

**CLAIM OF
BENEFICIAL USE
for Ground Water Permits
claiming 0.1 cfs or less**



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

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**A fee of \$200 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

A separate form shall be completed for each permit.

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

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

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

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

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

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

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # G-18292	PERMIT # (IF APPLICABLE) G-17853	PERMIT AMENDMENT # (IF APPLICABLE)
---------------------------------	--	------------------------------------

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME William McMichael		PHONE NO. 541-390-1340	ADDITIONAL CONTACT NO.
ADDRESS PO Box 3752			
CITY Sunriver	STATE OR	ZIP 97707	E-MAIL

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

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

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PERMIT HOLDER OF RECORD Same		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD N/A		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

10-9-2019

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
William McMichael	10-9-2019	Owner

6. County:

Deschutes

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

OWNER OF RECORD N/A		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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



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CWRE NAME Gary L. DeJarnatt		PHONE NO.	ADDITIONAL CONTACT NO. John Short 541-389-2837
ADDRESS 20735 Double Peaks Drive			
CITY Bend	STATE OR	ZIP 97701	E-MAIL

Permit Holder's of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>William S. McMichael</i>	<i>William S. McMichael</i>	<i>owner</i>	<i>July 13, 2020</i>

**SECTION 3
CLAIM DESCRIPTION**

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1. Point(s) of Appropriation (POA):

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POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well	DESC 56961	L-78985

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

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well	NU	Cannabis and Vegetables	Year-Round	0.005 CFS
Total Quantity of Water Used				0.005 CFS

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

Water is pumped from the well into a pipeline to a spigot where it is applied to crops using hand-watering.

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

4. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. **YES** **NO**
 (e.g. "The permit allowed three points of 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.")

5. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well	0.005	0.03 cfs	N/A	NU	1.1	1.1

**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES NO

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

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

Well DESC 56961 / L-78985

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A. Place of Use

Attach Claim of Beneficial Use map.

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.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

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

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

Turtle Back well cap without access plug.

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
N/A						

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.

N/A

C. Groundwater Source Information (Sump)

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

YES NO

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

D. Appropriation and Delivery System Information

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

1. Is a pump used?

If "NO" items 2 through item 5 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
			Submersible

3. 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)
0.5	40	16.67'	2'	0.03

4. Provide pump calculations:

See attached OWRD pump calculations

5. 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)
N/A			

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

6. Sprinkler Information:

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

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

7. Drip Emitter Information:

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

8. Drip Tape Information:

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

E. Storage

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

YES NO

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

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.

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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?

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YES NO

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

H. Additional notes or comments related to the system:

[Empty rectangular box for additional notes or comments]

**SECTION 5
CONDITIONS**

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

1. Time Limits:

Permits and 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 was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	9-28-2017		
BEGIN CONSTRUCTION (A)			
COMPLETE CONSTRUCTION (B)	9-28-2022	10-9-2019	System Complete
COMPLETE APPLICATION OF WATER (C)	9-28-2022	10-9-2019	Complete Application of Water to Beneficial Use

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

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

YES NO

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

3. Initial Water Level Measurements:

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

YES NO

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

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? **YES** **NO**

5. Pump Test:

a. Is a pump test required? **YES** **NO**

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

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For additional information regarding pump tests see:

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

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

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b. Has the pump test been previously submitted to the Department? **YES** **NO**

c. Is the pump test attached to this claim? **YES** **NO**

d. Has the pump test been approved by the Department? **YES** **NO**

e. Has a pump test exemption been approved by the Department? **YES** **NO**

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

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **YES** **NO**

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

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

b. Has a meter been installed? **YES** **NO**

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	DAE	19015918	Working	23	10-1-2019

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

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **YES** **NO**

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

b. Have the reports been submitted? **YES** **NO**

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

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

a. Were there special well construction standards? **YES** **NO**

b. Was submittal of a ground water monitoring plan required? **YES** **NO**

- c. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO

WELL ID #	DATE ATTACHED TO WELL
78985	2005

- d. Other conditions? YES NO

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

Ground Water Mitigation Condition: Fulfilled via 0.1 Mitigation Credits obtained from MP-191

Note: The well ID # found on the ID tag attached to the well (L-78985) does not match the record ID number found on the well log (L-78983). A request has been submitted by the driller to amend the well log to match the found ID # L-78985.

