	9.8	
18S	11E	WM	2	NE-SE			IRR	4.4	
18S	11E	WM	2	SW-SE		-	IRR	5.4	
18S	11E	WM	2	SE-SE	72.1		IRR	1.3	
						-		135.0	SUB TOTAL
18S	11E	WM	2	SE-SE	-	ine 1	IRR	1.6	42.2.1.1.1.1.1
18S	11E	WM	1	SW-SW			IRR	4.3	
18S	11E	WM	11	NE-NE	y=-		IRR	19.0	
18S	11E	WM	11	SE-NE			IRR	6.3	
18S	11E	WM	11	NE-SE	Actions		IRR	17.0	
18S	11E	WM	11	SE-SE			IRR	9.5	
18S	11E	WM	12	NW-NW			IRR	11.8	100
18S	11E	WM	12	NE-NW			IRR	11.0	
18S	11E	WM	12	NW-NE			IRR	3.9	ECEIVED BY OW
18S	11E	WM	12	SW-NW			IRR	13.4	199
18S	11E	WM	12	SE-NW			IRR	14.4	DEC 0 1 2014
18S	11E	WM	12	SW-NE			IRR	5.3	2011
18S	11E	WM	12	NW-SW			IRR	24.9	SALEM OR
18S	11E	WM	12	NE-SW			IRR	1.4	The state of the s
18S	11E	WM	12	SW-SW			IRR	5.6	
18S	11E	WM	12	SE-SW			IRR	0.6	
200	o soussepunts		100000000000000000000000000000000000000	- 10 100				150.0	SUB TOTAL
Total	Acres I	rrigated					1	285.0	TOTAL

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

C. Diversion and Delivery System Information

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

1. Is a pump used?

YES N

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

2. Pump Information

MANUFACTURE R	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Robbco	9THE	23355	Vertical turbine (HBT well)	9-IN	8-IN
Cornell	3ҮН-СС	154918944	Centrifugal end suction (HBT booster)	8-IN	8-IN
N/A	N/A	N/A	Vertical turbine (TGC well)	8-IN	8-IN
Flowserv	10EMM-9	0610NSH00672-4	Centrifugal end suction (TGC booster)	8-IN	8-IN

3. Motor Information

Manufacturer	Horsepower
US Motors (HBT well)	150 hp
Cornell (HBT booster)	125 hp
Emerson (TGC well)	100 hp
Emerson (TGC booster)	75 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)
150		349 feet	15 feet	1.87
125	145 Psi discharge	0	Varies- 85 feet max	1.87
100		301 feet	7 feet	1.80
75				1.34

5. Provide pump calculations:

Well Pump- theoretical capacity calculation (HBT):

Q = 550(e)(hp)/(j) (TDH)

e = .70

hp=150

j=62.4

TDH= 349'+15'+26'(minor losses)= 390'

Q=550(.70)(150) / 62.4(390) = 2.37 cfs (Note well pump discharge is controlled to 1.87 cfs maximum by pc controller and variable speed motor drive).

Irrigation Pump Station pump theoretical calculation (HBT):

e = .75

hp = 125

TDH = 335'(station discharge pressure set = 145 psi)

Q=550(.75)125/62.4(335)=2.46 cfs (Note irrigation pump discharge is controlled to 1.87 cfs maximum by pc controller and variable speed motor drive).

Well Pump- theoretical capacity calculation (TGC):

Q = 550(e)(hp)/(j) (TDH)

e = .70

hp = 100

j = 62.4

TDH= 301'+15'+26'(minor losses)= 342'

Q=550(.70)(100) / 62.4(342) = 1.80 cfs

Irrigation Pump Station pump theoretical calculation (TGC):

e = .75

hp=75

TDH = 370'(station discharge pressure set = 145 psi)

Q = 550(.75)75 / 62.4(370) = 1.34 efs

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

INITIAL METER	ENDING METER	DURATION OF TIME	TOTAL PUMP OUTPUT
READING	READING	OBSERVED	(IN CFS)
852,842	852,854	15 min.	1.78 (POD #1 – HBT)
668,724	668,736	15 min.	1.78 (POD #2 – TGC)

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

7. Is the distribution system piped?



If "NO" items 8 through item 11 may be deleted.

8. Mainline Information

LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4500 feet	pvc	buried
800 feet	pvc	buried
3250+10,000 =13,250 feet	pvc	buried
18,800+22,960 41,760=feet	pvc	buried
400 feet	pvc	buried
	4500 feet 800 feet 3250+10,000 =13,250 feet 18,800+22,960 41,760=feet	4500 feet pvc 800 feet pvc 3250+10,000 pvc =13,250 feet 18,800+22,960 pvc 41,760=feet

9. Lateral or Handline Information

	TYPE OF PIPE	BURIED OR ABOVE GROUND
68,000 feet (est)	pvc	buried
130,000 feet (est)	pvc	buried
The second secon	(est) 130,000 feet	(est) 130,000 feet pvc

10. Sprinkler Information

Size	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird Eagle 900 Series	60-100 psi	20-60	590 (approx.)	N/A	1.8 CFS for any combination of zones at any one time
Rainbird (model varies)	60-100 psi	7-40	2800 (approx.)	N/A	1.8 CFS for any combination of zones at any one time

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

11. Pivot Information

Manufacturer	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
N/A				\

12. Additional notes or comments related to the system:

As noted earlier, the Irrigation pumping system is a package system including a pc controller and variable motor drive, which allows for strict discharge control and maximum flow rates, as well as accommodating a wide variety of sprinkler and flow demands/needs.

D. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)?



NO

If "NO", items 2 through 8 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:

1-1/2" Schedule 40 PVC dedicated access conduit located at well-head.

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
10" (HBT)	505	532	8/14/1998	6/30/2003	Cascade Highlands LTD Partnership	Jack Abbas- Abbas Well Drilling Co.
12" (TGC)	522	522	7/24/1998	N/A	Cascade Highlands LTD Partnership	Western Water Development Corporation

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.

DESC 51899 (original well HBT), DESC 55459 (alteration HBT), DESC 51900 (TGC)

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



If "NO", items 6 through 8 relating to this section may be deleted.

E. Storage

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



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

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If "YES" is it a:

Storage Tank

Bulge in System / Reservoir

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

2. Storage Tank:

MATERIAL	CAPACITY	ABOVE GROUND OR
(CONCRETE, FIBERGLASS, METAL, ETC.)	(IN GALLONS)	BURIED
N/A		

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
RES #1 (HBT)	9-FEET	9.0-ACRE FEET
RES #2 (TGC-1)	9-FEET	9.0 ACRE FEET
RES #3 (TGC-2)	8-FEET	8.0 ACRE FEET

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?



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

H. Reservoir

1. Does the claim involve a reservoir modified through a transfer?



Reminder: This section should only be completed if the reservoir right has been modified through the transfer process. If the claim is for a permitted reservoir use the Claim of Beneficial Use form for reservoirs.

If "NO", items 2 through 9 relating to this section may be deleted.

SECTION 3

CONDITIONS

Please pay special attention to this section. All conditions contained in the permit, permit amendment, transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

APPLICATION OF WATER (C)

Permits, transfer final orders, and any 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 is to be completed by. 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, extension or transfer final order:

DESCRIPTION OF ACTIONS TAKEN BY DATE FROM DATE ACCOMPLISHED* WATER USER TO COMPLY WITH THE PERMIT OR TIME LIMITS TRANSFER June 19, 1996 **ISSUANCE DATE** Geotechinical engineering and well June 19, 1997 July 20, 1998 (well BEGIN desc 51899) design for the well was complete in CONSTRUCTION (A) the time limit. July 31, 2013 Construction of wells, pumps, October 1, 2013 COMPLETE storage, and irrigation systems to put CONSTRUCTION (B) the water to beneficial use has been completed. October 1, 2013 July 31, 2013 COMPLETE

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



If "NO", you may delete item 3 in this section.

3. If for a transfer extension order, provide the following information:

PAGE	DATE EXTENDED TO
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	TAGE

- 4. Initial Water Level Measurements:
- a. Was the water user required to submit an initial static water level measurement?



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

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

March

c. Was the measurement submitted to the Department?

YES NO

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

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

DATE OF	MEASUREMENT MADE BY	Метнор	MEASUREMENT
MEASUREMENT			
Previously			
Submitted			

- 5. Annual Static Water Level Measurements:
- a. Was the water user required to submit annual static water level measurements?



If "NO", items 5b through 5e relating to this section may be deleted.

b. Provide the month in which the static water level measurement was to be made:

March



- c. Were the static water level measurements taken in the month required?
- 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 MADE BY	METHOD	MEASUREMENT
MEASUREMENT			
Previously			
Submitted			

- 6. Pump Test (Required for most ground water permits prior to issuance of a certificate)
- a. Did the permit require the submittal of a pump test?



If "NO", items 6b through 6d 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?
- 7. Measurement Conditions:
- a. Does the permit, permit amendment, transfer final order, or any extension final order require the installation of a meter or approved measuring device?



If "NO", items 7b through 7f 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?



c. Meter Information

POD/POA Name or #	MANUFACTURER	SERIAL#	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD#1	Water Specialties	20033059- 8	Working	852,854	August 2003
POD #2	Sensus	67419456	Working	668,736	July 2006

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department?

N/A YES

NO

b. Have the reports been submitted? METHOD OF SUBMITTING REPORT	WATER USER REPORTING ID	TESTAO
(PAPER OR ELECTRONIC)	WITER OSERIES ON THE	
Paper	Dan Cardot, Oregon Premier Properties	
If the reports have not been submitted, attach a co	py of the reports if available.	
9. Fish Screening		
a. Are any points of diversion required to be scre- diversion?	ened to prevent fish from entering the point	of YES NO
10. By-pass Devices		
a. Are any points of diversion required to have a entering the point of diversion?	by-pass device to prevent fish from	YES NO
11. Other conditions required by permit, permit a or transfer final order	mendment final order, extension final order	,
a. Were there special well construction stand	YES NO	
b. Was submittal of a ground water monitori	ng plan required?	YES NO
c. Was the water user required to restore the	riparian area if it was disturbed?	YES NO
d. Was a fishway required?		YES NO
e. Was submittal of a letter from an engineer	YES NO	
f. Was submittal of a water management and	l conservation plan required?	YES NO
g. Other conditions?		YES NO
If "YES" to any of the above, identify the condition comply with the condition(s):	on and describe the water user's actions to	

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8. Recording and reporting conditions

SECTION 4

VARIATIONS

Include a description of variations from the permit, permit amendment final order, extension final order, or
transfer final order. (i.e. "The permit allowed three points of diversion. 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.")

SECTION 5

ATTACHMENTS

If you are attaching any documents to this report, provide a list:

ATTACHMENT NAME	DESCRIPTION
Well Report DESC 51899	Original well log- POD #1
Well Report DESC 55459	Well modification report- POD #1
Well Report DESC 51900	Original well log – POD #2

SECTION 6

CLAIM SUMMARY

POD/POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POD #1	1.875 cfs	SYSTEM 2.37 cfs 1.8 cfs	1.78 cfs	irrigation	150	135
POD #2	1.875 cfs		1.78 cfs	irrigation	150	150

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.

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.

A combination of aerial and field surveys was performed to prepare the mapping. Aerial OrthoPhotography with survey ground control and 1.0-foot pixel resolution obtained in September 2010 was used to prepare the claim of beneficial use map. Source of orthographic aerial photograph is 3Di West (GeoTerra Mapping Group).

Survey Ground Control set by D'Agostino Parker LLC, Keith Dagostino PLS 2885.

Photograph/flight date: September 2, 2010.

3Di West Job #10-106.

Additional Field surveys by D'Agostino Parker LLC, Keith Dagostino PLS 2885.



 \boxtimes

Map Checklist

Map on polyester film.

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

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

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SECTION 8 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.

Seal and Signature	

CWRE NAME		PHONE No	O. ADDITIONAL CONTACT NO.		
Keith Dagostino		541.322.8	8807		
ADDRESS					
185 SW Shevlin Hixon Drive, Suite 101					
CITY	STATE	ZIP	E-MAIL		
Bend	OR	97702	kdagostino@dp2llc.com		

Permit or Transfer Holder's of Record Signature or Acknowledgement

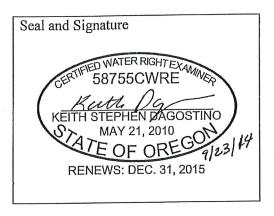
The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	DATE
	Highlands at Broken Top Community Association co/Bogdan Dziurzynski	
	Tetherow Golf Course LLC co/Chris Van Der Velde	

SECTION 8 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		PHONE NO.	8	ADDITIONAL CONTACT NO.	
Keith Dagostino		541.322.8807			
ADDRESS					
185 SW Shevlin Hixon Drive, Suite 101					
CITY	STATE	ZIP	E-Mail		
Bend	OR	97702	kdagostino@dp2llc.com		

Permit or Transfer Holder's of Record Signature or Acknowledgement

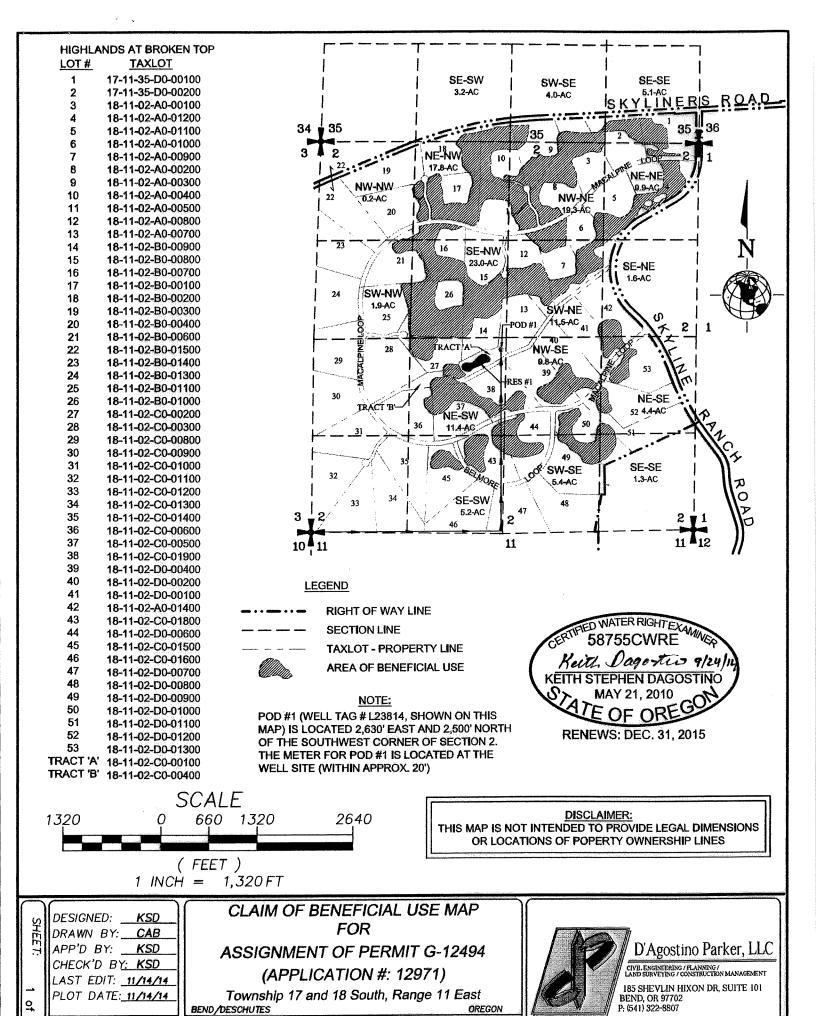
The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	DATE
Cantollo	Highlands at Broken Top Community Association co/Bogdan Dziurzynski	9/23/14
Mh Va-de Vall	Tetherow Golf Course LLC co/Chris Van Der Velde	9/19/14

