

**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.wrd.state.or.us

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

Claims received without the correct fee of \$200 will be returned.

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.oregon.gov/owrd/pages/wr/cwre_info.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 http://www.oregon.gov/owrd/pages/mgmt_reimbursement_authority.aspx

**SECTION 1
GENERAL INFORMATION**

1. File Information

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-16295	G-16187	

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Eagle Bear Properties LLC		PHONE No. 808-298-2123	ADDITIONAL CONTACT No. 541-504-1234
ADDRESS 19939 Fir Lane			
CITY Bend	STATE OR	ZIP 97701	E-MAIL tknobear@gmail.com

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

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

PERMIT HOLDER OF RECORD Teresa NoBear			RECEIVED
ADDRESS Same as above			
CITY	STATE	ZIP	AUG 17 2018
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ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection: **June 26 2018, August 1, 2018**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Teresa NoBear	June 26 2018	landowner

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(4)):

OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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**SECTION 2
SIGNATURES**

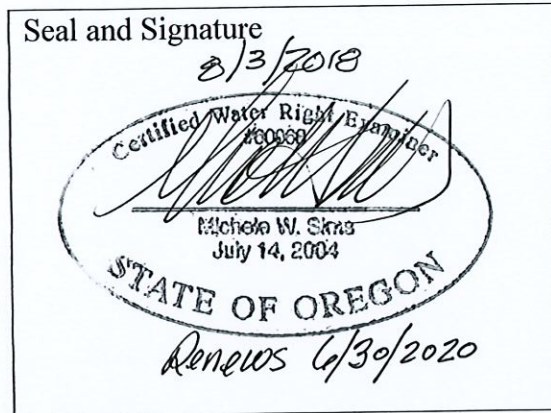
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CWRE Statement, Seal and Signature

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



CWRE NAME Michele Wright Sims		PHONE No. 541-408-4777	ADDITIONAL CONTACT No.	
ADDRESS 14865 Checkrein				
CITY Sisters	STATE OR	ZIP 97759	E-MAIL sims.mw@gmail.com	

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
	Teresa K. NoBear	Owner/operator	8/1/18

**SECTION 3
CLAIM DESCRIPTION**

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

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well	DESC1409	L-42452

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	irrigation	pasture	4/1 to 10/31	0.069 cfs
Total Quantity of Water Used				0.069 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 buried irrigation mainlines. A combination of popups and portable sprinkler guns irrigate the pastures and paddocks. 8-12 sprinklers per zone; pastures zones run 20-30 minutes/day. Dry paddocks and round pen run 10-15 minutes/day. A portable gun waters unused pastures about once a week, depending on need.

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. 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.")

NA

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	0.069 cfs	0.17 cfs	0.15 cfs	irrigation	5.5	5.5

**SECTION 4
SYSTEM DESCRIPTION**

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Are there multiple POAs?

If "YES" you will need to copy and complete Sections 4B through 4F for each POA.

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

Well

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. 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?

YES

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
unknown	unknown	unknown	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)
5hp	46 psi	88.1'	3'	0.17 cfs

4. Provide pump calculations:

$$Q = \frac{(7.04)(5hp)}{114.3' + 88.1' + 3'} = 0.17 \text{ cfs}$$

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)
NA			67 gpm (see pump test)

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)
Rainbird 5000/Hunter	70	2.5	170	12	0.07 cfs
7/32"	70	10.6	2	2	0.05 cfs

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

7. Additional notes or comments related to the system:

Pastures are seeded in grasses and maintained for grazing. Paddocks are irrigated, but grass is thin/spotty because horses use these as lounging areas; they appear dry on aerial photos. These areas had been irrigated when inspected on August 1, 2018.

C. Groundwater Source Information (Well and Sump)

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

Top of well

2. 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
See log						

3. In addition to the information requested in item "2" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

NA

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

NO

D. Storage

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

NO

E. 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?

NO

F. Gravity Flow Canal or Ditch

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

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**SECTION 5
CONDITIONS**

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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	5/24/2007		
BEGIN CONSTRUCTION (A)			
COMPLETE CONSTRUCTION (B)			
COMPLETE APPLICATION OF WATER (C)	10/1/2011 Ext to 10/1/2018	July 2018	Meter installed, all areas irrigated. Began tracking water 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

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? NO

4. Annual Static Water Level Measurements:

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

5. 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

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

c. Is the pump test attached to this claim? YES

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

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

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

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	Carlton SSM	16 01126	working	1410000	November 2017

7. Recording and reporting conditions

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

YES

b. Have the reports been submitted?

NO

METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID
paper	62537

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?

NO

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

NO

c. Other conditions?

YES

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

Yearly purchase of 9.9 mitigation credits from mitigation bank.

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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
Well log	DESC1409
Pump test	June 16, 2017

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.

Used GoogleEarth photo (dated 5/26/2017) as base map. Located well and mapped irrigated pastures using Bad Elf Surveyor GPS rover unit (ORGN base station P387, Sisters).

