

**CLAIM OF  
BENEFICIAL USE  
for Transfer New or Additional  
POD Only**



**Oregon Water Resources Department**  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
[www.oregon.gov/OWRD](http://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 8" of this form is intended to aid in the completion of this form and should not be submitted.

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

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

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

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

**SECTION 1**

**GENERAL INFORMATION**

**Type of Authorized Change**

This Claim is being submitted for a transfer where the only authorized change was a change in either point(s) of diversion or additional point(s) of diversion, or a combination of both. **YES**

*If additional changes were authorized, you will need to select a different form.*

**1. File Information**

APPLICATION #

**T-11731**

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME <b>Laidlaw Water District QUASI-MUNICIPAL WATER RIGHT</b>		PHONE NO. <b>541-389-1255</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>64711 Wood Avenue</b>			
CITY <b>Bend</b>	STATE <b>OR</b>	ZIP <b>97703</b>	E-MAIL <b>dalepeer@centurylink.net</b>

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 <b>Laidlaw Water District QUASI-MUNICIPAL WATER RIGHT</b>		
ADDRESS <b>64711 Wood Avenue</b>		
CITY <b>Bend</b>	STATE <b>OR</b>	ZIP <b>97703</b>

4. Date of Site Inspection:

**7/26/2024**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Dale Peer</b>	<b>07/02/2024</b>	<b>Water System Manager</b>

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 <b>N/A</b>		
ADDRESS <b>N/A</b>		
CITY <b>N/A</b>	STATE <b>N/A</b>	ZIP <b>N/A</b>

Add additional tables for owners of record as needed

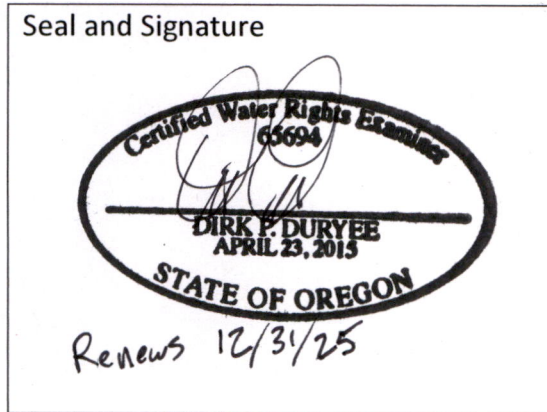
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**SECTION 2  
SIGNATURES**

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 <b>Dirk Duryee</b>	PHONE NO. <b>541-389-6959</b>	ADDITIONAL CONTACT No.
ADDRESS <b>725 NW Hill Street</b>		
CITY <b>Bend</b>	STATE <b>OR</b>	ZIP <b>97703</b>
		E-MAIL <b>dirk@tyeengineering.com</b>

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
	<b>Dale Peer</b>	<b>LIDLAW WATER DISTRICT SYSTEM MANAGER</b>	<b>9/4/24</b>

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**SECTION 3  
CLAIM DESCRIPTION**

**Note: The Claim only needs to describe the new or additional point(s) of diversion. This Claim does not need to provide information for the original point(s) of diversion unless the original point of diversion is either a new or additional point of diversion on another right involved in this transfer.**

**1. New or additional point of diversion name or number:**

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)	SOURCE
<b>RUESSE WELL</b>	<b>DESC 4491</b>
<b>RESERVOIR WELL</b>	<b>DESC 62488</b>
<b>SCHOOL WELL (ORIGINAL WELL ON PERMIT)</b>	<b>DESC1692</b>

**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order, **NO** or extension final? If yes, describe below.

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

**N/A**

**3. Claim Summary:**

NEW OR ADDITIONAL POD NAME OR #	MAXIMUM RATE AUTHORIZED IN ORDER	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
<b>RUESSE WELL (DESC 4491)</b>	<b>55GPM</b>	<b>0.06</b>	<b>0.06</b>
<b>RESERVOIR WELL (DESC 62488)</b>	<b>55GPM</b>	<b>0.33</b>	<b>0.12</b>

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**SECTION 4**  
**SYSTEM DESCRIPTION**

Are there multiple new or additional Points of Diversion (POD)s? **YES**

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

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

**RUESSE WELL (DESC 4491)**

**A. POD System Information**

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

**1. Pump Information**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
<b>Flint &amp; Walling</b>	<b>No Record</b>	<b>No Record</b>	<b>Submersible</b>	<b>4"</b>	<b>2"</b>

**2. Motor Information**

MANUFACTURER	HORSEPOWER
<b>Flint &amp; Walling</b>	<b>5hp</b>

**3. Theoretical Pump Capacity**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
<b>5hp</b>	<b>60psi</b>	<b>Submersible</b>	<b>448'</b>	<b>0.06</b>

**4. Provide pump calculations:**

**Pump Capacity Calculation Sheet**  
using Department designed formula:

$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$

Efficiency:  
Centrifugal = 6.61  
Turbine/Submersible = 7.04

---

**Data Entry (fill in underlined blanks)**

HP = 5

Efficiency = 7.04

Lift = 448

PSI = 60

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<b>Results Calculated</b>	
(hp)(efficiency) =	35.2
Head based on psi =	152.4
Total dynamic head =	600.4
(head + lift)	
<b>Pump Capacity =</b>	<b>0.06 CFS</b>