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DRAWING FILE NAME:

HBT001_AERIAL

SCALE:

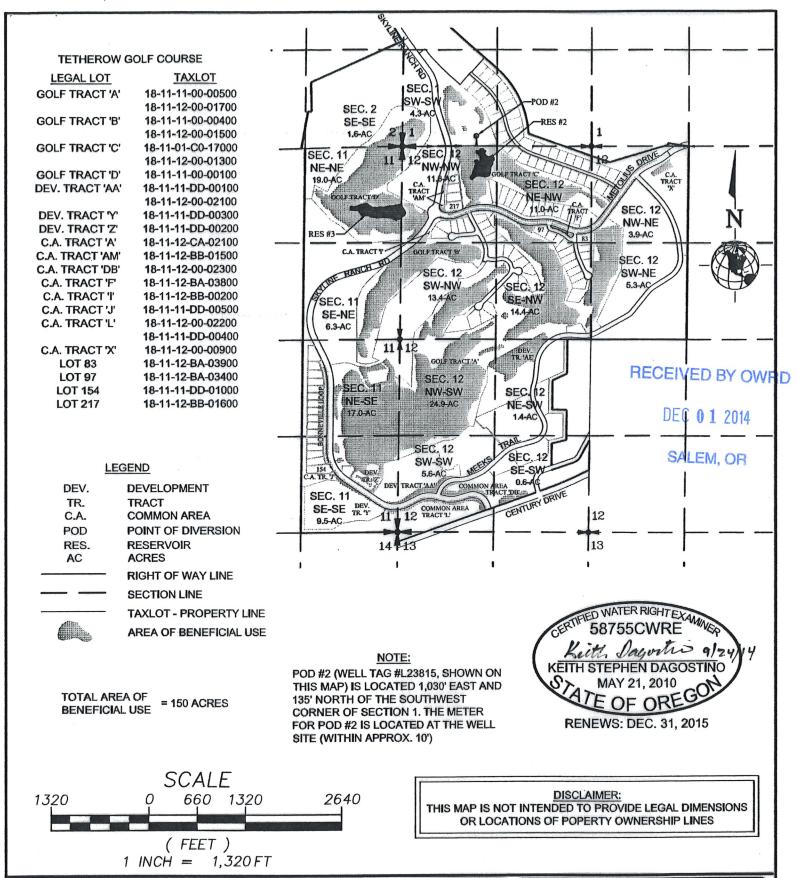
1"=1320'

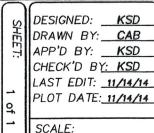
PROJECT:

HBT001

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1"=1320'

CLAIM OF BENEFICIAL USE MAP FOR

ASSIGNMENT OF PERMIT G-12494 (APPLICATION #: 12971)

Township 17 and 18 South, Range 11 East
BEND/DESCHUTES OREGON

PROJECT: **TGC001** DRAWING FILE NAME: TGC001-WTR_RIGHTS-032911



		,		

SECTION 9 REFERENCE INFORMATION FOR CWRE USE

(Please DO NOT submit these pages.)

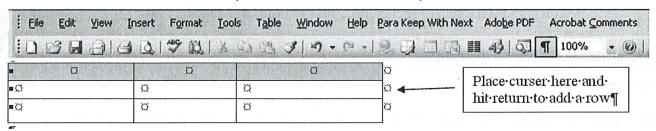
Additional information is available at: http://www.wrd.state.or.us/OWRD/WR/cwre info.shtml

MS Word Hints

To add rows to a table, click outside the table on the far right and hit enter.

世 4			-	Place cursor here and hit return to add a row
	6375	Maria () Jegle po	endan in	
		(16.7%)		

If you are having difficulty placing the curser outside the table, click on the Show/Hide (Paragraph) icon ¶. This is found on the Standard toolbar (View =>Toolbars=>Standard) of some versions of Word.



To resolve page numbering issues, go to print preview. Page through the entire document (while in print preview), then print from print preview.

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Common Calculations

The Department typically uses the following calculations to determine system capacities; many of which are available to download from the Department's Web Site:

Pumps:

Efficiency factors:

NOTE:

Pump efficiency factor for centrifugal pump (75%) = 6.61

Pump efficiency factor for turbine pump (80%) = 7.04

Centrifugal Pump, 75% eff. $(550 \text{ ft lb/sec/Hp})(.75) = 6.61 \text{ ft}^4/\text{sec/Hp}$ (62.4 lb/cu ft)

Turbine & Submersible Pumps, 80% eff. $(550 \text{ ft lb/sec/Hp})(.80) = 7.04 \text{ ft}^4/\text{sec/Hp}$ (62.4 lb/cu ft)

Total head is the sum of suction lift, pressure head, and discharge lift.

If the operating pressure is not measured, varying the assumed operational pressure in the above formulas until the calculated outputs are equal, or nearly so, will generally give the most correct theoretical capacity of the system.

Efficiencies have been assumed to be 75% for centrifugal pump installations and 80% for turbine or submersible pumps. See the list below of converted psi's to feet of head. These figures account for minor friction losses. If the system involves unusually long pipelines friction losses should be accounted for by using standard charts and formulas.

Refer to the conversion table below to compute PSI to head for pump pressure in feet.

[(psi/.433)(1.1) = head (in feet/psi) = 2.54 feet head/psi]

PSI	HEAD	PSI	HEAD
25	63.5	55	139.7
30	76.2	60	152.4
35	88.9	65	165.1
40	101.6	70	177.8
45	114.3	75	190.5
50	127.0	80	203.2

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Ditches/Canals:

Manning's Formula:

$$v = \frac{1.486}{n} r^{2/3} s^{1/2}$$

v = mean velocity of flow in feet per second

r = hydraulic radius in feet

s = slope of the energy gradient

n = coefficient of roughness

	Type of Conduit and Description	Coefficient of	Roughness	3
	Pipe	Minimum	Maximum	
	Cast Iron, Coated	0.01	0.014	
	Cast Iron, Uncoated	0.011	0.015	
	Wrought Iron, Galvanized	0.013	0.017	
	Wrought Iron, Black	0.012	0.015	
	Steel, Riveted and Spiral	0.013	0.017	
	Corrugated	0.021	0.0255	
	Wood Stave	0.01	0.014	
	Neat Cement Surface	0.01	0.013	
	Concrete	0.01	0.017	
	Vitrified Sewer Pipe	0.01	0.017	
	Clay, Common Drainage Tile	0.011	0.017	
	Lined Channels			
	Metal, Smooth Semicircular	0.011	0.015	
	Metal, Corrugated	0.0228	0.0244	
	Wood, Planed	0.01	0.015	
	Wood, Unplaned	0.011	0.015	
	Neat Cement-Lined	0.01	0.013	
	Concrete	0.012	0.018	
	Cement Rubble	0.017	0.03	
	Vegetated, Small Channels,			
	Shallow Depths	0.042		RECEIVED BY OWRD
	Bermuda Grass; Long - 13", Green	0.042 0.035		THE DI OWIND
	Bermuda Grass; Long - 13", Dormant Bermuda Grass; Short - 3", Green	0.033		DEC 0 1 2014
	Bermuda Grass; Short - 3", Dormant	0.034		DLC V 1 2014
	Unlined Channels			SALEM, OR
	Earth; Straight and Uniform	0.017	0.025	
	Dredged	0.025	0.033	
	Winding and Sluggish	0.0225	0.03	
	Stoney Bed, Weeds on Bank	0.025	0.04	
	Earth Bottom, Rubble Sides	0.028	0.035	
	Rock Cuts; Smooth and Uniform	0.025	0.035	
	Rock Cuts; Jagged and Irregular	0.035	0.045	
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Gravity flow pipe systems

Hazen-William's Formula:

$$v = 1.31(c)(r^{0.63})(s^{0.54})$$

v = mean velocity of flow in feet per second

c = coefficient of roughness

r = hydraulic radius in feet

s = slope of energy gradient

Material	Coefficient of Roughness
Asbestos Cement	140
Brass	135
Brick sewer	100
Cast-Iron - new unlined (CIP)	130
Cast-Iron 10 years old	110
Cast-Iron 20 years old	95
Cast-Iron 30 years old	82
Cast-Iron 40 years old	74
Concrete	130
Copper	135
Ductile Iron Pipe (DIP)	140
Galvanized iron	120
Glass	140
Lead	135
Plastic	145
PVC, CPVC	150
Smooth Pipes	140
Steel new unlined	145
Steel	130
Steel riveted	110
Tin	130
Wood Stave	120

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SPRINKLER CAPACITIES BY NOZZLE SIZE IN GALLONS PER MINUTE

This chart is comprised of information gathered from a number of sources and may differ slightly from the manufacturer's specifications.

Q Sprinklers = (number of heads)(rate in gallons per minute) = Q in cfs (448.8 gpm per cfs)

								("	*" desig		S.I. ompute	d capac	ity)						
		5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
	3/32				1.1	1.3	1.4	1.5	1.6	1.7	1.8								
	7/64				1.5	1.7	1.9	2	2.2										
	1/8				1.9	2.2	2.4	2.7	2.9	3	3.2								
	9/64				2.3	2.6	2.9	3.1	3.4	3.7	4								
	5/32				3	3.4	3.8	4.1	4.4	4.7	5								
	11/64	1.9	2.7	3.3	3.7	4.2	4.6	5	5.4	5.7	6	6.3	6.6						
	3/16	2.2	3.2	3.9	4.3	5	5.5	6	6.4	6.8	7.2	7.5	7.8						
ш	13/64	2.9	3.6	4.5	5.1	5.9	6.5	7.1	7.6	8.1	8.5	8.9	9.2						
SIZE	7/32		4.1	5.1	5.8	6.8	7.6	8.3	8.9	9.4	9.9	10.3	10.6			*			
	15/64							8.8	-	10		11.2		12.4					
NOZZLE	1/4		5.2	6.4	7.4	8.9	9.8	10.6	11.4	12.1	12.8	13.4	13.9	14.8*	15.3*	15.9*	16.4*	16.9*	17.4*
N	17/64								12.5		14		15.6		17.1				
0	9/32					11.2	12.3	13.3	14.3	15.2	16	16.8	17.5	18.1	18.9	19.7	20.7*	21.4*	22*
Z	19/64									16.6		18.3		19.9		21.4			
	5/16					13.1	15.2	16.5	17.7	18.9	20	21	22	23	23.9	24.8	25.7	26.4*	27.1*
	21/64										20.8		22.7		24.6		26.4		1
	11/32					16.5	18	19.7	21.1	22.5	23.8	25	26.2	27.4	28.5	29.6	30.6	31.9*	32.8*
	23/64										24.5		26.8		29.1		31.4		
	3/8				-	19	21	22.8	24.4	26	27.5	29.1	30.6	32	33.2	34.5	35.7	38*	39*
	13/32								29*	30.9*	32.7*	34.5*	36.2*	37.4*	38.9*	40.4*	41.9*	43.3*	44.7*
	7/16								33.5*	35.6*	37.7*	39.7*	41.7*	43.6*	45.3*	46.9*	48.4*	50.1*	51.6*
	1/2								42.5*	45.2*	47.7*	50.2*	52.5*	54.7*	56.8*	58.6*	60.6*	63.6*	66.7*

NOTE: Use the maximum number heads operating at any one time.

Rate per head in gpm comes from either manufacturer's specifications using orifice size and operating pressure or from OWRD chart.