Map Checklist

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

- Map on polyester film.
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- 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
- NA 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

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2017

Water Use Recording and Reporting Form

2018

Water Right Holder's Name

Teresa Nobear

Water Right Holder's Business Name or Entity Name

Eagle Bear Properties LLC

User ID#

62537

Water Right Holder's Email

tknobear@gmail.com

Water Right Holder's Complete Mailing Address

Phone Number

Well or POD name	Well	Permit: -	Permit: -	Permit: -
Report ID number	Permit: G - 16187	Other:	Permit: -	Other:

	Describe the units of measurement as AF (acre-feet), G (gallons), KG (thousand gallons), MG (million gallons), CF (cubic feet), or MCF (million cubic feet)											
OCTOBER 2017	0											
NOVEMBER 2017	0											
DECEMBER 2017	0											
JANUARY 2018	0											
FEBRUARY 2018	0											
MARCH 2018	0											
APRIL 2018	0											
MAY 2018	244000											
JUNE 2018	301000											
JULY 2018	300000											
AUGUST 2018												
SEPTEMBER 2018												
OCTOBER 2018												
NOVEMBER 2018												
DECEMBER 2018												
TOTAL												
Unit of Measurement (Volume)	<input checked="" type="checkbox"/> G	<input type="checkbox"/> AF	<input type="checkbox"/> KG	<input type="checkbox"/> CF	<input type="checkbox"/> MG	<input type="checkbox"/> MCF	<input type="checkbox"/> G	<input type="checkbox"/> AF	<input type="checkbox"/> KG	<input type="checkbox"/> CF	<input type="checkbox"/> MG	<input type="checkbox"/> MCF
Measurement Method (meter, staff gage, rate x time, etc.)	totalizing flowmeter											
Number of acres irrigated from this well or POD, if applicable												

I certify this information is true and accurate to the best of my knowledge.

Signature x _____ Date _____ Phone Number _____

Name and Title (print) _____ Company _____

Please complete and mail to: OWRD; Water Use Reporting Program; 725 Summer Street NE, Ste A; Salem, OR 97301

MEMORANDUM

TO: JUSTIN IVERSON, GROUND WATER SECTION
FROM: CERTIFICATE SECTION – GERRY CLARK
SUBJECT: PUMP TEST RECEIVED
PERMIT G-16187 APPLICATION G-16295

DATE: JUNE 11, 2018

The attached pump test was recently received. We have retained the original for the application files.

Wildwood Mechanical Services

Jerry Greco
(541) 549-1080
Licensed, Bonded, Insured



P.O. Box 1934
Sisters, Oregon
97759-1934
CCB #137371

June 20, 2017

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Re: Well flow test June 16, 2017 at Eagle Bear Ranch, Sisters Oregon

A four hour well flow test was conducted June 16, 2017 on the subject well.

1. The irrigation system was shut down June 15, 2017 at 12:15 PM
2. The pump cycled approximately every 10-15 minutes with no demand. Water leaking somewhere in the system, possible the yard hydrant system or pump check valves. All other systems valved off.
3. The pumped water was discharged 80 feet from the well head into the south corral area.
4. Water leaking from two of the pressure tanks, (small leaks), one of the tanks is water logged, the other tanks precharge pressure is below 10 PSIG.
5. Well ID Tag No. 42452, start card number. Desc. 1409
6. The installed pump is 5 HP of unknown capacity. No information on the wet end or manufacture.
7. Pump motor amps, Y21, Bk16, R11
8. Total 4-hour water flow was 16,100 gallons averaging 67.083 gallons per minute.
9. The water meter has not been installed.

Oregon Water Resources Department
PUMP TEST FORM COVER SHEET

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Well Owner:

Name: INGLE BEAR RANCH
Address: 69437 Crocker Horse shoe
County: Deschutes
City: SISTERS State: OR Zip: 97759
Original owner (from well log): Bruce Forbes

Well Location:

Township: 14 S (N/S) Range: 10 E (E/W)
Section: 33 1/4: SW 1/16: NW 1/64: _____
Well depth: _____ Date drilled: _____
Owners well no. (if any): 42452 START CARD
POD ID: DESC 1409

Water Right Information:

Application: G16290 Permit: G-16002 Certificate: _____
Is this well listed on more than one water right? Yes If yes, list additional water rights below:
Application: _____ Permit: _____ Certificate: _____
Application: _____ Permit: _____ Certificate: _____

Pump Test:

Test Conducted by: JERRY Grew Well Owner? Yes
Company: Willowood Mechanical
Address: P.O. Box 1934 Date of Test: 6-16-17
City: SISTERS State: OR Zip: 97759
Daytime phone: 541-549-1080

Method of discharge measurement (see our brochure for acceptable methods): Flow meter
Method of water-level measurement (pick one or enter other method used): TAPE
Length of air line (if used): _____