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**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
CBU Map	Claim of Beneficial Use Map
Well Log	DESC 56961 / L-78985
Pump Calcs	OWRD Pump Calculations
Mitigation Confirmation	Deschutes Basin Mitigation Documentary Evidence Form

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.

On site direct measurement and NAIP Imagery

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.)

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



Bryce Withers <brycewrs@gmail.com>

ReSPONSE: Request for amended well log

1 message

TC1 Well&Water Specialists, LLC <tc1welldrilling@aol.com>

Reply-To: "TC1 Well&Water Specialists, LLC" <tc1welldrilling@aol.com>

To: "brycewrs@gmail.com" <brycewrs@gmail.com>, "Ladeena.K.Ashley@oregon.gov" <Ladeena.K.Ashley@oregon.gov>

Wed, May 20, 2020 at 7:50 PM

Hi Ladeena, per Sam, It looks like a typo, his apologies for inconvenience. Please proceed with changing the Well ID# 78983 to 78985 as referenced in the correspondence.

Please call with any questions, take care and THANK YOU, kimberley

Sam Olson, Owner-Operator office -Kimberley 541-410-4135

TC1 Well & Water Specialists, LLC.

tc1welldrilling@aol.com 541-536-5339

-----Original Message-----

From: Bryce Withers <brycewrs@gmail.com>

To: TC1welldrilling@aol.com

Sent: Wed, May 20, 2020 7:45 am

Subject: Request for amended well log

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Hi Sam,

Would it be possible for you to request an amended well log for DESC 56961, the Well ID Tag found on the well should be 78985 to match the tag found on the well. Currently the well log has ID #78983, which we believe is wrong and needs to be corrected.

I emailed Ladeena Ashley about this yesterday and she suggested I contact you and ask that you contact her and request the change. Her info and message is copied below

Property Information:

Mailing Name: MCMICHAEL, WILLIAM S III & LORID

Map and Taxlot: 211001B010401

Account: 138878

Situs Address: 54764 PINEWOOD AVE, BEND, OR 97707

If DESC 56961 is the log and you believe it should have an amended tag number, then the well driller must authorize the change on his log.

5/21/2020

Gmail - Re:SPONSE: Request for amended well log

You can contact Sam Olson at 541-410-4135 or TC1welldrilling@aol.com
He or someone at his office can call or email me to amend his log, if he agrees.
Thanks,
Ladeena

Ladeena Ashley

Well ID Program Coordinator ~ Public Service Representative in Well Construction & Compliance
725 Summer St NE Suite A / Salem, OR 97301 / 503-986-0854

Thank you!

--

Bryce Withers

Water Right Specialist
(541)513-5150 cell

Water Right Services, LLC
PO Box 1830
Bend, OR 97709

<https://oregonwater.us>

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Oregon

Kate Brown, Governor

Water Resources Department
725 Summer St NE, Suite A
Salem, OR 97301
(503) 986-0900
Fax (503) 986-0904

DESCHUTES BASIN MITIGATION CREDIT DOCUMENTARY EVIDENCE FORM

This form is to be completed when mitigation credits are obtained from a mitigation credit holder, other than a mitigation bank, by a ground water application/permit/certificate holder to satisfy a mitigation obligation under the Deschutes Ground Water Mitigation rules. Please print in ink or type all information. If there any questions about this form, please contact the Department.
Phone: (503) 986-0884

Ground Water User Information:

Name: William McMichael
Mailing Address (Street, City, State, Zip): PO Box 3752, Sunriver, OR 97707
Phone Number (Home and Work-including area code): _____ E-Mail (optional): _____
Ground Water Application, Permit, or Certificate #: Ap G-18292
Mitigation Obligation (amount) (see Notice of Mitigation Obligation or Initial Review for this information): 0.1 Mitigation Credits
Zone of Impact (see Notice of Mitigation Obligation or Initial Review for this information): Upper or Little Deschutes

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Mitigation Credit Holder Information:

Mitigation Credit Holder Name: Legacy Ranches, LLC
Mailing Address: 500 W Monroe St, Suite 2630, Chicago, IL 60661
Phone Number (including area code): _____ E-Mail (optional): _____
If mitigation credits have changed hands beyond the original credit holder, a complete assignment record should be included with this documentary evidence form to help demonstrate that the credits are valid. This information may be obtained from the mitigation credit holder.

Mitigation Credit Information:

In the following table, identify the mitigation project identification number(s), the number of credits assigned from each mitigation project, the zone of impact in which the credits are to be used (note - many credits may be used within more than one zone of impact) and the type of mitigation project upon which the credits are based.