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APPENDIX A
Highlands at Broken Top and Tetherow Golf
Owners of Record 9/24/2014

Highlands at Broken Top

Lot#	Taxlot	Owner of Record	<u>-1 -</u> 21
1	17-11-35-D0-00100	Weston Investment Co LLC	
2	17-11-35-D0-00200	Kyriakos, James Dean and Michelle	
3	18-11-02-A0-00100	RKL LLC	
4	18-11-02-A0-01200	Davidson Family Trust	
5	18-11-02-A0-01100	FC Fund LLC	
6	18-11-02-A0-01000	Hardin, Timothy M and Caren M	
7	18-11-02-A0-00900	ARGO Capital Group LTD	
8	18-11-02-A0-00200	Zehnder, Werner and Susan	
9	18-11-02-A0-00300	Bien, Rodney W and Kathryn W	
10	18-11-02-A0-00400	Bledsoe, Drew and Maura	
11	18-11-02-A0-00500	Thomas E Strange Rev Trust ETAL	
12	18-11-02-A0-00800	Ryan, Michael G and Moore, Kathleen R	
13	18-11-02-A0-00700	Wright, Kenton D	
14	18-11-02-B0-00900	Sandgren Living Trust	
15	18-11-02-B0-00800	Steelhammer, Geoffrey G and Brandy R	
16	18-11-02-B0-00700	Durkin, David A and Mardi L	
17	18-11-02-B0-00100	Johnson, Kenneth Jeffrey ETAL	
18	18-11-02-B0-00200	Charno, John and Sandra	
19	18-11-02-B0-00300	Wickham, Douglas John ETAL	
20	18-11-02-B0-00400	Bryand, Andy D and Nancy K	
21	18-11-02-B0-00600	Dostal, Kevin Jay and Tamara	
22	18-11-02-B0-01500	Breyman Properties LLC	
23	18-11-02-B0-01400	Dryden, Jeff and Dryden, Mike	
24	18-11-02-B0-01300	Allen, James P and Brenda Scarlett	
25	18-11-02-B0-01100	Brooks and Sheri Hilton Joint Trust	
26	18-11-02-B0-01000	NTC & Co LLP FBO Patrick L Radecki IRA	
27	18-11-02-C0-00200	Lea A Dziurzynski Rev Trust ET AL	
28	18-11-02-C0-00300	Azur, Bryan and Angela	
29	18-11-02-C0-00800	Van Velzen, Femke	
30	18-11-02-C0-00900	Warta Family Trust	
31	18-11-02-C0-01000	Equinox Holdings LTD	
32	18-11-02-C0-01100	Valentine Revocable Trust	
33	18-11-02-C0-01200	Douglas F Berry MD Profit ET AL Trust	
34	18-11-02-C0-01300	Farver Benjamin and Meaghan	RECEIVE
35	18-11-02-C0-01400	M Louis Pengue JR Rev Trust ETAL	LOCIVED BY OWRD
36	18-11-02-C0-00600	Jones, Tracy A and Tammy J	RECEIVED BY OWRD DEC 0 1 2014
37	18-11-02-C0-00500	Denson Investments LLC	UEC 0 1 201A
38	18-11-02-C0-01900	Lovejoy, Winfield Scott III and Kristy Marie	-017
39	18-11-02-D0-00400	Zidek Family QSST Trust FBO Brian P Zidek	SALEM, OR

40	18-11-02-D0-00200	Fox, Matthew Chandler and Margherita
41	18-11-02-D0-00100	Worthington, Roger G
42	18-11-02-A0-01400	Moore, Gary L and Kelly C
43	18-11-02-C0-01800	Egeland, Daniel E
44	18-11-02-D0-00600	Fourneir, Bruce R and Joanne E
45	18-11-02-C0-01500	Butterworth Family Rev Trust
46	18-11-02-C0-01600	Laakmann Living Trust
47	18-11-02-D0-00700	Laakmann Living Trust
48	18-11-02-D0-00800	Todd Allen Craig
49	18-11-02-D0-00900	Potter Michael J and Tressi L
50	18-11-02-D0-01000	Linda G Storch Revocable Trust
51	18-11-02-D0-01100	Lilly, Albert Jackson III and Soma I
52	18-11-02-D0-01200	Tucker Family Revocable Trust
53	18-11-02-D0-01300	2004 Herold Family Trust
Tract 'A'	18-11-02-C0-00100	Cascade Highlands LLC
Tract 'B'	18-11-02-C0-00400	Highlands At Broken Top Comm Assoc Inc

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Tetherow Golf

Tetherow don			
Lot #	Taxlot	Owner of Record	e Tr. gard
Golf Tract 'A'	18-11-11-00-00500	Tetherow Golf Course LLC	
	18-11-12-00-01700	Tetherow Golf Course LLC	V 2
Golf Tract 'B'	18-11-11-00-00400	Tetherow Golf Course LLC	
	18-11-12-00-01500	Tetherow Golf Course LLC	
Golf Tract 'C'	18-11-01-C0-17000	Tetherow Golf Course LLC	
	18-11-12-00-01300	Tetherow Golf Course LLC	
Golf Tract 'D'	18-11-11-00-00100	Tetherow Golf Course LLC	
Dev. Tract 'AA'	18-11-11-DD-00100	Weston Investment Co LLC	
	18-11-12-00-02100	Weston Investment Co LLC	
Dev. Tract 'Y'	18-11-11-DD-00300	VRE Tract Y LLC	
Dev. Tract 'Z'	18-11-11-DD-00200	Tetherow Golf Course LLC	
C.A. Tract 'A'	18-11-12-CA-02100	Weston Investment Co LLC	
C.A. Tract 'AM'	18-11-12-BB-01500	SFI Cascade Highlands LLC	
C.A. Tract 'DB'	18-11-12-00-02300	Arrowood Tetherow LLC	
C.A. Tract 'F'	18-11-12-BA-03800	SFI Cascade Highlands LLC	
C.A. Tract 'I'	18-11-12-BB-00200	SFI Cascade Highlands LLC	
C.A. Tract 'J'	18-11-11-DD-00500	SFI Cascade Highlands LLC	
C.A. Tract 'L'	18-11-12-00-02200	Arrowood Tetherow LLC	
	18-11-11-DD-00400	Arrowood Tetherow LLC	
C.A. Tract 'X'	18-11-12-00-00900	Tetherow Glen 58 LLC	
Lot 83	18-11-12-BA-03900	Yelas Developments INC	
Lot 97	18-11-12-BA-03400	Harris, John and Alma Ruth	
Lot 154	18-11-11-DD-01000	SFI Cascade Highlands LLC	
Lot 217	18-11-12-BB-01600	Alexander, Scott and Tricia	

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WATE		PLY W	ELL REP	ORT			D	ESC	51899		ID# -			2381
(as req	uired by tions for	ORS 53 complet	(7.765) ing this repo	ort are on th	e last pa	ge of ti	nis form	Dog	e 51899	(STAR	CARI	J)#		
(1) OV Name Address	VNER: Casc	ade Hi 3ox 80	ghlands l	v _td. Partr	Vell Numb ership	per:	CH2	(37)	(9) LOCATION OF W County Deschutes Township 18S	N or S. Range 11E	atitude	L	%	IVM.
City	Portla				State UI	Zip	-97208 (113	Tax Lot 100 R1 Lo	t Block _		_ Subdi	vision B	roknTop
	PE OF		_	uk (!-/	J:4:\	— Aboud	lanmant	Street Address of Well	(or freatest address)				
	Well L			Iteration (re	All/IGCOII	шын		- Inner	(10) STATIC WATER 301 ft. bek	ow land surface.			ate <u>8/1</u>	4/98
X Rota	-	_	otary Mud	Cable	,		Auger		Artesian pressure		square in	ch. D	ate	
	OPOSE		F•						(11) WATER BEARI					
Dom-			ommunity	Indus	trial	X	Irrigation		Depth at which water wa	as hist found 500				
Then			jection	Lives			Other		308	То 497	3000H	nated Flo	w Rate	SWL
(5) BO	RE HO	LE CO	NSTRUC	TION:					308	491	3000			
			oval 🗌 Yes											-
	es used HOLE	Yes	X No Ty	SEAL		Amou	nt							
Diamete	er From		Materi		From	То	sacks or p	ounds	(12) WELL LOG:	Ground ek	evation			
17.5"	0	507	Cement		0 2	285	236 Saci	(S		- 1	_		-	
									Brown Sandy Top S	Material Soil		From 0	3	SWL
	-								Boulders			3	18	
	-	 			_				Brown & Pink Pumi Lt. Blue Gray Basal			18	29 33	-
		ced: Me	thod A	□в Х	C	D 🗌	E		Cement Grout 4 yd:	s. from 6'-33'		33	33	
Othe	r	m	ft. to	ft J	Material				Lt. Blue Gray Basal	t		33 54	54 64	\vdash
			ft. to		Size of gra				Brown Volcanics Gray Basalt			64	114	
(6) CA	SING/L	INER:							Brown & Red Cinde			114	126	
(0) 0)	Diamete			Gauge St	eel Pla	stic V	Velded Ti	hreaded	Gray & Black Basal Lt. Gray Ash (Firm)			126 140	140 156	+-1
Casing:	12"	+1			<u>X</u> [\exists	X		Hard Gray Basalt			156	210	
	12"	378	3 504	3/5	<u>k</u>] [X		Lt. Gray Ash			210	219 233	
				[Hard Gray Basalt Brown Ash & Basal	it		233	246	
Liner:] [\exists			Gray Basalt with As			246 296	296 308	\perp
Final loc	ation of s	hoe(s)							Lt. Gray Volcanic To Brown Conglomera			308	420	301
(7) PF	REORA	TIONS	SISCREE	VS:					Broken Basalt WB			420	433	301
` '	Perforation		Method F						Red Cinder Rock W Brown & Red Cong	IB Iomerate WB		433	450 475	301
	Screens		Туре _		Mat				Brown & Gray Basa	It WB		475	497	301
From	То	Slot size	Number	Diameter	Tele/pij size		asing	Liner	Hard Gray Basalt			497	507	301
378	504	3/16"	3024	12"	Pipe	_	X							
	1	-			-	_	H		Date started 7/20/98	Com	pleted 1	3/14/98		
						_			(unbonded) Water Wel	Constructor Cert	ification	3:		
	<u> </u>	<u></u>			<u> </u>			<u> </u>	I certify that the work I pe of this well is in compliance	rformed on the construe with Oregon water su	iction, at ipply wel	eranon, I constru	or abano ction sta	ndards.
(8) WE	LL TES	STS: M	linimum t	esting tir	ne is 1	hour	- Flowing		Materials used and informa	ation reported above ar	e true to	my best	knowled	ge and
Pump	P		Bailer	X Air			Artesian		belief.		w	WC Num	ber	
Yield gal	Vmin	Dra	wdown	Drill st	em at		Time		Signed	Υ.	Da			
1000		20'+/-				1hr.								
									(bonded) Water Well C I accept responsibility for	Constructor Certific	ation:	r abando	nment w	nrk
						-			performed on this well duri	ng the construction dar	tes repor	ted abov	e. All w	ork
	ature of VN			Depth Artesi		ound _			performed during this time	is in compliance with	Oregon v	vater sup	piy well	
Did any	strata con	tain wate	e?		d us	EO	EME	ED	construction standards. The Signed Nostory	Water Develop	W Da	te Sum		85
Depth of					N	1	8 700	7						
ORIGIN	IAL & FII	RST CC	PY - WAT	ER RESO			RTMENTU ROUBCE		OND COPY - CONSTRU					

SALEM OREGON

HECEIVED BY OWRD

WELL ID# 112814 1238 14

DESC 55459 DESC . 55459

STATE OF OREGON Water Supply Well Report (as required by ORS 537.765)

DESC

Received Date: 07-14-2003

Well ID Tag # L

23814

Instructions for completing this report are on the last page of this form.	Start Card # 156243	
(1) Owner Name: CASCADE HIGHLANDS LTD Street: 61999 BROKENTOP DR City: BEND State:OR Zip Code: 97702 (2) Type of Work New Alter (Recondition) Deepening Abandonment	(9) Location of Hole by legal description County: DESC Latitude: 44°2'23" Longitude: 121°22'43" Township: 10:00 S / 8' Range: 11.00 E Section: 2 NESW Lot: Block: Tax Lot: 100 Subdivision: BROKENTOP Street Address of Well (or nearest address): NA NOT YOT MSS. gutes!	_
(3) Drill Method X Rotary Air Rotary Mud X Cable Auger Other:	MAP, with location identified, must be attached. (10) Static Water Level Feet below land surface: 347.0 Date: 06 / 30 / 2003 Artesian Pressure: Date:	_
(4) Proposed Use Domestic Community Industrial X Irrigation Injection Livestock Thermal Other:	(11) Water Bearing Zones Depth at which water was first found: 505.00 ft. From To est Flow swl 505.00 532.00 1000.00 347	_
(5) Bore Hole Construction Special Standards: Depth of completed well: 532.00 ft. Explosives Used: Amount: Type:	(12) Well Log Ground Elevation: 3797 ft.	_
Hole Seal	Material From To swl BEGINNING SWL 347 0.00 0.00 0.00 FRAC BASALT/LAVA GRAY RED 505.00 532.00 347 RAN 10" CASING 0.00 0.00 0.00 TO SHUT OFF SAND 0.00 0.00 0.00 TAG NUMBER ON WELL DOES NOT 0.00 0.00 0.00 MATCH TAG NUMBER ON 0.00 0.00 0.00 DESC51899 WELL LOG 0.00 0.00 0.00	
(6) Casing / Liner Csng/ Liner Diameter From To Gauge Mtrl Weld Thrd Shoe Shoe at used C 10.00 2.00 505.00 .250 S X 505 In		
(7) Perforation / Screens Perforations: Mtrl From To Width Height #Slots Dia. t/pSize Lnr Method Screens:	AUG 1 8 2003 WATER RESOURCES DEF. DEC 0 1 2014	/R
Mtrl From To S Size #Slots Dia. t/pSize Type Gauge (8) Well Tests (Minimum testing time is one hour)	SALEM, OREGON SALEM, OR	
Type Yield Units Drawdown Stem at Duration A 1000.00 G 530.00 1.00 Temperature of Water: 47 F	Date Started: 06 / 18 / 2003 Date Completed: 06 / 30 / 2003 (unbonded) Water Well Constructor Certification: I certify that the work I perform 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 the best knowledge and belief. Signed by: THOMAS R PECK WWC #:758	-
Was water analysis done? Depth of artesian flow: by whom? Did any strata contain water unsuitable for use? Too Little Salty	(bonded) Water Well Constructor Certification: I accept responsibilty 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 by: JACK ABBAS WWC #: 1720 ABBAS WELL DRILLING CO Phone: 541-548-2787	

Page 1 of 1

7/24/98 Date started 6/29/98 Completed (unbonded) Water Well Constructor Certification: ō

X

Flowing Artesian

Time

24 hr.

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. Moterials used and information reported above are true to my best knowledge and

belief.

	WWC Number
Signed	Dulo
	0 -415 -41 -m

I accept responsibility for the construction, alteration	n, or abandonment work
performed on this well during the construction dates	reported above. All work
performed during this time is in compliance with Ores	gon water supply well
construction standards. This report is true to the bee	t of my knowledge and beli
	WWC Number, 1385

Signed Norbert Kuchen Western Water Development Corporation

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

362

X Pump

1000

Yield oel/min

Temperature of Water 54

522

3/16"

3840

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

☐ Saller

Was a water analysis done?
Yes By whom Did any strata contain water not suitable for intended use?