Pump type (pick one or enter other method used): Submersible 5 HP
Was the pump test conducted during normal use of the well? Yes Note: Domestic + Irrigation

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

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: _____ ft Approx. elevation difference: _____ ft

Well elevation is _____ surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) Well Head

Measuring point distance ABOVE land surface 9" feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
<u>10:10 A</u>	<u>64.3</u>	<u>- 9"</u>
<u>10:20</u>	<u>64.3</u>	<u>- 9</u>
<u>10:50</u>	<u>64.3</u>	<u>- 9</u>

Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
<u>11:2 A</u>	<u>66</u>	<u>GPM</u>
<u>12:30</u>	<u>67</u>	<u>GPM</u>
<u>1:30</u>	<u>66</u>	<u>"</u>
<u>2:30</u>	<u>66</u>	<u>"</u>
<u>3:00 PM</u>	<u>67</u>	<u>"</u>

Time pump turned on: _____ Date 6-16-17 Time 11:10 AM
Time pump turned off: _____ Date 6-16-17 Time 3:10 PM
Total pumping time: 4 hours 0 minutes

Note: Well must be idle for at least 16 hours prior to the test.
Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>

Required Signature: JERRY A Grew

PUMP TEST DATA SHEET

Application: G-16290 Permit: G-16002 Certificate: _____ Pod Id: DESC 1409

All water-level measurements must either be in feet and inches, or feet and decimal fractions.

Drawdown Data

Recovery Data

Date	Time	Time Since Pump Started (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments	Date	Time	Time Since Pump Stopped (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments
6-16-17	11:00P	0	64.23	-9"		6-16	3:12	2	63.75	-9"	
	11:12	2	85.7		60 gpm		3:14	4	63.75		
	11:14	4	86.65				3:16	6	63.75		
	11:16	6	88.0				3:18	8	63.75		
	11:18	8	88.1								
	11:20	10	88.15								
	11:22	12	88.15								
	11:24	14	88.5		60 GPM						
	11:26	16	88.2								
	11:31	21	88.25								
	11:36	26	88.25								
	11:45	35	88.25		DP 20 PSIG						
	12:00	50	88.3								
	12:15	65	88.3		DP 20 PSIG						
	12:30	80	88.3		67 GPM						
	12:45	95	88.0	-9"							
	1:00P	110	88.1								
	1:15	125	88.1								
	1:30	140	88.1		66 GPM						
	1:45	155	88.1								
	2:00	170	88.1								
	2:15	185	88.1								
	2:30	200	88.1		66 GPM						
	2:45	215	88.1								
	3:00	230	88.1		67 GPM						
	3:10P	240	88.1	-9"	END TEST						
					16,100 Total Gallons						

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

DESC
1409

DESC RECEIVED

14s/10E/336c

JUL 31 1992

(START CARD) # 42452 labeled

(1) OWNER:

Name Bruce Forbes Well Number _____
 Address 69437 Crooked Horseshoe
 City Sisters State Ore Zip 97759

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 115 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE Diameter	From		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
10"	0	70	cement	70	0	34 sacks
8"	70	102				
6"	102	115				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

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

(6) CASING/LINER:

Diameter	From		Gauge	Steel	Plastic	Welded	Threaded
	From	To					
Casing: 6"	+1	102	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
none						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/mtn	Drawdown	Drill stem at	Time
30 +		115	1 hr.

Temperature of Water 52 Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

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

Depth of strata: _____

LOCATION OF WELL by legal description:

Township 14 S or S. Range 10 E B or W. WM.
 Section 33 SW $\frac{1}{4}$ NW $\frac{1}{4}$
 Tax Lot 3900 Lot 9 Block 5 Subdivision _____
 Street Address of Well (or nearest address) _____

69437 Crooked Horseshoe sisters, O

(10) STATIC WATER LEVEL:

66 ft. below land surface. Date 7-2-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 66 ft. ~~xxxx~~ 64

From	To	Estimated Flow Rate	SWL
64	115		66

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
brn soil	0	4	
brn sand fine gravel	4	19	
brn sand tan clay fine (gravel)	19	47	
tan congl	47	64	
brn congl (WB)	64	87	
gray congl (WB)	87	115	

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Date started 6-30-92 Completed 7-2-92

(unbonded) Water Well Constructor Certification:

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

Signed [Signature] WWC Number 1317
 Date 7-20-92

(bonded) Water Well Constructor Certification:

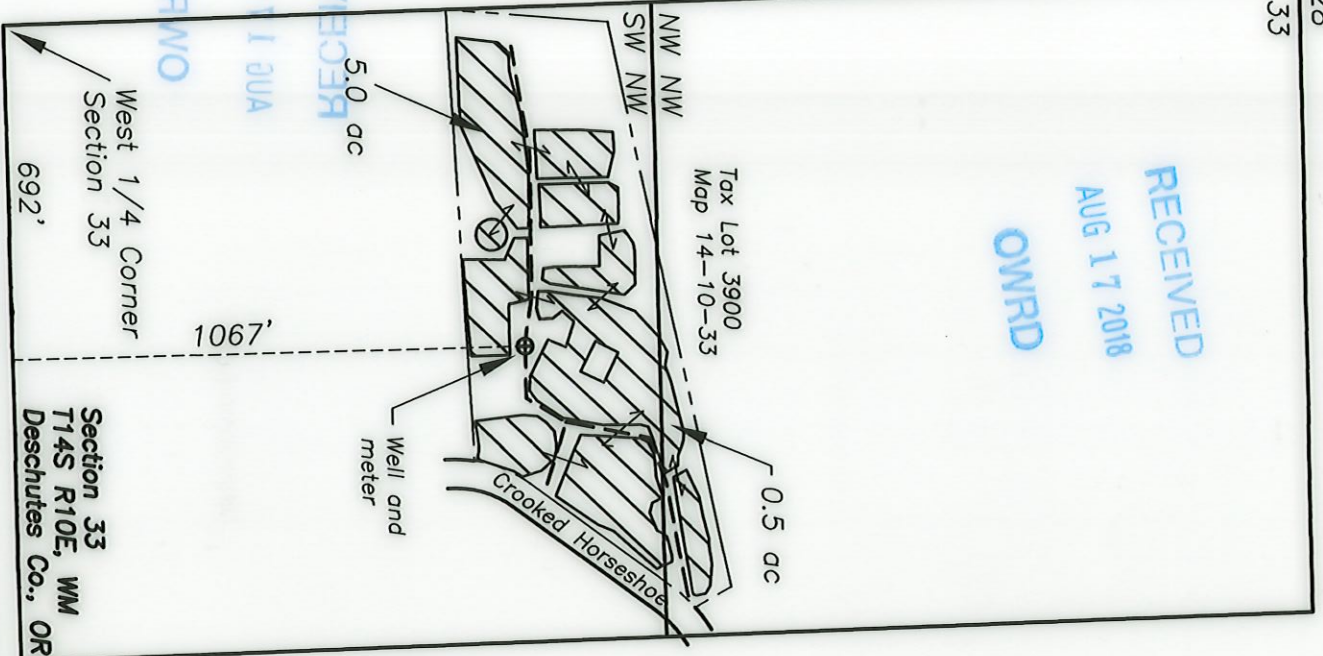
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] WWC Number 595
 Date 7-20-92

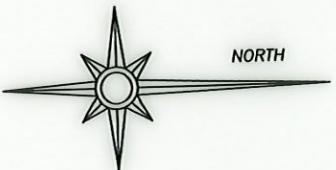
Superseded 8/23/2018

29 | 28
32 | 33

RECEIVED
AUG 17 2018
OWPRD



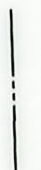
Claim of Beneficial Use
 Application G-16290
 Permit G-16002



8/13/2018
 Certified Water Right Examiner
 #60068
 Michele W. Sims
 July 14, 2004
 STATE OF OREGON
 Renewal date: 6/30/2020



Water beneficially applied under Permit
 G-16002 (Priority date 8/6/2004)



Tax lot boundary



Well and meter

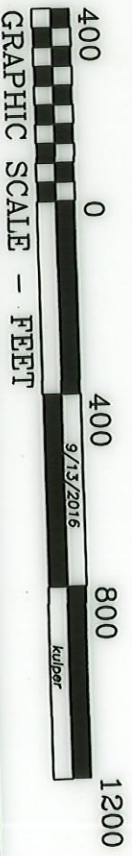


1/16 Section lines



Mainline

This map is for the purpose of identifying the location of the water right. It is not intended to provide legal dimensions or locations of property ownership lines.



CLARK Gerald E * WRD

From: CLARK Gerald E * WRD
Sent: Friday, August 24, 2018 8:24 AM
To: 'Michele Sims'
Subject: RE: Teresa NoBear CBU (Application G-16295, Permit G-16187)

Michele,

I wanted to let you know that I received the revised CBU map for this permit on August 23, 2018. Thank you for your help.

Have a great weekend.

Gerry

From: Michele Sims [<mailto:sims.mw@gmail.com>]
Sent: Monday, August 20, 2018 2:28 PM
To: CLARK Gerald E * WRD
Subject: Re: Teresa NoBear CBU (Application G-16295, Permit G-16187)

I printed the wrong one. I'll get the correct one in the mail tomorrow.

Michele Sims PLS, CWRE
14865 Checkrein
Sisters, Oregon 97759
541-408-4777 (mobile)
orwaterrights.com

On Mon, Aug 20, 2018 at 2:25 PM CLARK Gerald E * WRD <Gerald.E.Clark@oregon.gov> wrote:

Michele,

I have performed a cursory review of the Claim that you submitted for the above permit. Everything appears to be in order except a minor issue with the map. I have accepted the Claim, but I need a revised map to correct the application and permit number and priority date. It appears that you may have used a template from a previous project. I have attached a copy of the map with a few notations.

