

CLAIM OF BENEFICIAL USE for Transfer with Multiple Changes - Groundwater



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

A fee of \$230 must accompany this form for any Transfer final orders 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.

A separate form shall be completed for each transfer.

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

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

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

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see:

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

GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer involving multiple changes.

YES

Mark all that apply:

1. Change in POA(s) or Additional POA(s) 2. Change in Place of Use
3. Change in Character of Use

A separate section will be completed for each type of change authorized in the transfer final order.

1. File Information

APPLICATION #
T-11132

Received
AUG 12 2024

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Ross Bochsler		PHONE NO. 503-871-5553	ADDITIONAL CONTACT NO.
ADDRESS 67276 Gist Rd			
CITY Bend	STATE OR	ZIP 97703	E-MAIL rossbochsler@gmail.com

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

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

TRANSFER HOLDER OF RECORD Same as above		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

Jun 24, 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Ross Bochsler	6/24/24	Owner

6. County:

Deschutes

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

OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

Received
AUG 12 2024
OWRD

**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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



CWRE NAME Scott D Montgomery		PHONE NO. 541-548-5833	ADDITIONAL CONTACT No. 541-420-0401	
ADDRESS PO Box 767				
CITY Terrebonne	STATE OR	ZIP 97760	E-MAIL scott@apeands.com	

Transfer Holder of Record Signature or Acknowledgement

Each transfer 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
	Ross Bochsler	Owner	7/20/2024

Received
AUG 12 2024
OWRD

SECTION 3
Changes Made

Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

Change in POA(s) or Additional POA(s)

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation? **YES**

1. New or additional point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well 2	DESC 61800	L134622	Deschutes Basin

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? **NO**

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

Received
AUG 12 2024
OWRD

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 2	0.06 cfs	0.06 cfs	Not on

System Description

Are there multiple new or additional Points of Appropriation (POA)?

NO

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

Well 2 (DESC 61800)

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Franklin	UNK	2823028310	Submersible	2"	8"

2. Motor Information

MANUFACTURER	HORSEPOWER
Franklin	3

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)
3	30	300 ft	0 ft	0.06

4. Provide pump calculations:

$Q = 7.04 \text{ ft}^{4/5} / \text{hp} \times \text{hp} = (7.04)(3) = 0.06 \text{ cfs}$
 Total head, ft 376.2
 Total head = 76.2' + 300' + 0' = 376.2'

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)
Not running			

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

6. Additional notes or comments related to the system:

Received
AUG 12 2024

B. Groundwater Source Information (Well and Sump)

1. Is the appropriation from a dug well (sump)? NO

Change #2

Change in Place of Use

Did the transfer order authorize a change in the place of use? NO

Change #3

Change in Character of Use

Did the transfer order authorize a change in character of use? YES

1. Claim Summary – Authorized Use(s):

Provide the new uses authorized by the transfer final order:

NEW USE(S) AUTHORIZED
IR-Primary IRR

2. Variations:

Were all the uses developed from what was authorized by the transfer final order? YES

If no, describe below.

(e.g. "The order authorized changes in character of use to industrial, commercial, and livestock. The water user did not develop the commercial use.")

Received
AUG 12 2024
OWRD

SECTION 4 CONDITIONS

All conditions contained in the 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:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	7/3/2013	
COMPLETENESS DATE FROM ORDER (C)	10/1/2020	June 2020

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

Received
AUG 12 2024

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

NO

OWRD

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device? **YES**

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 2	Seametric	MJNT-200-6	Not running	01240135 gal x 100	June 2020

4. Recording and reporting conditions

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

5. Other conditions required by the transfer 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? **NO**

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

SECTION 5
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Log	DESC 61800
Aerial imagery	June 2020 image from USDA/FSA
Site photos	Pictures of well, meter & conveyance

Received
AUG 12 2024
OWRD

SECTION 6

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.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped based on the original right of record at the time the transfer final order was issued.

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.

The well & conveyance system were tied to approximate boundaries using a Trimble GeoXT 6000 GIS data collector. Point data was imported into Trimble Pathfinder GIS software to convert geodetic coordinates into Statewide Lambert Projection. Aerial imagery was overlaid to confirm accuracy.