Salty Muddy Odor Colored Other Depth of strata: 266

Drawdown

Air

Drill stem at

Depth Artesian Flow found

SECOND COPY - CONSTRUCTOR

Continued on next page

THIRD COPY - CUSTOMER SEIVED BY OWRD

SEP 1 6 1998

ELL ID#	L12815			
TART CAI	D)# 102027			
	ELL ID#			

(1) OWNER:		Well Number		ALEM OF GOOD OF	- AALTE DA LONGI GE	scriptio	n:		
Name Case	cade Highlands	Ltd. Partnership		County Deschut	Nors. Range 11E	_atitude			
Address P.O.				Section 12	NW NW	% NW		¼	••••
City Port	land	State OR	Zip 97280	Tax Lot 10R	Lot Block		Subdi	vision B	roknTo
(2) TYPE OF	WORK.	tod Aparentine Lands for a	petition out to a		fell (or nearest address)_				
			Wars						
X New Well	Deepening /	Alteration (repair/recond	ition) Abendonment	(10) STATIC WAT	ED I EVEL.	, As-			-
(3) DRILL M	ETHOD:			1 (10) STATIC WAT	below land surface.		D	ate	b)
X Rotary Air	Rotary Mud	Cable	Auger	Artesian pressure		square inc		ate	
Other				WALLED DEA	DING ZONES.	- 177		100	
	ED 110E			(11) WATER BEA	KING ZUNES:				
(4) PROPOS	ED OSE:		- 200 - San - 1	Depth at which water	er was first found				
☐ Domestic	Community	Industrial	X Irrigation	From	То	Petim	ated Flo	w Rate	SWL
Thermal	Injection	Livestock	Other	266	269	25+	and I is	ATT TOMAS	266
(5) BORE HO	OLE CONSTRUC	CTION:		302	542	3000	3 11	High.	302
• •			mpleted Well 522 ft.	Page 20 1 - co. 30			10.1	100 pt 20	
Explosives used	Yes X No Ty	/pe	Amount	and the second the sec	they s	Jan. 1			
HOLE	1.0	SEAL	Amount	(12) WELL LOG:	19,25				
Diameter From			To sacks or pounds	(12) WELL LOG.	Ground e	levation		111194	
17.5" 0	546 Cemen	t 0 2	85 176 Sacks	1				-	
1000	(1)		1 1 1 1 1 1 1 1 1 1 1 1		Material		From		SWL
	1	A 17 A 27 A 27 A 28 A 28 A 28 A 28 A 28 A 2	Barrier All	Brown Sandy So			6	9	+
71.5	0 1		to the same of the	Brown Sand & A Brown Ash Tuft		n Audio co	9	19	+
177				Gray Ash Tuft			19	25	+
How was seal pl	aced: Method A	B XC C	E	Gray Basait			25	110	
Other	1			Red Volcanic Co	nglomerate		110	132	1.25
Backfill placed fr	rom ft. to	ft. Material _		Brown Ash & Ba	salt	1	132	180	
Gravel placed fr	omft_to	ft. Size of grav	rel	Hard Gray Basal			180	191	
(6) CASING/	LINER:			Brown Ash & Ba			191	195	1
•	ter From To	Gauge Steel Plas	tic Welded Threaded	Red Cinder Con			195 226	226 248	+
Casing: 12"	+1 362			Black Cinder Ro Brown Ash & Ba		1	248	266	-
12"	362 522	.250 X C		Brown Ash & Ba			266	269	266
		.375		Broken Gray Ba			269	305	266
· ·				20 cyds Cement			306	306	266
Liner:				Medium Brown	Ash WB		306	324	266
	9.0			Red Volcanic Co	onglomerate WB		324	332	266
Final location of	shoe(s)			Hard Gray Broke	en Basalt WB		332	369 402	266 266
(7) PERFOR	ATIONS/SCREE	NS:		Brown & Red Vo		100	369 402	426	266
X Perfora		Factory		Hard Gray Volca Lost Circulation		4	426	430	266
Screen		Mate	rial	Red & Brown Ci	nders WR		430	443	266
	Slot	Tele/pip	•	Hard Gray Broke			443	469	266
From To	size Number	Diameter size	Casing Liner	Soft Brown Volc		1 1950	469	510	266
362 522	3/16" 3840		_ 🗵 🗌	Continued on ne	ext page		-		
	1.50			Date started 6/29/98	Cor	npleted 7	124/98	3	
				(unbonded) Water	Well Constructor Cer	tification	:		
	P	118 118 118 118 119 119 119 119 119 119	- H H	I certify that the work	I performed on the const	ruction, alt	eration,	or aband	lonment
				of this well is in compli	ance with Oregon water	supply well	constru	ction sta	ndards.
(8) WELL TE	STS: Minimum	testing time is 1 h	our	Materials used and info	ormation reported above	are true to	my best	knowled	ge and
X Pump	Bailer	Air	Flowing	belief.				4-55	
nde pol	_		[™] Artesian	1.134			VC Nun	nber	
Yield gal/min	Drawdown	Drill stem at	Time	Signed		Dat			
1000	22	The second secon	24 hr.						
	The section			(bonded) Water We	ell Constructor Certif	ication:			_
Topic de total	1 2 1 W W 211		andres Section 1	I accept responsibilit	y for the construction, alt	teration, or	abando	onment v	/ork
1914 (11 to 10 to	authorized virght	marin buya asa sak	The Table 1997	performed on this well	during the construction d	ates report	ods ber	no. All v	vork
Temperature of		Depth Artesian Flow fo	und	performed during this	time is in compliance with this report is true to the	i Oregon W	wor suj	ppiy Well ledge on	d helief
	alysis done? 🔲 Yes		₩ =- tw-	construction standards	. This report is true to th	AVV.	NC Nun	ber 1	385.
Did any strata co	ontain water not suitab	Colored Colored	X Too little	Signed hobe	Tysurla	- Dal		-6.	
Salty Me Depth of strata:	uddy Odor O	Colored [] Other		Wes	tern Water Develo			ration	- p< t
and the same of th	NAME AND ADDRESS OF TAXABLE PARTY.					COPY - 0			
ORIGINAL & F	IRST COPY - WA	TER RESOURCES [DEPARTMENTECSE	VED BY OWR)	JUFT-	JUGIC	MEN	

DEC 0 1 2014

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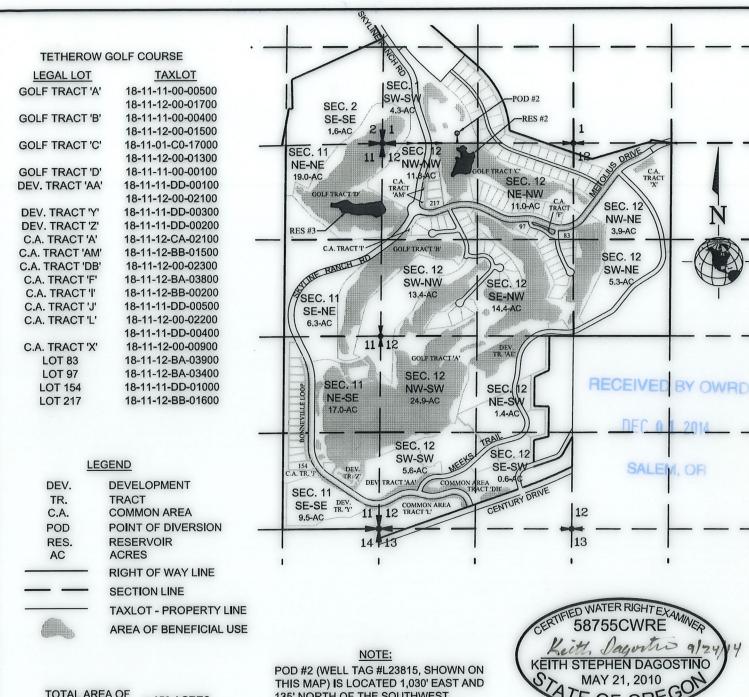
STATE OF OREGON

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

WELL ID#		
(START CARD)#	102027	
(= :: :: : : :: :: : : : : : : : : : : :	Page 2	 -

(1) OWN	IER:				Well No	ımber;				WELL by legal des				
Name C	Casca	de Hi	ghlands	Ltd. Par	tnersh	ip			County	Let _ NorS. Range 11E			ongitude or W. of	
City					State	Zi	D .		Section 12	%			¾	
(2) TYPE	OFV	VOR		-						Lot Block off (or nearest address)	s			
New We				Alteration (i-/	andition'	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		- CHOOL ADDITIONS OF THE	(Of Hourest auditoes)				
(3) DRIL				Alteration (repairre	Nomina)	noonment	(10) STATIC WAT					
Rotary A			otary Mud	□ Ca	ble		Auger		Artesian pressure		quare inch.		ate	
Other _											, mem			
(4) PROF	POSE	D US	E:						(11) WATER BEAM Depth at which water					
Domesti Thermal		=	ommunity jection	☐ Ind	ustrial estock		Irrigatio Other	n 	From	То	Estimate	d Flo	w Rate	SWL
(5) BORE	E HOL	E CO	NSTRU	CTION:										
Special Cor	nstructio	n appr	oval Ye	s 🗌 No	Depth o	f Comple	ted Well	ft.	in it					
Explosives	used [Yes	No T	уре		Amo	unt							
HO Diameter		To	Mate	SEA rial	L From	To	Amo	ount r pounds	(12) WELL LOG:					
					1					Ground elev	ration			
					-					Material	Fr	rom	То	SWL
					+				Gray & Brown Sai		51	0	528	266
						,			Bottom of hole ca Gray & Brown Sai		52	_	542	200
									Gray & Brown Sai	IG AAD	52	.0	542	266
How was se	el place	d: Mei	hod A	□в (_c [] D [] E				7			
Other Backfill plac	ed from		ft. to	ft.	Material	1								
Gravel plac					Size of				•					-
(6) CASIN	VG/LIN	JER:			. 11									
•	ameter		n To	Gauge 5	Steel F	lastic	Welded :	Threaded						
Casing:				onage .						OFWE				
		-	+							RECEIVED				
		+-	+					H						
iner:					H	Н		- Н		SEP 1 6 1998				
_												-		-
final location	n of sho	e(s) _							W	ATER RESOURCES D SALEM, OREGON	ECEN	/=	D DV	OME
7) PERF	ORAT	IONS	SCREE	NS:						SHEETING ST.	RECEIV	<i>V</i> L	וטכ	OVAL
☐ Per	foration	8	Method _	•								=		-
Scr	eens	.	Туре _			aterial					DE	C (1 20	14
From	To	Slot	Number	Diamete	Tele/		Casing	Liner				\Box		
						`					0	ΔΙΕ		B
									Date started	Comple	eted	-\L0	LIVI, L	10
				·	-		H			eli Constructor Certifi				
							H			erformed on the construct		on, or	abando	nment
8) WELL	TECT	· . M	- i	anding ti	ma la f	Lbour				ce with Oregon water supp				
	IESI					i noui	Flowing	1.0		nation reported above are	true to my b	est la	nowledg	e and
Pump		В	aner	Air		L	_ Artesian		belief.		WWC N	dumb	er	
ield gal/min	1	Draw	vdown	Drift s	tem at		Time		Signed		Date			
						1								
									(bonded) Water Well	Constructor Certificat	ion:			
						-	7			r the construction, alteral				
emperature	of \8/a4	~		Depth Artes	ion Flore	found				ring the construction dates is in compliance with On				ork
emperature Vas a water						round _				his report is true to the be	-		•	belief.
id any strats	a contai	n water	not suitabl	e for intend	ed use?		oo little		DA	Q h	WWCN	dumb	os 13	35
Salty			Odor 🔲 0	Colored [_ Other_		1		Signed Description	rn Water Developm	Date 9			8

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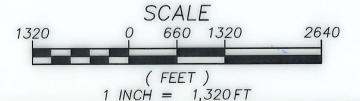


TOTAL AREA OF BENEFICIAL USE

= 150 ACRES

135' NORTH OF THE SOUTHWEST CORNER OF SECTION 1. THE METER FOR POD #2 IS LOCATED AT THE WELL SITE (WITHIN APPROX. 10')

E OF ORE **RENEWS: DEC. 31, 2015**



DISCLAIMER:

THIS MAP IS NOT INTENDED TO PROVIDE LEGAL DIMENSIONS OR LOCATIONS OF POPERTY OWNERSHIP LINES

DESIGNED: KSD DRAWN BY: CAB APP'D BY: KSD CHECK'D BY: KSD LAST EDIT: 11/14/14 PLOT DATE: 11/14/14

1"=1320'

SCALE:

CLAIM OF BENEFICIAL USE MAP **FOR**

ASSIGNMENT OF PERMIT G-12494 (APPLICATION #: 12971)

Township 17 and 18 South, Range 11 East **OREGON** BEND/DESCHUTES

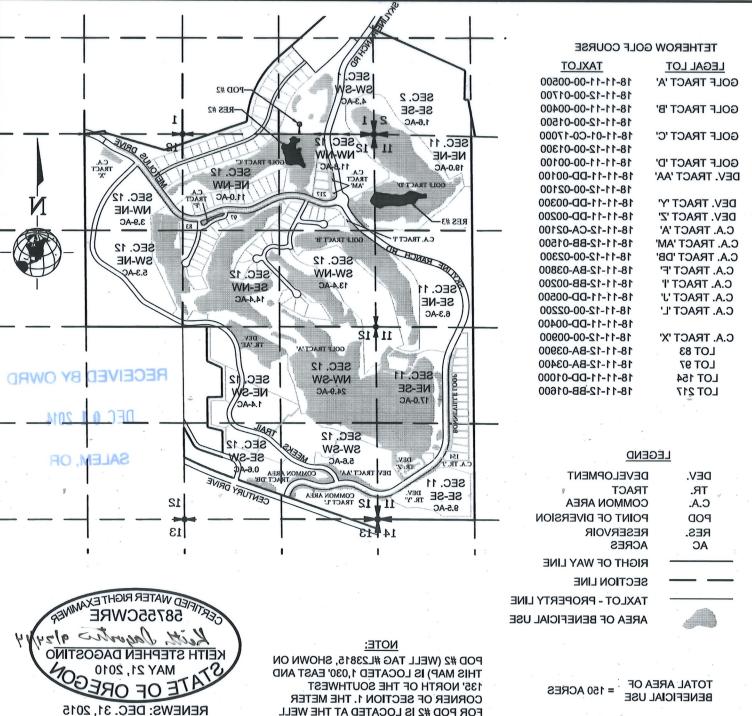
PROJECT:

TGC001

DRAWING FILE NAME: TGC001-WTR_RIGHTS-032911

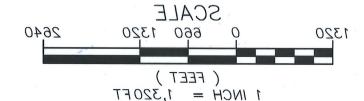
D'Agostino Parker, LLC CIVIL ENGINEERING / PLANNING / LAND SURVEYING / CONSTRUCTION MANAGEMENT 185 SHEVLIN HIXON DR SUITE 101

BEND, OR 97702 P: (541) 322-8807



FOR POD #2 IS LOCATED AT THE WELL SITE (WITHIN APPROX. 10')

DISCLAIMER:



THIS MAP IS NOT INTENDED TO PROVIDE LEGAL DIMENSIONS OR LOCATIONS OF POPERTY OWNERSHIP LINES

CLAIM OF BENEFICIAL USE MAP **FOR**

ASSIGNMENT OF PERMIT G-12494 (APPLICATION #: 12971)

Township 17 and 18 South, Range 11 East OREGON

TGC001-WTR_RIGHTS-032911



DESIGNED: DRAWN BY: APP'D BY: _ CHECK'D BY: KSD LAST EDIT: 11/14/14 PLOT DATE: 11/14/14 2

SCALE: 1"=1320'