Permit G-16187:

https://apps.wrd.state.or.us/apps/misc/vault/vault.aspx?Type=Permit&permit_char=G&permit_nbr=16187

CLARK Gerald E * WRD

From: Michele Sims <sims.mw@gmail.com>
Sent: Monday, August 20, 2018 2:28 PM
To: CLARK Gerald E * WRD
Subject: Re: Teresa NoBear CBU (Application G-16295, Permit G-16187)

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Michele Sims PLS, CWRE
14865 Checkrein
Sisters, Oregon 97759
541-408-4777 (mobile)
orwaterrights.com

*Revised map
received 8/23/2018
JK*

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Permit G-16187:

https://apps.wrd.state.or.us/apps/misc/vault/vault.aspx?Type=Permit&permit_char=G&permit_nbr=16187

Also, could you please provide me with an approximate timeline for the submittal of a revised map on polyester?

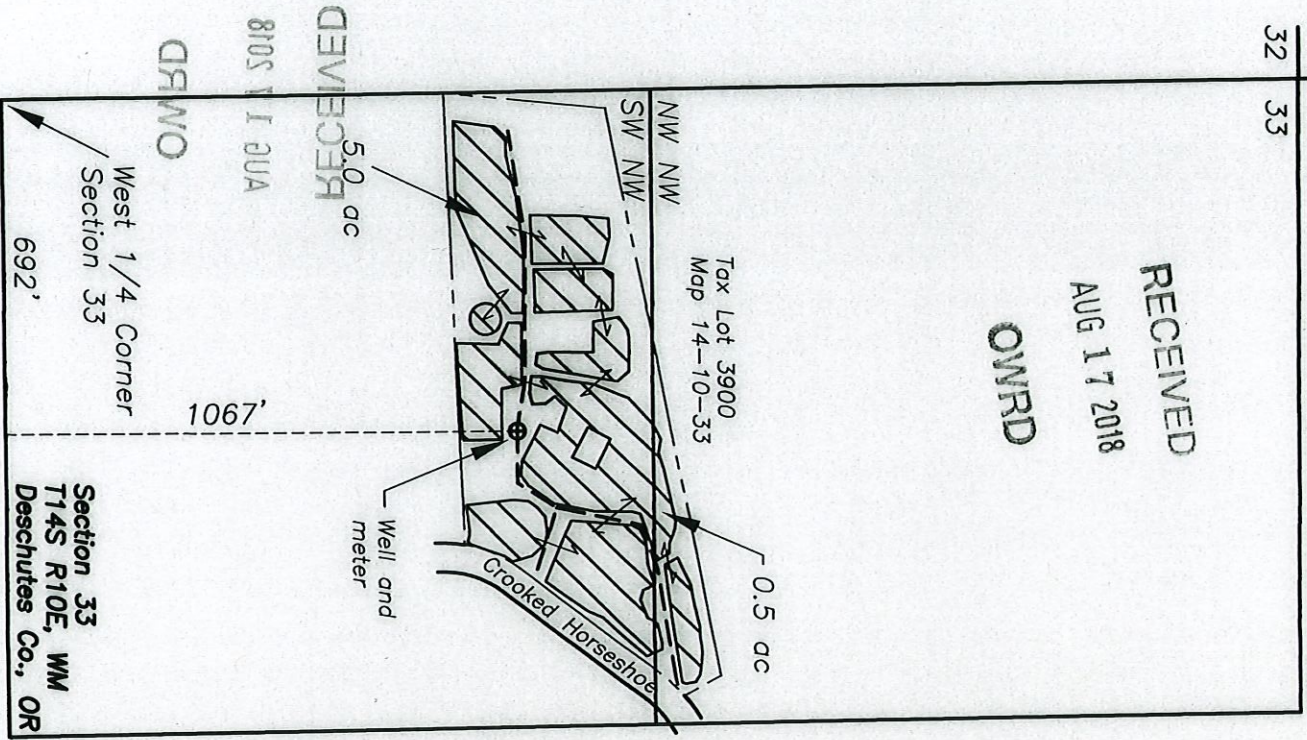
Thank you for your help on this. Please let me know if you have any additional questions.