Received
AUG 12 2024
OWRD

Map Checklist

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

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

Received
AUG 12 2024
OWRD

Received

AUG 17 2024

OWRD

2024-06-24 10:17:12

North: 145.1292, East: -398.5268



2024-06-24 10:19:00

Lat: 44°14'07.91343", Lon: -121°28'13.54712"

Received
AUG 12 2024
OWRB

CREATURE

2024-06-24 10:20:10
Lat: 44°14'07.92150", Lon: -121°28'13.50239"

(1) LAND OWNER Owner Well I.D. _____
 First Name COURTNEY & NICK Last Name LEE
 Company _____
 Address 653 PEAK VIEW
 City BEND State OR Zip 97702

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 380.00 ft.
BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	57	Bentonite	0	57	35	S
8	57	380				Calculated	32.32
						Calculated	

How was seal placed: Method A B C D E
 Other BENTONITE DRY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	2	57	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	19	380	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) 380
 Temp casing Yes Dia _____ From + _____ To _____

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

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
		6	340	380	.125	3	400	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
25		360	1

 Temperature 57 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 100 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County DESCHUTES Twp 15.00 S N/S Range 11.00 E E/W WM
 Sec 30 SW 1/4 of the SW 1/4 Tax Lot 2100
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.23535781 DMS or DD
 Long _____ " or -121.47107013 DMS or DD
 Street address of well Nearest address

67276 GIST RD BEND OR

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>10/16/2019</u>		<u>272</u>

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 272.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>10/16/2019</u>	<u>272</u>	<u>380</u>	<u>25</u>		<u>272</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Brown Sandy soil	0	11
Lava rock mix bolder - gravel Caving	11	30
Tan Pumice congl caving	30	42
Brown Congl	42	48
lava rock broken	48	51
lava rock hard gray	51	67
Hard Brown Sand Stone	67	100
gray lava	100	110
Brown SS With lava	110	190
Brown SS - Tuff Congl	190	205
Gray lava	205	220
Brown SS - Tuff Congl	220	235
lava Gray	235	265
Tan SS Congl	265	290
Gray broken lava	290	310
Broken Red Cinder Lava Congl	310	380

Date Started 10/15/2019 Completed 10/16/2019

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 2025 Date 11/16/2019
 Signed SHAUN ALEXANDER (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1970 Date 11/16/2019
 Signed NEIL FAGEN (E-filed)
 Contact Info (optional) 541-548-1245

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

DESC 61800

11/16/2019

Received
AUG 12 2024

Map of Hole

OWRD

**STATE OF OREGON
WELL LOCATION MAP**

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department
725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 44.2353578063 Datum: WGS84

Longitude: -121.47107012788

Township/Range/Section/Quarter-Quarter Section:

WM 6S 2W 34 NWNW

Address of Well:

67276 GIST RD BEND OR

Well Label: 134622

Printed: November 16, 2019

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



**STATE OF OREGON
WELL LOCATION MAP**

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 44.2354 Datum: WGS84

Longitude: -121.4711

Township/Range/Section/Quarter-Quarter Section:

WM 15S 11E 30 SWSW

Address of Well:

67276 GIST RD BEND OR

Well Label: L134622

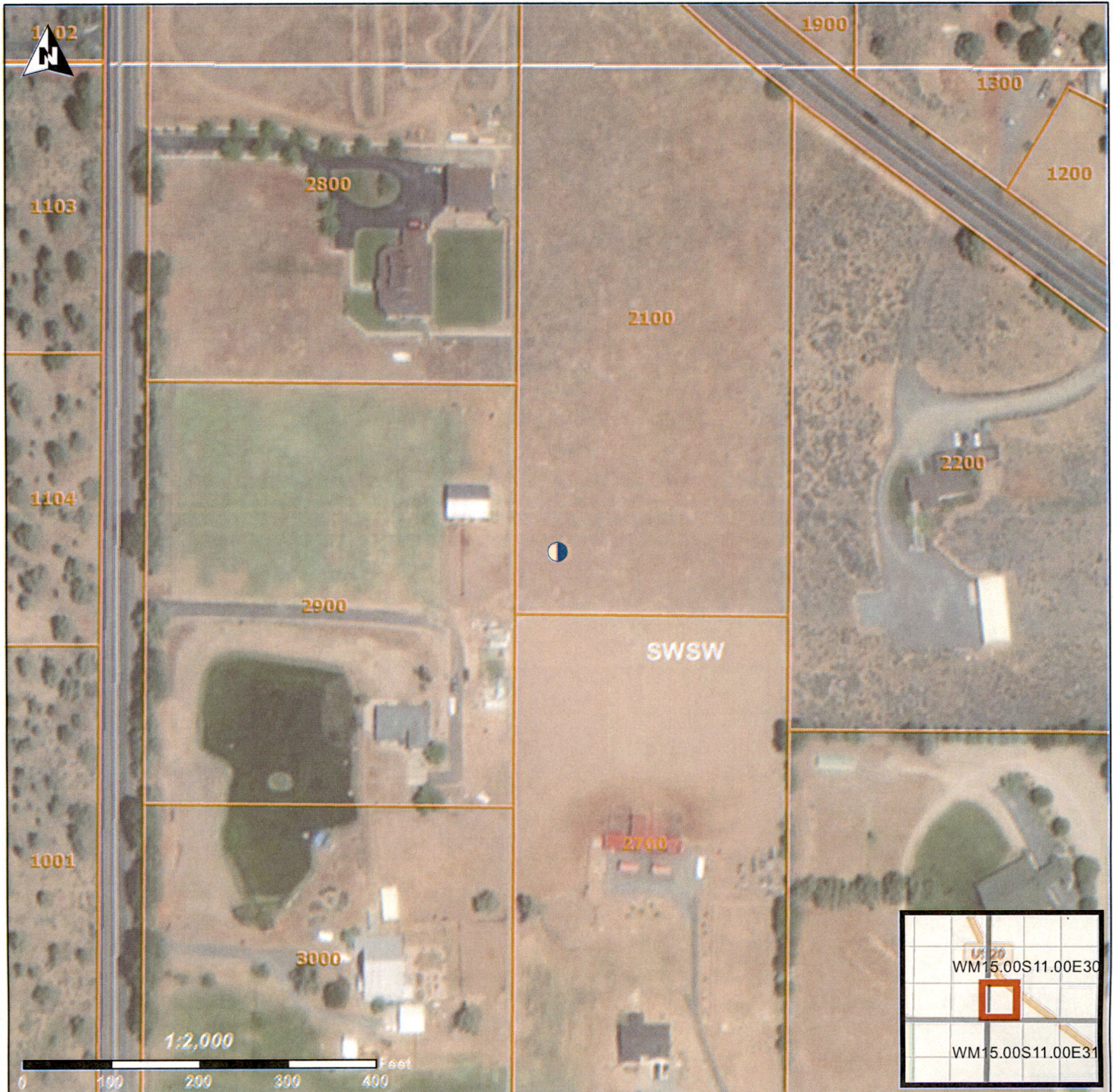
Well Log: DESC 61800

Printed: November 18, 2019

Received
AUG 12 2024
OWRD

DISCLAIMER: This map is intended to represent the approximate location of the exempt use well provided by the land owner. It is not intended to be construed as survey accurate in any manner.

Generated by OWRD





ALL POINTS
ENGINEERING & SURVEYING

P.O. Box 767
Terrebonne, Oregon 97760

TRANSMITTAL

To:
Oregon Water Resources Department
725 Summer St. NE Suite A
Salem, OR 97301-1266

Date: 8/3/2024 Job: 24-055
Attention: Certificate Section
Re: T-11132

Prints Plans Map/Plat Specifications Change order Other

Copies	No.	Description
1	1	COBU map (1 sheet legal mylar)
1	2	COBU form (10 sheets letter bond)
1	3	Site photos (3 sheets letter bond)
1	4	
1	5	
1	6	

These are transmitted as checked below:

For OWRD approval Approved as submitted Approved as noted
 Copies for distribution Returned for corrections Returned corrected prints
 Review and comment For bids due Other

Remarks:

Please find attached the revised map per comments by email dated 5/4/2023.

Thanks, and if you have questions please don't hesitate to call (541) 548-5833.

Signed: Devin Morgan

Received
AUG 12 2024
OWRD