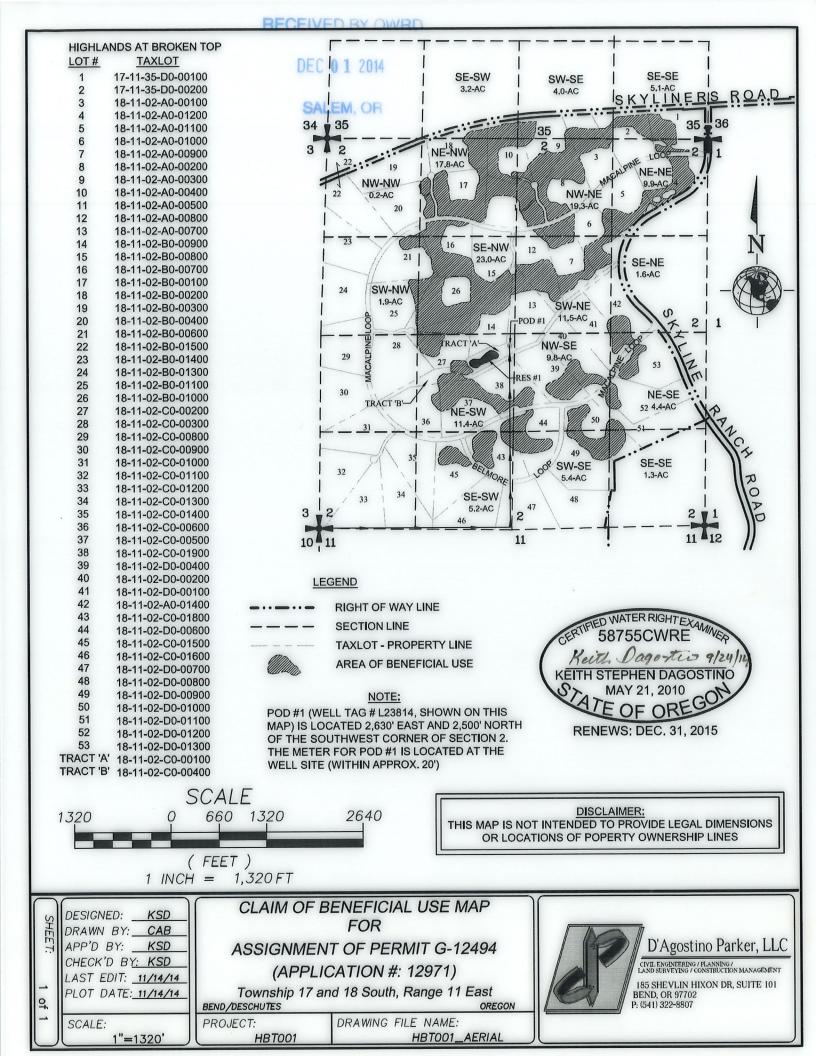
CAB

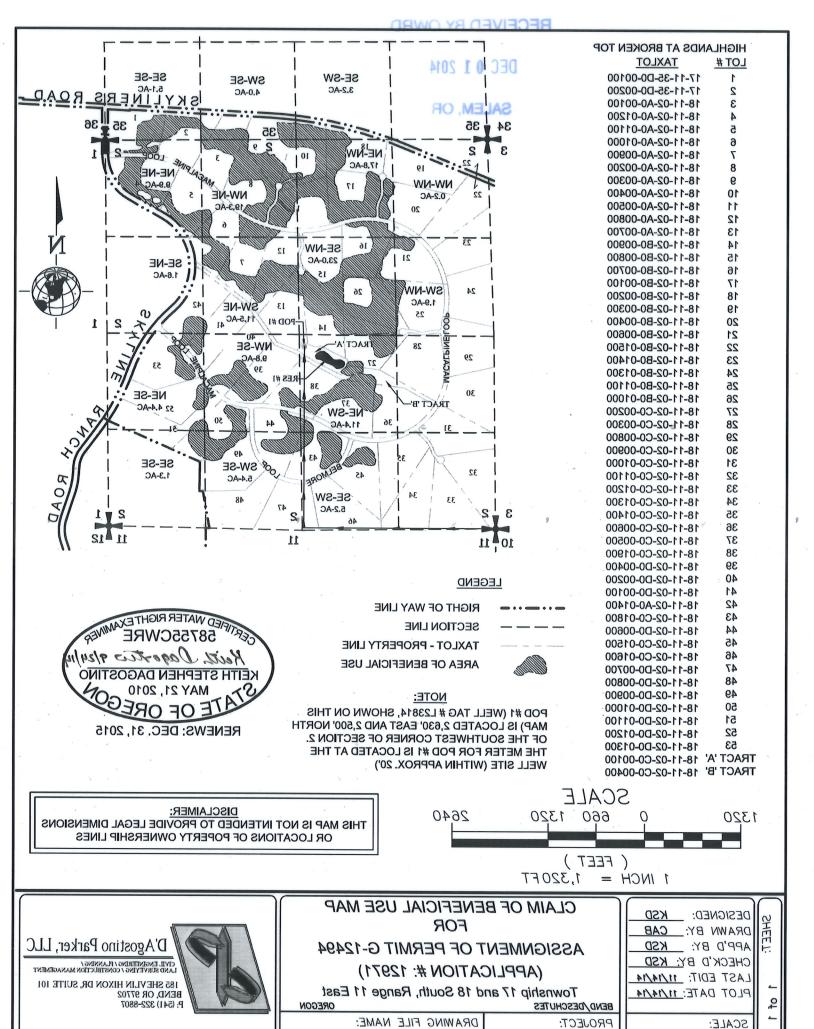
KSD

BEND/DESCHUTES PROJECT:

TGC001

DRAWING FILE NAME:





HBT001_AERIAL

HBT001

1"=1320'

Superseded 12/1/2014

CLAIM OF BENEFICIAL USE for Permits claiming more than 0.1 cfs and All Transfers



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.wrd.state.or.us

A fee of \$150 must accompany this form to be accepted for <u>permits</u> with a priority date of July 9, 1987, or later. (ORS 536.050(1))

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: http://www.wrd.state.or.us/OWRD/WR/cwre info.shtml#.

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.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

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 http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml.

SECTION 1 GENERAL INFORMATION

1. File Information

APPLICATION # (G, R, S or T)	PERMIT#(IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-12971	G-12494	T-9625

RECEIVED BY OWRD

SEP 3 0 2014

SALEM, OF

		1 · · · · · · · · · · · · · · · · · · ·

2. Property Owner (current owner information)

APPLICANT/BUSINESS N Highlands at Broken ' Association co/Stephe	Top Community	PHONE N 541 318-			
ADDRESS 855 SW Yates Drive S	hita 102				
		710	T. MATT		
CITY	STATE	ZIP	Е-Мап.		
Bend	OR	97702	gmbtca@brokentop.org		

APPLICANT/BUSINESS NAME Tetherow Golf Course LLC co/Chris Condon		PHONE N 541 388- 2		Additional Contact No.
ADDRESS				
61240 Skyline Ranch Road				
Сіту	STATE	ZIP	E-MAIL	
Bend	OR	97701	ccondon@t	etherow.com

If the current property owner is not the permit or transfer holder of record, it is recommended that an assignment be filed with the Department. The COBU must be signed by the permit or transfer holder of record.

3. Is the Property Owner the permit or transfer holder of record?

YES NO

If "YES" the remainder of this item may be deleted.

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

PERMIT OR TRANSFER	HOLDER OF RECORD	AT	PECEIVED STY
Highlands at Broken	Top Community Associa	tion co/Stephen Herr	
ADDRESS	-		SEP 3 9 ZUM
855 SW Yates Drive	Suite 102		
CITY	STATE	ZIP	SALEM, OR
Bend	OR	97702	

Are there additional permit or transfer holders of record?



If "NO" the following box may be deleted.

ADDITIONAL PERMIT OR T		ECORD				
Tetherow Golf Course LLC						
ADDRESS						
61240 Skyline Ranch Ro	oad					
Сіту	STATE	ZIP				
Bend	OR	97701				

4. Date of Site Inspection: 9-23-14

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

Name	DATE	ASSOCIATION WITH THE PROJECT
Stephen Herr	9-23-14	Manager, Highlands at Broken Top CA
Ron Kidder, Botanical Dev.	01-10-11	Landscape/irrigation designer-contractor
Chris Condon	9-22-14	Manager, Tetherow Golf Course LLC irrigation system

6.	County:	Deschutes

7. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

**Mark "NA" if there are no owners of property not included in this claim

OWNER OF RECORD				
NA			***************************************	
ADDRESS				
CITY	STATE	ZIP		

Are there additional Owners of Record?



Additional Owners of Record are listed in Appendix A included with this form, per e-mail dated Sept. 4, 2013 by Gerry Clark, Water Rights Services Division, OWRD.

SECTION 2 SYSTEM DESCRIPTION

A. Points of Diversion/Appropriation

1. Point of diversion/appropriation name or number:

Point of Diversion/Appropriation		WELL TAG#
(POD/POA) NAME OR NUMBER	FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	(IF APPLICABLE)
(CORRESPOND TO MAP) POD 1 (HBT)	DESC 51899, DESC 55459	L 23814
POD 2 (TGC)	DESC 51900	L 23815

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 diversion/appropriation source and, if from surface water, the tributary:

E. I OHIL OF MILLOID	ion appropriation source and, is more	
POD/POA NAME OR NUMBE		TRIBUTARY
POD 1	Deschutes Basin	N/A
POD 2	Deschutes Basin	N/A

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

POD/POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	RATE OR VOLUME FOR USE (CFS, GPM, OR AF)
POD 1	Irrigation	No crop - grasses	Irrigation season Typically from April to October	Varies 1.78 CFS max
POD 2	Irrigation	No crop – grasses	Irrigation season Typically from April to October	Varies 1.78 CFS max
Total Quantity	y of Water Used			Varies 3.6 CFS max

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

Irrigation water is accessed via well #L23814 as noted above. The well is equipped with a vertical turbine pump. Piping from the well pump conveys water to the storage lake (Reservoir #1 on the map). A supply pipe from the storage lake conveys water to the irrigation pump station which pressurizes and supplies water to the irrigation distribution piping and irrigation sprinkler heads distributed across the irrigated lands. The well pump and the irrigation pump station are housed within the same building adjacent to the storage lake.

Irrigation water is also accessed via well #L23815 as noted above. The well is equipped with a vertical turbine pump. Piping from the well pump conveys water to the storage lake s (Reservoir #2 and Reservoir #3 on the map). A supply pipe from the storage lake conveys water to the irrigation pump station which pressurizes and supplies water to the irrigation distribution piping and irrigation sprinkler heads distributed across the irrigated lands. The well pump and the irrigation pump station are both near Reservoir #2.

SECTION 2

SYSTEM DESCRIPTION (B through H)

Are there multiple PODs or POAs?



If "YES" you will need to copy and complete Sections 2B through 2H for each POD/POA. POD/POA Name or Number this section describes (only needed if there is more than one):

POD 1, POD 2

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B. Place of Use

1. Is the right for municipal use?

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If "YES" the table below may be deleted.

Twp	RNG	MER	SEC	Q-Q	GLoT	DLC	USE	If Irrigation,	If Irrigation, #
								# PRIMARY	SUPPLEMENTAL
180	4413	XX/A/I	35	OF OW			TOD	ACRES 3.2	ACRES
17S	11E	WM	35	SE-SW			IRR IRR	4.0	
17S	11E	WM	35 35	SW-SE SE-SE			IRR	5.1	
17S	11E	WM	 				IRR	0.2	
18S	11E	WM	2	NW-NW			IRR	17.8	
18S	11E	WM	2	NE-NW				1.9	
18S	11E	WM		SW-NW			IRR		
18S	11E	WM	2	SE-NW			IRR	23.0	
18S	11E	WM	2	NW-NE			IRR	19.3	
18S	11E	WM	2	NE-NE			IRR	9.9	
18S	11E	WM	2	SW-NE	<u> </u>		IRR	11.5	
18S	11E	WM	2	SE-NE			IRR	1.6	A CONTRACTOR OF THE CONTRACTOR
18S	11E	WM	2	NE-SW			IRR	11.4	
18S	11E	WM	2	SE-SW			IRR	5.2	T ,
18S	11E	WM	2	NW-SE			IRR	9.8	
18S	11E	WM	2	NE-SE			IRR	4.4	
18S	11E	WM	2	SW-SE	ļ		IRR	5.4	
18S	11E	WM	2	SE-SE			IRR	1.3	
								135.0	SUB TOTAL
18S	11E	WM	2	SE-SE			IRR	1.6	
18S	11E	WM	1	SW-SW			IRR	4.3	
18S	11E	WM	11	NE-NE			IRR	19.0	
18S	11E	WM	11	SE-NE			IRR	6.3	
18S	11E	WM	11	NE-SE			IRR	17.0	
18S	11E	WM	11	SE-SE			IRR	9.5	
18S	11E	WM	12	NW-NW			IRR	11.8	
18S	11E	WM	12	NE-NW			IRR	11.0	
18S	11E	WM	12	NW-NE			IRR	3.9	
18S	11E	WM	12	SW-NW			IRR	13.4	
18S	11E	WM	12	SE-NW			IRR	14.4	
18S	11E	WM	12	SW-NE			IRR	5.3	
18S	11E	WM	12	NW-SW			IRR	24.9	
18S	11E	WM	12	NE-SW			IRR	1.4	
18S	11E	WM	12	SW-SW			IRR	5.6	
18S	11E	WM	12	SE-SW			IRR	0.6	
A V.V		11.41.4		~~~~				150.0	SUB TOTAL
Total	Acres Ir	rigated	<u> </u>	F	1		I	285.0	TOTAL

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

C. Diversion and Delivery System Information

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

1. Is a pump used?

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

2. Pump Information

YES	NO
-----	----

MANUFACTURE R	Model	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Robbco	9THE	23355	Vertical turbine (HBT well)	9-IN	8-IN
Cornell	3ҮН-СС	154918944	Centrifugal end suction (HBT booster)	8-IN	8-IN
N/A	N/A	N/A	Vertical turbine (TGC well)	8-IN	8-IN
Flowserv	10EMM-9	0610NSH00672-4	Centrifugal end suction (TGC booster)	8-IN	8-IN

3. Motor Information

Manufacturer	Horsepower
US Motors (HBT well)	150 hp
Cornell (HBT booster)	125 hp
Emerson (TGC well)	100 hp
Emerson (TGC booster)	75 hp

4. Theoretical Pump Capacity

Horsepower	OPERATING PSI	*IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
150	X 2000 2000 2000 2000 2000 2000 2000 20	349 feet	15 feet	1.87
125	145 Psi discharge	0	Varies- 85 feet max	1.87
100		301 feet	7 feet	1.80
75				1.34

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5. Provide pump calculations:

Well Pump- theoretical capacity calculation (HBT): Q= 550(e)(hp)/(j) (TDH)

e=.70 hp=150

j=62.4

TDH= 349'+15'+26'(minor losses)= 390'

Q=550(.70)(150) / 62.4(390) = 2.37 cfs (Note well pump discharge is controlled to 1.87 cfs maximum by pc controller and variable speed motor drive).