Gerry

29 | 28
32 | 33

RECEIVED
AUG 17 2018

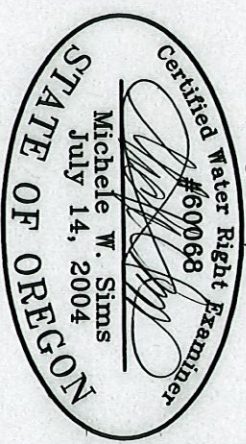
OWNRD



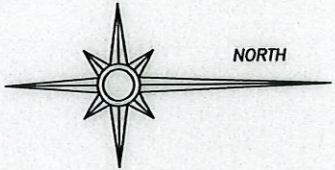
Claim of Beneficial Use

Application **G-16290** 16295
Permit **G-16002** 16187

8/13/2018



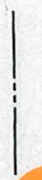
Renewal date: 6/30/2020



Water beneficially applied under Permit
G-16002 (Priority date 8/6/2004)

16187

8/6/2004



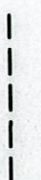
Tax lot boundary



Well and meter

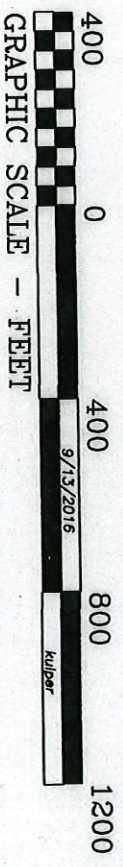


1/16 Section lines



Mainline

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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

August 20, 2018

Teresa NoBear
19939 Fir Lane
Bend OR 97701

On August 15, 2018 the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application G-16295 Permit G-16187

The COBU included a report and map. In the future the Department will review your submittal. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

Michele Sims, CWRE, is providing an updated map to identify the application number, permit number and priority date.

If you are interested in having your COBU reviewed sooner, you may pay to have your file processed immediately, using the Reimbursement Authority program, which is described at:
http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml

Customer Service phone: (503) 986-0801

If you sell the property, please contact the Department, or have the new owners contact the Department about the need to file an assignment.

Gerry Clark
Water Right Analyst, Certificate Section

Cc: file
Michele Sims, CWRE



Oregon

Theodore R. Kulongoski, Governor

Water Resources Department
North Mall Office Building
725 Summer Street NE, Suite A
Salem, OR 97301-1271
503-986-0900
FAX 503-986-0904

October 6, 2008

TERESA SCHNELL
69750 HOLMES RD
SISTERS, OR 97759

REFERENCE: User Id and Password **29899**

Dear Water User,

You are receiving this letter as a reminder of a water use reporting requirement listed on a water right. Online reporting is available at our web site (www.wrd.state.or.us). To begin, locate the *Water Use Reporting* link under *Featured Links*. By clicking this link, your browser will open a new page where you will be able to log in with your User Id and Password (above). Once you are logged in, the *Select* link will allow you to add data for a particular diversion. Please remember to report zeros for any given month when water was not used. Online reporting will be available through March 31, 2009. If the internet is not accessible, you may use the form provided on the back of this letter to submit your monthly water use data.

Although much effort has been done to add new permits to the Water Use Reporting database, there still may be diversions not included on the web site. Please be aware that most Transfer orders approved within the last few years will not likely appear online. If you notice a diversion not listed that should be, you can either use the form provided to report water use or let me know and we will add it to the database as soon as possible. Additionally, if you would like to designate a facility name for a diversion, please feel free to contact me.

For water rights authorizing less than 0.1 cubic foot per second (CFS) or 9.2 acre-feet, you may assume the maximum quantity allowed under the right and report that volume. For reporting purposes, please convert cubic feet per second to acre feet, using $(1.98)(\text{CFS})(\# \text{ of days used per month})$.

The time and effort of both recording and reporting your water use is greatly appreciated. If you have any questions or need additional time, please let me know.

Sincerely,

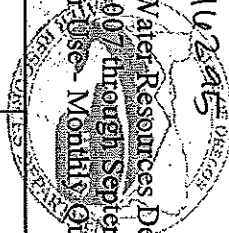
Alyssa Mucken
Water Measurement Specialist
Oregon Water Resources Department
Phone 503.986.0837 Fax 503.986.0902
alyssa.m.mucken@ wrd.state.or.us



759221

2007

APP 6-102248
 APP 6-102245
 Oregon Water Resources Department
 October 2007 through September 2008
 Annual Water Use - Monthly Quantities Form



2008

USER-ID 29899

Facility Report ID →	→					
October - 2007	Ø					
November - 2007						
December - 2007						
January - 2008						
February - 2008						
March - 2008	Ø					
April - 2008		7 acres 15 th 20 th				
May - 2008		acres 15 th 20 th				
June - 2008		acres 15 th 20 th				
July - 2008						
August - 2008						
September - 2008	Ø					
Total *						

RECEIVED

NOV 03 2008

WATER RESOURCES DEPT
SALEM, OREGON

* Describe the units of measurement as G (gallons), KG (thousand gallons), MG (million gallons), CF (cubic feet), MCF (million cubic feet), or AF (acre-feet).
 Describe the method of measurement used: _____
 If used for irrigation, total number of acres irrigated: 7
 I certify this information is true and accurate to the best of my knowledge.