Project Type Codes: Allocation of Conserved Water = ACW Permanent Instream Transfers = PT Storage Release = SR
Aquifer Recharge = AR Other = Other (if other, please describe under project type in space provided below)

Mitigation Project ID	# Mitigation Credits Assigned	Zone of Impact	Mitigation Project Type Code (see above)
MP- <u>191</u>	<u>0.1</u>	<u>Upper or Little Deschutes</u>	<u>PT</u>

Add additional mitigation projects and credits, using above format, by attaching additional pages if necessary.

Mitigation Project Operator (if other than original credit holder): N/A (for example, name of storage project or aquifer recharge project operator)

Mailing Address: _____

Phone Number (including area code): _____

For Stored Water Releases (if applicable):

Name of Reservoir: N/A

Reservoir Permit/Certificate: _____ Contract Number(s): _____

The above described mitigation credits have been transferred from Legacy Ranches, LLC, mitigation credit holder, to William McMichael, ground water application/permit/certificate holder.

Mitigation Credit Holder Signature

Date

Ground Water Application/Permit/Certificate Holder Signature

Date

7-22-16

7-22-16

Water Right Services LLC
Agent

Pump Capacity Calculation Sheet		<i>McMichael DESC 56961</i>	
using Department designed formula:			
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$			
Efficiency:			
Centrifugal = 6.61			
Turbine = 7.04			
Data Entry (fill in underlined blanks)			
HP =	<u>0.5</u>		
Efficiency =	<u>7.04</u>		
Lift =	<u>18.67</u>		
PSI =	<u>40</u>		
Results Calculated			
$(hp)(\text{efficiency}) =$	3.52		
Head based on psi =	101.6		
Total dynamic head =	120.3		
(head + lift)			
Pump Capacity =	0.03	cfs	

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RECEIVED DESC 56961

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

AUG 31 2005

WATER RESOURCES DEPT

WELL I.D. # L 78983
START CARD # 174758

Instructions for completing this report are on the back of this form.

(1) LAND OWNER
Name WILLIAM McMICHAEL Well Number _____
Address 2235 CHEMEKETA NE
City SALEM State OR Zip 97301

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 31 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	18'	3/4" HOLE PLUG	0	18'	13
6"	18'	31'				

How was seal placed: Method A B C D E
 Other 3 MIN. POUR/BAG

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	4'-2"	25'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2"	6'-5"	31'	SDR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
26'	31'	.010	1950	2"	4 1/2"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
15	11' - 2"		1 hr.

Temperature of water 46° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other NONE
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County DESCH. Latitude _____ Longitude _____
Township 21 N of S Range 10 E of W. WM.
Section 18 NE 1/4 NW 1/4
Tax Lot 10401 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 54164 PINWOOD AVE.

(10) STATIC WATER LEVEL:
16'-8" ft. below land surface. Date 8-1-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 18'

From	To	Estimated Flow Rate	SWL
18'	31'	15 GPM	16'-8"

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
PUMMIE	0	4'	
GRAVEL BROWN	4'	18'	
BROWN SAND COARSE	18'	31'	16'-8"

Date started 8-1-05 Completed 8-1-05

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1614
Signed Sam Olson Date 8-24-05

T21S R10E, WM

DESCHUTES COUNTY, OREGON



0 400 Feet

1" = 400'

Well

Meter

Pipeline

POU Nursery

Township

Section

Quarter Quarter

Tax Lot

Well (DESC 56961 / L-78985) Location:
377' S, 308' W of N 1/4 Cor Sec 1



RENEWAL DATE 12/31/2021

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T20S R10E

T21S R10E

10301

10200

10300

8600

10400

TL 211007B010401

10500

10501

L 3

L 4

PINEWOOD AVE

SUN COUNTRY DR

KASSERMAN DR

GROSS LN

HUSKY LN

DIANA LN

SENW

SWNW

WHITTIER DR

NOTE: THIS MAP IS NOT INTENDED TO
PROVIDE LEGAL DIMENSIONS OR LOCATIONS
OF PROPERTY OWNERSHIP LINES.

CLAIM OF BENEFICIAL USE MAP
William McMichael

PROJECT #20019

PERMIT G-17853

AP G-18292

WATER RIGHT SERVICES, LLC

PO BOX 1830, BEND, OR 97709

CCB# 197121 www.oregonwater.us

541-389-2837 JOHNSHORT@USA.COM