Irrigation Pump Station pump theoretical calculation (HBT):

e = .75

hp = 125

TDH = 335'(station discharge pressure set = 145 psi)

Q=550(.75)125/62.4(335)=2.46 cfs (Note irrigation pump discharge is controlled to 1.87 cfs maximum by pc controller and variable speed motor drive).

Well Pump- theoretical capacity calculation (TGC):

Q = 550(e)(hp)/(j) (TDH)

e = .70

hp=100

j = 62.4

TDH = 301' + 15' + 26' (minor losses) = 342'

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Q=550(.70)(100) / 62.4(342) = 1.80 cfs

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Irrigation Pump Station pump theoretical calculation (TGC):

e = .75

hp = 75

TDH =370'(station discharge pressure set = 145 psi)

Q = 550(.75)75 / 62.4(370) = 1.34 cfs

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)
852,842	852,854	15 min.	1.78 (POD #1 – HBT)
668,724	668,736	15 min.	1.78 (POD #2 – TGC)

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

7. Is the distribution system piped?

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If "NO" items 8 through item 11 may be deleted.

8. Mainline Information

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MAINLINE SIZE	LENGTH	Type of Pipe	BURIED OR ABOVE GROUND
12 inch diameter	4500 feet	pvc	buried
10 inch diameter	800 feet	pve	buried
8 inch diameter	3250+10,000 =13,250 feet	pvc	buried
6 inch diameter	18,800+22,960 41,760=feet	pvc	buried
4 inch diameter	400 feet	pvc	buried

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	- LENGTH	TYPE OF PIP	BURIED OR ABOVE GROUND
2 inch diameter (HBT)	68,000 feet (est)	pvc	buried
2 inch diameter (TGC)	130,000 feet (est)	pve	buried

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird Eagle 900 Series	60-100 psi	20-60	590 (approx.)	N/A	1.8 CFS for any combination of zones at any one time
Rainbird (model varies)	60-100 psi	7-40	2800 (approx.)	N/A	1.8 CFS for any combination of zones at any one time

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

11. Pivot Information

MANUFACTURER	MAXIMUM	OPERATI)	NG TOTAL P	IVOT TOTAL PIVOT
	WETTED RAD	ius PSI	OUTPUT (GPM) OUTPUT (CFS)
N/A				

12. Additional notes or comments related to the system:

As noted earlier, the Irrigation pumping system is a package system including a pc controller and variable motor drive, which allows for strict discharge control and maximum flow rates, as well as accommodating a wide variety of sprinkler and flow demands/needs.

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D. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)?

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If "NO", items 2 through 8 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:

1-1/2" Schedule 40 PVC dedicated access conduit located at well-head.

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
10" (HBT)	505	532	8/14/1998	6/30/2003	Cascade Highlands LTD Partnership	Jack Abbas- Abbas Well Drilling Co.
12" (TGC)	522	522	7/24/1998	N/A	Cascade Highlands LTD Partnership	Western Water Development Corporation

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.

DESC 51899 (original well HBT), DESC 55459 (alteration HBT), DESC 51900 (TGC)

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



If "NO", items 6 through 8 relating to this section may be deleted.

E. Storage

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



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

If "YES" is it a:

Storage Tank

Bulge in System / Reservoir

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

2. Storage Tank:

	CAPACITY ABOVE GROUND OR
MATERIAL	CAPACITY ABOVE GROUND OR
AAATIDIAE	I ADALIIV ARIVBATKIIINIIIK
PROGRAMMENT OF THE PROGRAMMENT O	CALACIDI
	the desired the little of the
LOOSED BUILDING AND ALTERNATION AND ALTERNATIO	(IN GALLONS) BURIED
	I (IN GALLONS) BURIED
(CONCRETE, FIBERGLASS, METAL, ETC.)	
Control of the contro	· · · · · · · · · · · · · · · · · · ·
Tatia	
I NII A	
N/A	

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER	APPROXIMATE DAM	APPROXIMATE CAPACITY
(CORRESPOND TO MAP)	HEIGHT	(IN ACRE FEET)
RES #1 (HBT)	9-FEET	9.0-ACRE FEET
RES #2 (TGC-1)	9-FEET	9.0 ACRE FEET
RES #3 (TGC-2)	8-FEET	8.0 ACRE FEET

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?



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

H. Reservoir

1. Does the claim involve a reservoir modified through a transfer?

Reminder: This section should only be completed if the reservoir right has been modified through the transfer process. If the claim is for a permitted reservoir use the Claim of Beneficial Use form for reservoirs.



If "NO", items 2 through 9 relating to this section may be deleted.

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SECTION 3

CONDITIONS

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Please pay special attention to this section. All conditions contained in the permit, permit amendment, transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits, transfer final orders, and any 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 is to be completed by. 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, extension or transfer final order:

	DATE FROM PERMIT OR TRANSFER	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
Issuance Date	June 19, 1996		
BEGIN CONSTRUCTION (A)	June 19, 1997	July 20, 1998 (well desc 51899)	Geotechinical engineering and well design for the well was complete in the time limit.
COMPLETE CONSTRUCTION (B)	October 1, 2013	October 1, 2013	Construction of wells, pumps, storage, and irrigation systems to put the water to beneficial use has been completed.
COMPLETE APPLICATION OF WATER (C)	October 1, 2013	October 1, 2013	

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

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

If "NO", you may delete item 3 in this section.

3. If for a transfer extension order, provide the following information:

Volume	PAGE	DATE EXTENDED TO

4. Initial Water Level Measurements:

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



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

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

March

c. Was the measurement submitted to the Department?



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

G. II the interest incube	remain was need as a surface of the	· · · · · · · · · · · · · · · · · · ·	
DATE OF	MEASUREMENT MADE BY	METHOD	MEASUREMENT
MEASUREMENT			
Previously	1		
Submitted			

- 5. Annual Static Water Level Measurements:
- a. Was the water user required to submit annual static water level measurements?

YES NO

If "NO", items 5b through 5e relating to this section may be deleted.

- b. Provide the month in which the static water level measurement was to be made:

 March
- c. Were the static water level measurements taken in the month required?
- d. If "YES", were those measurements submitted to the Department?
- e. If the annual measurements were not submitted, provide the measurements now:

MEASUREMENT MADE BY

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ME.	ASURE	MENT		

- 6. Pump Test (Required for most ground water permits prior to issuance of a certificate)
- a. Did the permit require the submittal of a pump test?

YES NO

If "NO", items 6b through 6d relating to this section may be deleted.

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



c. Is the pump test attached to this claim?

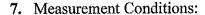
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d. Has the pump test been approved by the Department?

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DATE OF MEASUREMENT

Previously Submitted

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

If "NO", items 7b through 7f 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?



NO

c. Meter Information

POD/POA	Manufacturer	SERIAL#	CONDITION	CURRENT METER	DATE INSTALLED
NAME OR #			(WORKING OR NOT)	READING	
POD#1	Water Specialties	20033059- 8	Working	852,854	August 2003
POD #2	Sensus	67419456	Working	668,736	July 2006

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department?

NO

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8.	Recording and reporting conditions		
a.	Is the water user required to report the water use to the	ne Department?	YES NO
If "	NO", item 8b relating to this section may be deleted.		
b.	Have the reports been submitted? METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	Water User Reporting ID	YES NO
Pap		Dan Cardot, Oregon Premier Properties	
If th	ne reports have not been submitted, attach a copy of t	he reports if available.	
9.]	Fish Screening		
	Are any points of diversion required to be screened to ersion?	prevent fish from entering the point	of YES NO
10.	By-pass Devices		
	Are any points of diversion required to have a by-pasering the point of diversion?	s device to prevent fish from	YES NO
	Other conditions required by permit, permit amendr ransfer final order	nent final order, extension final order	,
	a. Were there special well construction standards?		YES NO
	b. Was submittal of a ground water monitoring plan	n required?	YES NO
	c. Was the water user required to restore the riparia	n area if it was disturbed?	YES NO
	d. Was a fishway required?		YES NO
	e. Was submittal of a letter from an engineer requir	red prior to storage of water?	YES NO
	f. Was submittal of a water management and conse	rvation plan required?	YES NO
	g. Other conditions?		YES NO
	YES" to any of the above, identify the condition and uply with the condition(s):	describe the water user's actions to	
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SECTION 4

VARIATIONS

Include a description of variations from the permit, permit amendment final order, extension final order, or transfer final order. (i.e. "The permit allowed three points of diversion. 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.")

SECTION 5 ATTACHMENTS

If you are attaching any documents to this report, provide a list:

ATTACHMENT NAME	DESCRIPTION
Well Report DESC 51899	Original well log- POD #1
Well Report DESC 55459	Well modification report- POD #1
Well Report DESC 51900	Original well log – POD #2

SECTION 6 CLAIM SUMMARY

POD/POA NAME OR #		CALCULATED THEORETICAL	AMOUNT OF WATER	USE	# OF ACRES	# OF ACRES
NAME OR #	AUTHORIZED	RATE BASED ON SYSTEM	MEASURED		ALLOWED	
POD #1	1.875 cfs	2.37 efs	1.78 cfs	irrigation	150	135
POD #2	1.875 cfs	1.8 cfs	1.78 cfs	irrigation	150	150

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.

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	N/s	

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 OrthoPhotography with survey ground control and 1.0-foot pixel resolution obtained in September 2010 was used to prepare the claim of beneficial use map. Source of orthographic aerial photograph is 3Di West (GeoTerra Mapping Group). Survey Ground Control set by D'Agostino Parker LLC, Keith Dagostino PLS 2885.

Photograph/flight date: September 2, 2010.

3Di West Job #10-106.



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.)

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

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SECTION 8 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 Keith Dagostino		PHONE No. 541.322.8	
ADDRESS 185 SW Shevlin Hixe	on Drive, Suite 101		
CITY	STATE	ZIP	E-MAIL
Bend	OR	97702	kdagostino@dp2llc.com

Permit or Transfer Holder's of Record Signature or Acknowledgement

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.

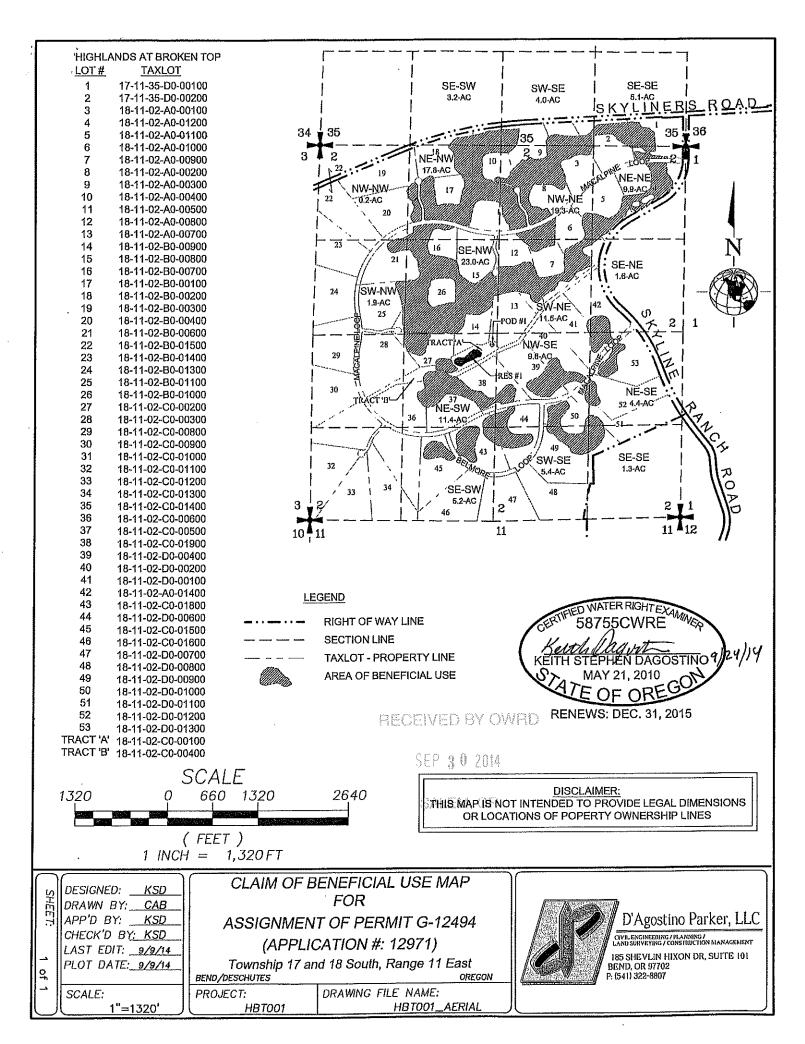
	SIGNATURE	PRINT OR TYPE NAME	DATE
	Call 6	Highlands at Broken Top Community Association co/Bogdan Dziurzynski	9/23/14
0	Oh Va Shlell	Tetherow Golf Course LLC co/Chris Van Der Velde	9/19/14