Signature: [Signature] Title: Owner Reporting Entity: _____ Date: 10/21/08
 Name: Frank Schell Mailing Address: PO Box 252 S.W. 97759 Phone Number: 541 5041234

Please complete and mail to: Oregon Water Resources Department, Water Use Reporting Program,
 725 Summer Street NE, Suite A, Salem, OR 97301-1266.

Checklist for Claims of Beneficial Use Received at CSG Counter

Application # <u>6-16295</u>	WRD Reviewer <u>Henry Clark</u>
Transfer # <u>0</u>	
Date Received <u>8/17/2018</u>	
CWRE Name <u>Michelle Sims</u>	

Priority Date: 8/10/2004 Per Iss = 5/24/2007
 "C" = 10/1/2018

Fees Required: IR 5.5 CBU IR = 5.5
Rate 0.069 cfs CBU Q =

YES NO A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.

~~YES NO A fee of \$200 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.~~

~~Example - A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.~~

Fill in App or Transfer Number

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))

**Wrong App & Per # on map - Emailed CWRE 8/20/2018*

Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

Revised map received 8/23/2018 PC

MONEY SLIP	
DATE:	RECEIPT #:
RECEIVED FROM:	APPLICATION PERMIT TRANSFER
CASH CHECK #	OTHER (IDENTIFY)
1983 TREASURY 4178 MISC CABT ACCT.	TOTAL RECD \$
0407 COPIES OTHER (IDENTIFY)	\$
0243 Instrum Lease 0244 Minn Water Mgmt Plan 0245 Cons Water	
1083 TREASURY 4278 WRD OPERATING ACCT.	
MISCELLANEOUS 4611	
0407 COPY & TAPE FEES	\$
0410 RESEARCH FEES	\$
0408 MISC REVENUE (IDENTIFY)	\$
1C182 DEPOSIT LIAB (IDENTIFY)	\$
0240 EXTENSION OF TIME	\$
WATER RIGHTS EXAM FEE	RECORD FEE
0201 SURFACE WATER	0202
0203 GROUND WATER	0204
0205 TRANSFER	\$
WELL CONSTRUCTION EXAM FEE	RECORD FEE
0218 WELL DRILL CONSTRUCTION LANDOWNER'S PERMIT	0219
OTHER (IDENTIFY) <u>COBU</u>	0220
0200	\$200.00
0687 TREASURY 0487 HYDROELECTRIC	
0233 POWER LICENSE FEE (FWWRD) LIC NUMBER	\$
0234 HYDRO LICENSE FEE (FWWRD)	\$
HYDRO APPLICATION	\$
SPECIAL INSTRUCTIONS:	

- Conditions*
- ① TFM ✓
 - ② WUR ✓ 2017-2018 in CBU
 - ③ Mit 9.9 AF ✓
 - ④ Pump Test (attached to CBU)

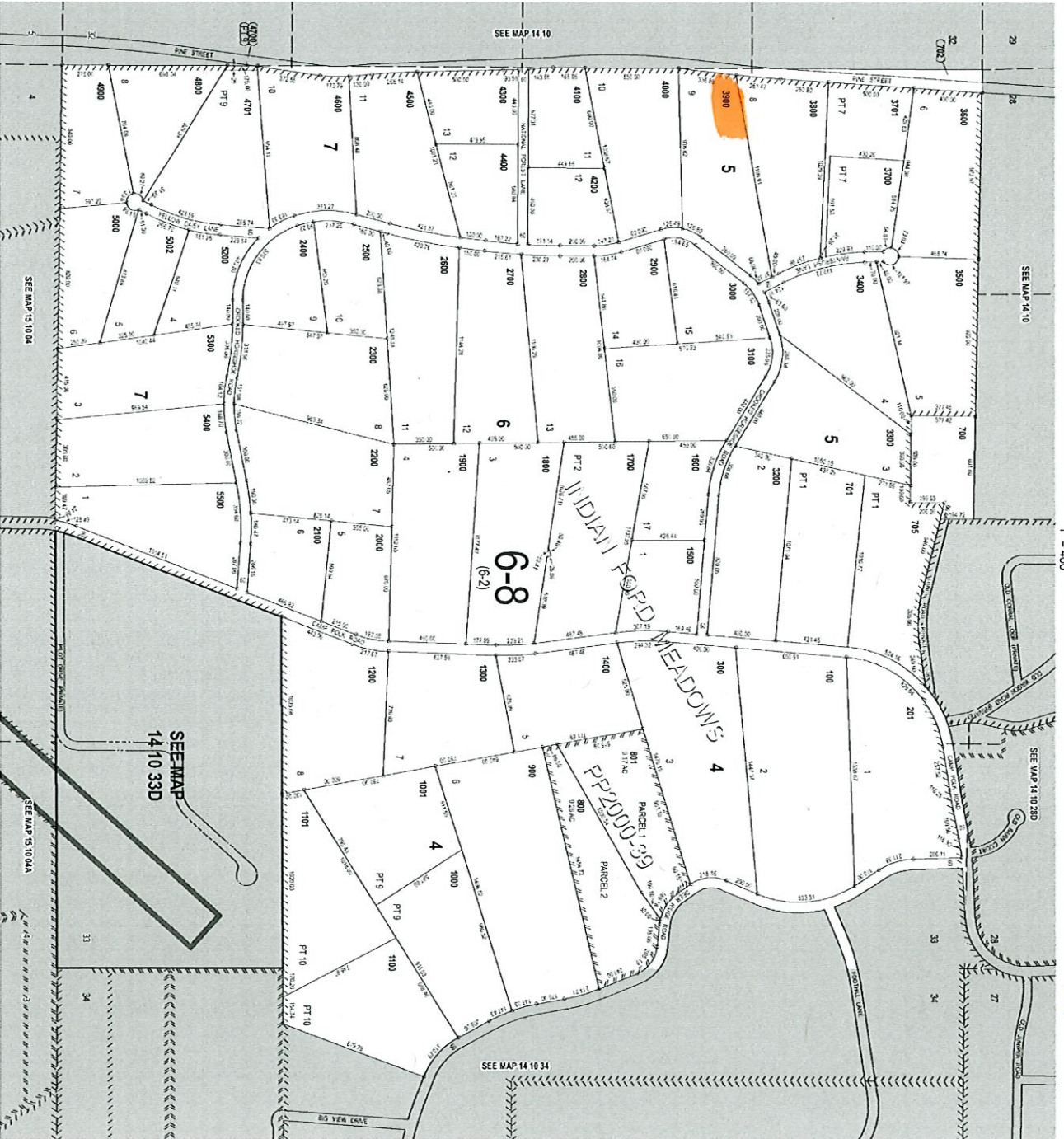
Groundwater File Review:

Pump Test Required? YES NO Pump Test Submitted? YES NO*

*If no, include pump test flyer w/acknowledgment letter

SECTION 33 T.14S. R.10E. W.M.
DESCHUTES COUNTY

1" = 400'



- Calculated Nos.
- 99
- 100R-1
- 200
- 302
- 400
- 500R-1
- 501
- 600
- 700R-1
- 702R-1
- 703R-1
- 704
- 704R-1
- 800
- 900
- 5100

Handwritten signature: JWP
8/20/18

14 10 33
& INDEX

14 10 33
& INDEX

Pump Capacity Calculator

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 = 5
Efficiency = 7.04
Lift = 91.1
PSI = 46

Results Calculated

(hp)(efficiency) = 35.2
Head based on psi = 116.9
Total dynamic head = 208.0
(head + lift)

Pump Capacity = 0.169 cubic feet per second

*AC/WRD
8/20/18*

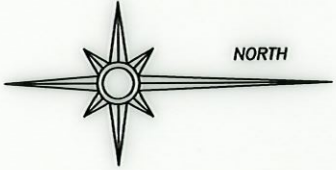
Claim of Beneficial Use

Application G-16295

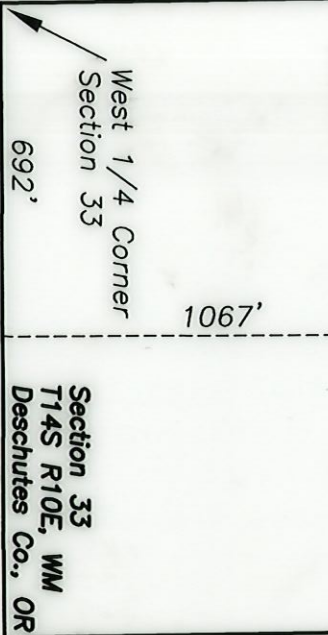
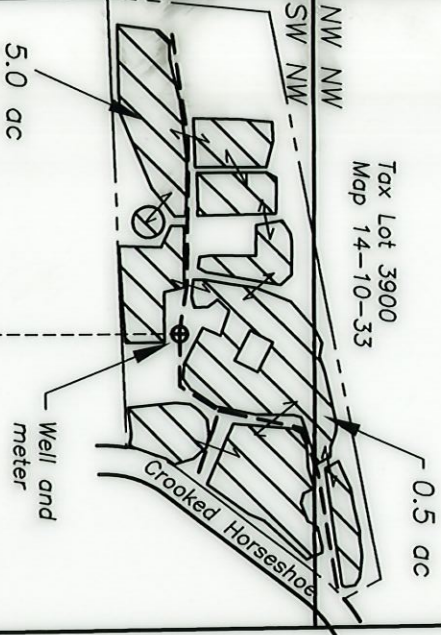
Permit G-16187



Renewal date: 6/30/2020



Water beneficially applied under Permit
G-16187 (Priority date 8/10/2004)



- Water beneficially applied under Permit G-16187 (Priority date 8/10/2004)
- Tax lot boundary
- Well and meter
- 1/16 Section lines
- Mainline

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AUG 23 2018

OWRD

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