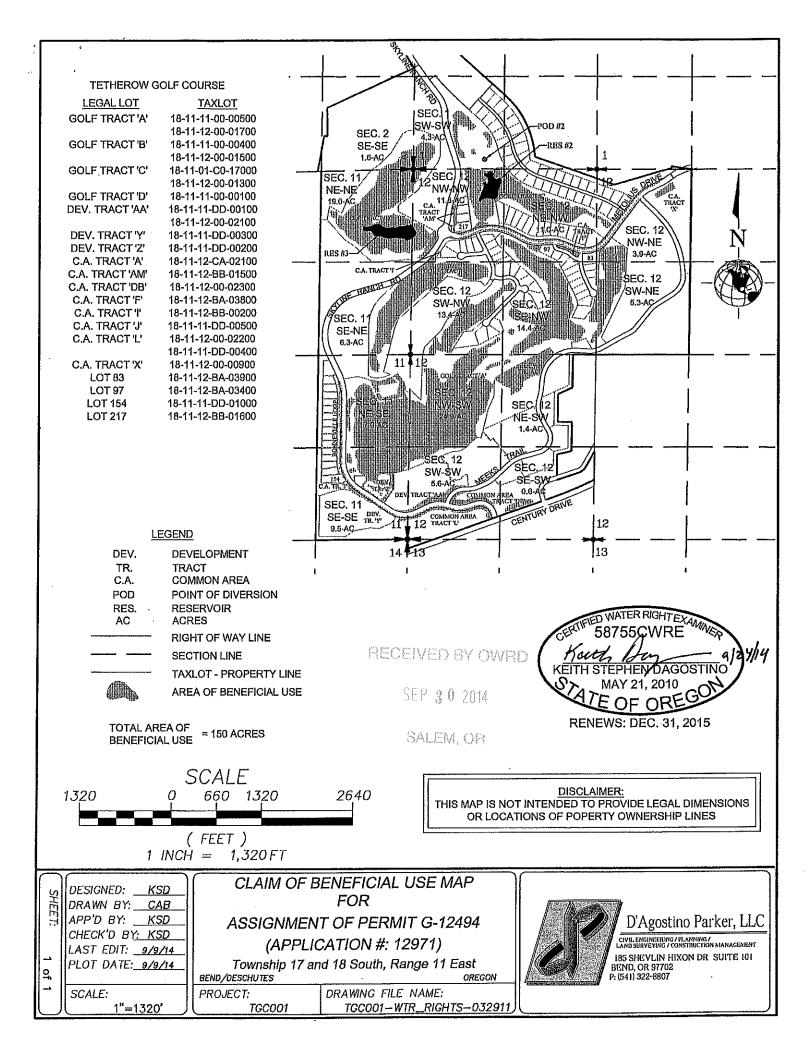
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APPENDIX A Highlands at Broken Top and Tetherow Golf Owners of Record 9/24/2014

Highlands at Broken Top

Lot#	Taxlot	Owner of Record	
1	17-11-35-D0-00100	Weston Investment Co LLC	
2	17-11-35-D0-00200	Kyriakos, James Dean and Michelle	
3	18-11-02-A0-00100	RKL LLC	
4	18-11-02-A0-01200	Davidson Family Trust	
5	18-11-02-A0-01100	FC Fund LLC	4 (4)
- 6	18-11-02-A0-01000	Hardin, Timothy M and Caren M	No. of the second
7	18-11-02-A0-00900	ARGO Capital Group LTD	
8	18-11-02-A0-00200	Zehnder, Werner and Susan	•
9	18-11-02-A0-00300	Bien, Rodney W and Kathryn W	
10	18-11-02-A0-00400	Bledsoe, Drew and Maura	
11	18-11-02-A0-00500	Thomas E Strange Rev Trust ETAL	
12	18-11-02-A0-00800	Ryan, Michael G and Moore, Kathleen R	•
13	18-11-02-A0-00700	Wright, Kenton D	
14	18-11-02-B0-00900	Sandgren Living Trust	
15	18-11-02-B0-00800	Steelhammer, Geoffrey G and Brandy R	
16	18-11-02-B0-00700	Durkin, David A and Mardi L	
17	18-11-02-B0-00100	Johnson, Kenneth Jeffrey ETAL	
18	18-11-02-B0-00200	Charno, John and Sandra	
19	18-11-02-B0-00300	Wickham, Douglas John ETAL	
20	18-11-02-B0-00400	Bryand, Andy D and Nancy K	
21	18-11-02-B0-00600	Dostal, Kevin Jay and Tamara	
22	18-11-02-B0-01500	Breyman Properties LLC	RECEIVED BY OWND
23	18-11-02-B0-01400	Dryden, Jeff and Dryden, Mike	O
24	18-11-02-B0-01300	Allen, James P and Brenda Scarlett	SEP 30 2014
25	18-11-02-B0-01100	Brooks and Sheri Hilton Joint Trust	
26	18-11-02-B0-01000	NTC & Co LLP FBO Patrick L Radecki IRA	SALEM, OR
27	18-11-02-C0-00200	Lea A Dziurzynski Rev Trust ET AL	The head of
28	18-11-02-C0-00300	Azur, Bryan and Angela	
29	18-11-02-C0-00800	Van Velzen, Femke	
30	18-11-02-C0-00900	Warta Family Trust	
31	18-11-02-C0-01000	Equinox Holdings LTD	
32	18-11-02-C0-01100	Valentine Revocable Trust	
33	18-11-02-C0-01200	Douglas F Berry MD Profit ET AL Trust	:
34	18-11-02-C0-01300	Farver Benjamin and Meaghan	
35	18-11-02-C0-01400	M Louis Pengue JR Rev Trust ETAL	•
36	18-11-02-C0-00600	Jones, Tracy A and Tammy J	
37	18-11-02-C0-00500	Denson Investments LLC	
38	18-11-02-C0-01900	Lovejoy, Winfield Scott III and Kristy Marie	
39	18-11-02-D0-00400	Zidek Family QSST Trust FBO Brian P Zidek	

40	18-11-02-D0-00200	Fox, Matthew Chandler and Margherita
41	18-11-02-D0-00100	Worthington, Roger G
42	18-11-02-A0-01400	Moore, Gary L and Kelly C
43	18-11-02-C0-01800	Egeland, Daniel E
44	18-11-02-D0-00600	Fourneir, Bruce R and Joanne E
45	18-11-02-C0-01500	Butterworth Family Rev Trust
46	18-11-02-C0-01600	Laakmann Living Trust
47	18-11-02-D0-00700	Laakmann Living Trust
48	18-11-02-D0-00800	Todd Allen Craig
49	18-11-02-D0-00900	Potter Michael J and Tressi L
50	18-11-02-D0-01000	Linda G Storch Revocable Trust
51	18-11-02-D0-01100	Lilly, Albert Jackson III and Soma l
52	18-11-02-D0-01200	Tucker Family Revocable Trust
53	18-11-02-D0-01300	2004 Herold Family Trust
Tract 'A'	18-11-02-C0-00100	Cascade Highlands LLC
Tract 'B'	18-11-02-C0-00400	Highlands At Broken Top Comm Assoc Inc

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SALEM, OR

Tetherow Golf

Lot#	Taxlot	Owner of Record
Golf Tract 'A'	18-11-11-00-00500	Tetherow Golf Course LLC
	18-11-12-00-01700	Tetherow Golf Course LLC
Golf Tract 'B'	18-11-11-00-00400	Tetherow Golf Course LLC
	18-11-12-00-01500	Tetherow Golf Course LLC
Golf Tract 'C'	18-11-01-C0-17000	Tetherow Golf Course LLC
	18-11-12-00-01300	Tetherow Golf Course LLC
Golf Tract 'D'	18-11-11-00-00100	Tetherow Golf Course LLC
Dev. Tract 'AA'	18-11-11-DD-00100	Weston Investment Co LLC
	18-11-12-00-02100	Weston Investment Co LLC
Dev. Tract 'Y'	18-11-11-DD-00300	VRE Tract Y LLC
Dev. Tract 'Z'	18-11-11-DD-00200	Tetherow Golf Course LLC
C.A. Tract 'A'	18-11-12-CA-02100	Weston Investment Co LLC
C.A. Tract 'AM'	18-11-12-BB-01500	SFI Cascade Highlands LLC
C.A. Tract 'DB'	18-11-12-00-02300	Arrowood Tetherow LLC
C.A. Tract 'F'	18-11-12-BA-03800	SFI Cascade Highlands LLC
C.A. Tract 'I'	18-11-12-BB-00200	SFI Cascade Highlands LLC
C.A. Tract 'J'	18-11-11-DD-00500	SFI Cascade Highlands LLC
C.A. Tract 'L'	18-11-12-00-02200	Arrowood Tetherow LLC
	18-11-11-DD-00400	Arrowood Tetherow LLC
C.A. Tract 'X'	18-11-12-00-00900	Tetherow Glen 58 LLC
Lot 83	18-11-12-BA-03900	Yelas Developments INC
Lot 97	18-11-12-BA-03400	Harris, John and Alma Ruth
Lot 154	18-11-11-DD-01000	SFI Cascade Highlands LLC
Lot 217	18-11-12-BB-01600	Alexander, Scott and Tricia

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SEP 30 2014

SALEM, OR

Indication of the set page of this form Indication for completing this report are on the least page of this form Indication for completing this report are on the least page of this form Indication for completing this report are on the least page of this form Indication for completing this report are on the least page of this form Indication for completing this report are on the least page of this form Indication for completing for the least page of this form Indication for completing for the least page of this form Indication for completing for the least page of this form Indication for completing for the least page of this form Indication for completing for the least page of this form Indication for completing for the least page of this form Indication for completing for for completing for completing for this form Indication for completing fo	STATE O						DESC	51899	WELL	يـ # D!	128	14 <u>_</u>	250
Comparison Control Description: Control	(as required by O	RS 537	.765)		e last page		Dea		(STAR	RT CARI)#_ <mark>1</mark>	02029	
Simew Well Desperating Alteration (repair/reconditions) Abandonment	(1) OWNER: Name Casca Address P.O. Bo Portlar	de Hig ox 800 nd	hlands L 54	۷ td. Partn	/ell Number: ership	CH2		(9) LOCATION OF County Deschute: Township 18S Section 2 Tax Lot 100 R1	NorS, Range 11E	**************************************	E Subdi	or W. of % ivision B	WM.
3) DRILL METHOD: Auger Auger Auger Cother Auger Cother Auger Auger Auger Cother Auger Cother Auger Cother				teration (rep	air/reconditi	on} Ab	andonment						
Content Community Industrial Mitrigation To Demonstration Demons	(3) DRILL MET	HOD:						301 ft. be	low land surface.	square in	_		
Community Industrial Elimination Doubte at Community Industrial Elimination Doubte at Community Industrial Elimination Doubte at Community Industrial Elimination Doubt at Community Industrial Injustrial Inju					·····						7.7		
Thermal Injection Livestock Other 308 497 30004- S0004- S	(4) PROPOSEI										,		
(5) BORE HOLE CONSTRUCTION: Special Construction approach Yes (E) No Depth of Completed Well 507 n. Section of pounds 17.5' 0 507 Cement Diameter From To Career Placed from R. to n. Noterial (6) CASING/LINER: Diameter From To Casing: 12" 378 504 375 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	=	=		<u></u>								w Rate	SWL
Special Construction approved Yes No No Type Annount Annount SEAL From To SEAL From To SA Sacks	(5) BORE HOL	E CO	NSTRUCT	TON:				308	497	30004			
Material From To Sacks or pounds 236 Sacks S							<u>507</u> ft.						-
Material From To S Brown Sandy Top Soil S 3 18	HOLE Diameter From	То	Materia	SEAL	From To	An sacks	or pounds	(12) WELL LOG:	Ground ek	evation			_
Boulders Since S	17.5 0	307	Cement		V 20	2303	ECR3		Material		From	То	SWL
Frow was seal placed: Method A B X C D E													-
Comment Grout 4 yds. from 6'-33' 33 33 33 34								Brown & Pink Pun			18	29	
Debte Debt	How was seal place	ed: Meti	nod []A	☐B X	C D	_ E							-
Gray placed from R. to R. Size of grave Gray Basalt Gray Gray Basalt Gray	Other				_ ,			Lt. Blue Gray Basa	ilt		33	54	
Brown & Red Cinders 114 126						l		Brown Volcanics Gray Basalt					
Diameter From To Gauge Steel Plastic Welded Threaded Threaded 12" 41 378 250 X X								Brown & Red Cinc					
Casing: 12" +1 378 250 X X	Diameter				eel Plasti	c Weided							
Liner:	Casing: 12"							Hard Gray Basalt					
Brown Ash & Basalt 233 246	14	3,0	304										+
Final location of shoe(s) Perforations Perforations Method Factory		-		[Я	Brown Ash & Bas					
Final location of shoe(s)	Liner:				3 8		H						
Perforations	Final location of sh	pe(s)						Brown Conglome	ate WB				301
Screens Type Material Type T	(7) PERFORAT	TIONS											301
Slot Tele/pipe Size Number Diameter Size Casing Liner 378 504 3/16" 3024 12" Pipe X		ns		actory	**-*			Brown & Red Con	glomerate WB				301
From To size Number Diameter size Casing Liner 378 504 3/16" 3024 12" Pipe X	Screens	Slot	ıype			±1		Brown & Gray Bas Hard Gray Basalt	alt WB				301
Date started 7/20/98 Completed 8/14/98 [Unbonded] Water Well Constructor Certification: Certify that the work I performed on the construction, alteration, or abandonme of this well is in compliance with Oregon water supply well construction standard Materials used and information reported above are true to my best knowledge and belief. WWC Number Date	1 1												
(a) WELL TESTS: Minimum testing time is 1 hour Pump	3/8 304	3/10	3024	12	i ipo			Date started 7/20/98	Com	pleted 8	/14/98	3	
Certify that the work I performed on the construction, alteration, or abandonme of this well is in compliance with Oregon water supply well construction standard Materials used and information reported above are true to my best knowledge and belief. Yield gal/min					<u> </u>		뮤						
(8) WELL TESTS: Minimum testing time is 1 hour Pump Bailer X Air Artesian Yield gal/min Drawdown Drill stem at Time 1000 20*+/- Signed Date Temperature of Water 54 Depth Artesian Flow found Was a water analysis done? Yes By whom Did any strata contain water not suitable for intended us Temperature of Water Intended us Tempe						<u> </u>	<u> </u>	I certify that the work I	erformed on the constru	ection, alt	eration,	or aband	onment
Pump	(8) WELL TES	TS: Mi	nimum te	esting tin	ne is 1 ho)UF		of this well is in complian Materials used and inform	ce with Oregon water su nation reported above ar	e true to re true to	consuu my best	knowled	reares. ye and
Yield gal/min Drawdown Drill stem at Time 1000 20'+/-	• •					Flowin	_		•				
1000 20'+/- 1hr.	>#	0		Drill etc	arm of			Signed	**			iber	
(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work Temperature of Water 54 Depth Artesian Flow found Was a water analysis done? Yes By whom Did any strata contain water not suitable for intended us 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1													
Temperature of Water 54 Depth Artesian Flow found Depth Artesian Flow found Did any strata contain water not suitable for intended us 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000							(bonded) Water Well	Constructor Certific	ation:			nek
Temperature of Water 54 Depth Artesian Flow found Was a water analysis done? Yes By whom Did any strata contain water not suitable for intended us 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				······································				l accept responsibility for performed on this well du	or the construction, alter ring the construction dat	racion, or tes report	anando ed abov	omentw e. Allw	ork
Was a water analysis done? Yes By whom Did any strata contain water not suitable for intended us to the Dest of my knowledge and believe to the Dest of my knowledge	Temperature of Wa	ater 54		epth Artesi	an Flow four	nd		performed during this tim	e is in compliance with (Oregon w	ater sup	ply well	
	Mice a replacement	ole done	? 🔲 Yes	By whom	d us	CLA	/FN	1 1 1 1	This report is true to the	Dest of #	y knowle VC Num	eage and	ренет. 85
Salty Muddy Odor Colored Other Signed Signed Western Water Development Corporation	Salty Muck	dy 🔲	Odor 🔲 C	olored	Other	~ L. I \		Signed 7 Ocul	The Water Develop	Dat	• Y/	$(\varphi/1)$	a
Depth of strata: Western Water Development Corporation ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER					- Nn	118	กกร						

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

DESC

WELLID#	
(START CARD)#	102027
	Page 2

(1) Ol Name	WNER:		ghlands	Ltd. Par	Well Num tnership				County	WELL by legal de Nor S. Range 11E	titude	1	Longitud	
Addres	*								Section 12		4	=	OF WY. DE	AAW.
City					State	_ Zip			***************************************	Lot Block _		Subd	vision_	
	/PE OF								Street Address of We	ell (or nearest address)				
☐ New	v Well [_ Deepe	ning 🗌	Alteration (repair/reco	ndition)	Abend	Sonment						
	RILL ME		-							elow land surface.			ate	
Rota	-	LjR	otary Mud	∐ Ca	ble	L	Auger		Artesian pressure	lo. per	equare is	nch. D	late	
	ROPOS	ED US	E :						(11) WATER BEAL Depth at which water					
Don:			ommunity jection	ind	ustriel estock	===	Irrigation Other		From	То	Estin	nated Fix	w Rate	SWL
			NSTRU	CTION: 	Depth of C	Completed	i Well	ft.						
		Yes	☐ No T			Amount	t							
	HOLE er From	То	Mate	SEA erial	From	To s	Amou acks or p		(12) WELL LOG:	Ground ele	vation _			
		-								Material		From	To	SWL
		 							Gray & Brown Sa			510	528	266
									Bottom of hole ca Gray & Brown Sar			522	542	000
									Gray & Drown Sai	N WD		528	542	266
	•	ced: Me	thod 🔲 A	□B (]c []	D []	•						 	
Othe Backfill			ft. to	ñ.	Material									
	placed fro				Size of gr				[
	SING/L												 	1
Casing:	Diamete		m To	Gauge 1			ided TI	areaded		RECEIVE		Francisco Contraction Contract		
Liner:			\bot] [SEP 1 6 1998	× × 3 G	loui / f		(MD-
										DECOURCES	DEPT			
rinal loc	ation of s	106(8) _							W	ATER RESOURCES SALEM, OREGON	12Fb	3	014	
(7) PE	RFORA	NONS	SCREE	NS:						OLIEBOOK			1017	
	Perforation	XI:S	Method	•							SAL	tora a		-
	Screens		Туре		Met)FT	†
	To	Slot size	Musehaa	Diamete	Tele/pip		dan e	· fm.m.m						
From	"	1 1426	Number	Camilloso	r stze	Ces) .	Liner	<u> </u>					
							j		Date started	Comp			<u> </u>	<u> </u>
		ļ	<u> </u>	<u> </u>]				- , -			
(8) WF	11 TES	TS: M	inimum	testing ti	ime is 1	_ [[I certify that the work I p of this well is in complian	elf Constructor Certification on the construction with Oregon water sup-	stion, alte opiy well	eration, o construc	tion stan	dards.
Pump			lailer	Aiı			Flowing Artesian		belief.	nation reported above are		•		e and
Yield gal	/min	Dra	wdown	Drill s	stem at		Time		Signed		Data		JEI	
Was a w Did any s Salty	strata conf	sis done sin wate	? 🔲 Yes r not suitab	Depth Arter By whom le for intend Colored	n led use?	eend) little		I accept responsibility for performed on this well du performed during this tim construction standards. Signed	Constructor Certification the construction, alterating the construction date is in compliance with Office report is true to the b	etion, or reporte regon wa est of m WW Date	ed above ater supp y knowle VC Numb e 9 ~	All world dge and it	ork belief. 8 <i>5</i>
Depth of	strata:						 		Weste	rn Water Developn	ent C	orpora	tion	

		7	
å			
	•		
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DESC 55459 DESC 55459

STATE OF OREGON Water Supply Well Report (as required by ORS 537.765)

DESC

Received Date: 07-14-2003

Well ID Tag # L 2

23814

Start Card # 156243

Instructions for completing this report are on the last page of this form.		alt Cald # 130£43
(1) Owner Well Number: 2	(9) Location of Hole by legal (description
Name:	County: DESC Latitude: 44°2'2	
CASCADE HIGHLANDS LTD	Township: 14:80 S /85 Range: 11.00 I	E
Street: 61999 BROKENTOP DR City: BEND State:OR Zip Code: 97702	Section: 2 NESW Lot:	Block:
	Tax Lot: 100 Subdivision: Bl	ROKENTOP
(2) Type of Work	Street Address of Well (or nearest address):	and
New Alter (Recondition) Alter (Repair)	NA NOT YET 1955.9	
Deepening Abandonment	MAP, with location identified, must be attached.	-
(3) Drill Method	(10) Static Water Level	
X Rotary Air Rotary Mud X Cable Auger	1 301 301 301 301 301 301 301 301 301 30	e: 06 / 30 / 2003
Other:	Artesian Pressure: Date	9:
(4) Proposed Use	(11) Water Bearing Zones	
Domestic Community Industrial X Irrigation Injection	Depth at which water was first found: 505.00	ft.
Livestock Thermal Other:	From To est Flow swl	
(E) Para Hala Construction	505.00 532.00 1000.00 347	
(5) Bore Hole Construction Special Standards: Depth of completed well: 532.00 ft.		
	(12) Well Log Ground Elevati	on: 3797 ft.
Explosives Used: Amount: Type: Hole Seal	Material	From To swl
	BEGINNING SWL 347	0.00 0.00
Diameter From To Mtrl From To Sacks/lbs	FRAC BASALT/LAVA GRAY RED	505.00 532.00 347
10.00 505.00 532.00	RAN 10" CASING	0.00 0.00
	TO SHUT OFF SAND	0.00 0.00
	TAG NUMBER ON WELL DOES NOT	0.00 0.00
How was seal placed? Other: DID NOT DISTURB	MATCH TAG NUMBER ON	0.00 0.00
Back fill placed from: Material:	DESC51899 WELL LOG	0.00 0.00
Filter pack from: Size:		
(6) Casing / Liner		
Csng/ Shoe Shoe	. I	
Liner Diameter From To Gauge Mtrl Weld Thrd at used C 10.00 2.00 505.00 .250 S X 505 in	<u> </u>	
C 10.00 2.00 000.00 .200 0 A 000 III		
	DECENIER	RECEIVED BY OWAD
(7) Perforation / Screens	The Market Windles	RECEIVED BY OWNER
Perforations: Csng/	AUG 1 8 2003	
Mtrl From To Width Height #Slots Dia. t/pSize Lnr Method	AUG 1 0 2003	SPARRALL
	WATER RESOURCES DEPT.	SEP 30 2014
Screens: Mtrl From To S Size #Slots Dia. t/pSize Type Gauge	SALEM, OREGON	
ART FIGHT 10 COLONDIA COLONDA		SALEM, OP
(8) Well Tests (Minimum testing time is one hour)	1	
(b) Wen resid	Date Started: 06 / 18 / 2003 Date C	completed: 06 / 30 / 2003
Type Yield Units Drawdown Stem at Duration A 1000.00 G 530.00 1.00	(unbonded) Water Well Constructor Certificat	
A 1000.00 C	I certify that the work I perform on the construction	ı, alteration, or abandonment
	of this well is in compliance with Oregon well consused and information reported above are true to the	
Temperature of Water 47 E	Signed by: THOMAS R PECK	WWC #:758
Temperature of Water: 47 F Was water analysis done? Depth of artesian flow:	(bonded) Water Well Constructor Certification	
by whom?	I accept responsibility for the construction, alteratio performed on this well during the construction date	n, or abandonment work es reported above. All work
Did any strata contain water unsuitable for use? Too Little Salty	performed during this time is in compliance with C	regon well construction
Muddy Odor Colored other:	standards. This report is true to the best of my kn Signed by: JACK ABBAS	owledge and belief. WWC #: 1720
Depth of strata: Page	ADDAG WELL DOULING CO	Phone: 541-548-2787
, age	. == -	

WWC Number

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ľ	0	ю	и	и	н	ю	Ю	1	1	.44	1	440	n	u	σ	и.	щ	ш	IJ	w	•	1	ш	ж			ч.	ш

I accept responsibility for the construction, eiteration, or abperformed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well landards. This report is true to the best of my knowledge and belief. WWC Humber, 1385 Western Water Development Corporation

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

Drill stem at

Depth Artesian Flow found

Time

24 hr.

SECOND COPY - CONSTRUCTOR

THIRD COPY - CUSTOMER

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Considera

Was a water analysis done? Yes By whom

Did any strate contain water not suitable for intended use? Salty Muddy Odor Colored Other

22

Temperature of Water 54

Depth of strate: 266

Yield gel/min

1000

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

VELLID# L1	128	į
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(START CARD) # 102027

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(1) OV					Number:	- Uni		County Deschute	WELL by legal de S	escriptic Latitude)n: 	.ongitude	•
Name	Casc	ide Hi	ghlands l	td. Partner	<u>ship</u>			Township 18S	Nors, Range 11E			or W. of	
	P.O. E		054		. OD	Zip 9728 (1	Section 12	NW	% NW		<u>"</u>	
City	Portla	ina	·	51	P OV	Zip <u>81201</u>			ot Block		Subdi	vision <u>B</u>	roknTop
(2) TY	PE OF	WORK	: :					Street Address of We	ii (or nearest address)_	· · · · · · · · · · · · · · · · · · ·			
	Well [_	iteration (repair	ineconditi	on) 🔲 Aba	indonment						· · · · · · · · · · · · · · · · · · ·
					- 11			(10) STATIC WATE	R LEVEL:				
	ILL ME					_			Now land surface.				
X Rota		∏ R	otary Mud	Cable		Auger		Artesian pressure	Hb. pel	r square in	ch. D	ane	
Other	<u> </u>							(11) WATER BEAR	ING ZONES:				
(4) PR	OPOSE	D USI	E:					Depth at which water	was first found				
☐ Dome	estic	Пс	ommunity	[industria	i	X Irrigatio	on ne						
Then	mal	🗌 In	jection	Livestoc	k	Other		From	To		rated Fig	w Rate	SWL
(E) PO	DE NO	I E CO	NSTRUC	TION				266	269 542	25+ 3000		~	266 302
						6 . A 4161-W	E22 .	302	342	3000			302
				X No Dep						<u> </u>			
	HOLE	_) (00)	¥ΠΑΟ ΙΆ	SEAL			ount						
	r From	To	Mater		om To	sacks o	or pounds	(12) WELL LOG:	Ground e	levation			
17.5"	0	546	Cement	0	28	5 176 Sa	icks		Giodilo				
									Material		From		SWL
		 						Brown Sandy Soil			0	6	
			 					Brown Sand & As	h	,,,,	9	9	
	1	ļ	<u> </u>					Brown Ash Tuft Grav Ash Tuft			19	25	+
How was	s soal pla	ced: Me	thod	B X c	[] D	□ €		Gray Basait			25	110	
Other	r							Red Volcanic Con	glomerate		110	132	
Backfill	placed fro	m	ft. to	ft. Mel	erial			Brown Ash & Bas	ait		132	180	
Gravel	placed fro	m	ft to	ft. Size	of gravel			Hard Gray Basait	44		180	191	
(6) CA	SING/L	INER:						Brown Ash & Bas			191 195	195 226	
` '	Diamete		m To	Gauge Steel	Plastic	: Welded	Threaded	Red Cinder Congl Black Cinder Roc			226	248	1
Casing:	12"	+1	362 .	250 X		X		Brown Ash & Bas			248	266	
-	12"	36	2 522 .	375				Broken Gray Basa			266	269	266
		 		<u> </u>				Broken Gray Basa	lt		269	305	266
		+			님			20 cyds Cement G			306	306	266
Liner:				ㅡㅡ	H	H	H	Medium Brown As			306 324	324 332	266 266
Finel loc	ation of s	hoe(s)						Red Volcanic Con Hard Gray Broken			332	369	266
-								Brown & Red Vok			369	402	266
(7) PE	RFORA	TION	B/SCREE!					Hard Gray Volcan			402	426	266
	Perforation	BTK	Method 1	actory				Lost Circulation			426	430	266
L	Screens		Туре _		_ Materia	ll	·	Red & Brown Cine			430	443	266
From	To	Slot size	Number	Diemoter	'ele/pipe size	Casing	Liner	Hard Gray Broken Soft Brown Volca			443	469 510	266 266
362	522	3/16"				X		Continued on nex	t page		400	10.0	
								Date started 6/29/98	Con	npleted J	124/98		
							닐						
	ļ					님		(unbonded) Water W I certify that the work i	en Constructor Cer verformed on the consti	nistion, all	r. eration.	or aband	konment
			<u> </u>			LJ	ــــــــــــــــــــــــــــــــــــــ	of this well is in complian	ce with Oregon water s	upply wel	constru	ction sta	ndards.
(8) WE	ELL TES	STS: N	linimum (esting time	is 1 ho	eur	_	Materials used and infor	nation reported above o	are true to	my best	knowled	ge and
X Pum	p		Bailer	Air		Flowin Artesia		belief.				_	
							•••			W\ Da		iber	
Yield ga	l/min	Dn	ewdown	Drill stem	at	Time		Signed					
1000		22			2	4 hr.		İ					
								(bonded) Water Well	Constructor Certifi	ication:	b		metr
			 					I accept responsibility! performed on this well di	or the construction, alt	erenon, o otes sesse	r apando had oksa	PIMOMIN Allu	rurk unrk
			I	<u> </u>				performed on this well di performed during this tin	on is in compliance with	i Oteanu a mas iahni	rater sur	w. Milit	TVIR
	ature of Vi		e? 🗌 Yes	Depth Artesian By whom	FROW TOU!	N		construction standards.	This report is true to the	e best of n	ny katowi	edge and	i belief.
				ie for intended	uso?	X Too little			~ 0 h	W	NC Nug	be ₂ 1:	385
Salty	Mu	ddy [Odor [Colored C				Signed No Second	Suche		~ -	<u>_6.</u>	70
	f strata: 2				EIVED	BY (W	WED_	Weste	rn Water Develo	pment (orpor	атюп	
										0004			

			e ·
	\$ \\ \tag{2}		