**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)

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

**B. Gravity Flow Pipe**

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

1. Does the diversion involve a gravity flow pipe? **NO**

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

**C. Gravity Flow Canal or Ditch**

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

1. Does the diversion involve a gravity flow ditch or canal? **NO**

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

**D. Additional notes or comments related to the system:**

**This well has been taken offline and will only be used during emergencies or needed repairs to system pumps online.**

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



**RESERVOIR WELL (DESC 62488)**

**A. POD System Information**

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

**1. Pump Information**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	5CLC-14st	No Record	Turbine	6"	4"

**2. Motor Information**

MANUFACTURER	HORSEPOWER
Goulds	30hp

**3. Theoretical Pump Capacity**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
30	60psi	Submersible	576'	.33

**4. Provide pump calculations:**

**Pump Capacity Calculation Sheet**  
using Department designed formula:

$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$

Efficiency:  
Centrifugal = 6.61  
Turbine/Submersible = 7.04

---

**Data Entry (fill in underlined blanks)**

HP = 30  
Efficiency = 7.04  
Lift = 500  
PSI = 55

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<b>Results Calculated</b>	
(hp)(efficiency) =	211.2
Head based on psi =	139.7
Total dynamic head =	639.7
(head + lift)	
<b>Pump Capacity =</b>	<b>0.33 CFS</b>

**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)

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

**B. Gravity Flow Pipe**

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

1. Does the diversion involve a gravity flow pipe? **NO**

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

**C. Gravity Flow Canal or Ditch**

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

1. Does the diversion involve a gravity flow ditch or canal? **NO**

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

**D. Additional notes or comments related to the system:**

**This new well is installed, metered and online. It is being operated to pump into existing reservoir to maintain reservoir storage.**

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## SECTION 5 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 NEW AND/OR ADDITIONAL POD(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	01-JULY-2014	
COMPLETENESS DATE FROM ORDER (C)	06/16/1975	RUESSE WELL (DESC 4491) –New system improvements include increase in distribution expansion of 13,000' of pipe ranging from 4" to 10" and transfer/addition to water right of two wells and provided some additional services.
COMPLETENESS DATE FROM ORDER (C)	01/26/2021	RESERVOIR WELL (DESC 62488) –Addition of this new well includes increase in distribution expansion of pipe and transfer/addition to water right of these two wells and provided some additional services.

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

2. Is there an extension final order(s)? YES  
If "NO", you may delete the following table.

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

VOLUME	PAGE	DATE EXTENDED TO
92	964	10/1/2019

### 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

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

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

b. Has a meter been installed? YES

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c. Meter Information

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
RUESSE WELL (DESC 4491)	NOT LABELED	NOT LABELED	YES	Not in Use – Emergency Backup only	06/16/1975
RESERVOIR WELL (DESC 62488)	Master Meter - Octave	63521597	YES	9,743,875.736	03/02/2021
SCHOOL WELL (DESC 1692)	Master Meter - Octave	211105674	YES	3225249.296	04/14/1993

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

4. Recording and reporting conditions

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

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

b. Have the reports been submitted? **YES**

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

5. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? **NO**

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

6. By-pass Devices

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? **NO**

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

7. Other conditions required by the transfer final order or extension final order:

a. Was the water user required to restore the riparian area if it was disturbed? **NO**

b. Was a fishway required? **NO**

c. Other conditions? **NO**

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

**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
State of Oregon Water Supply Well Reports	Well logs for the three wells included in this application
Claim of Beneficial Use Map	Overall Map showing the three well locations

**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 polyester 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.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of diversion, the original points must be identified the map 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 three wells included in this claim were located using Survey grade GPS linked into the Central Oregon Coordinate System.

**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

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- 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.) **\*Not required for this type of Claim of Beneficial Use**
- 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

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State of Oregon  
Water Supply  
Well Reports

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WATER SUPPLY WELL REPORT

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

3/2/2021

START CARD # 1050588

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name DALE Last Name PEER
Company LAIDLAW WATER DISTRICT
Address 64711 WOOD AVE
City BEND State OR Zip 97703

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thr
Material From To Amt sacks/lbs
Seal: Material From To Amt sacks/lbs

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[ ] Domestic [ ] Irrigation [X] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 680.00 ft. Special Standard [ ] (Attach copy)

Table with columns: Dia, From, To, Material, SEAL, To, Amt, lbs. Rows include Bentonite and Cement.

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E

[X] 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

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thr. Includes rows for 10" and 8" diameters.

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 661

Temp casing [X] Yes Dia 16 From + [X] 2 To 53

(7) PERFORATIONS/SCREENS

Perforations Method FACTORY CUT

Screens Type Material

Table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size.

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

[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

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

Table with 4 columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 300, , 675, 1.

Temperature 54 °F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below) TDS amount 60 ppm

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 16.00 S N/S Range 12.00 E E/W WM
Sec 31 NE 1/4 of the NW 1/4 Tax Lot 200
Tax Map Number Lot
Lat ' " or 44.14938291 DMS or DD
Long ' " or -121.33524263 DMS or DD

[ ] Street address of well [X] Nearest address

64670 STRICKLER UP ON HILL BEHIND AND AND A LITTLE NORTH

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), + SWL(ft). Row 1: Completed Well, 1/26/2020, , 510.

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES

Depth water was first found 576.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 1/21/2021, 576, 680, 500, , 576.

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Includes entries like Top Soil pumice Boulders, Pink Pumice Tuff, etc.

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Date Started 1/18/2021 Completed 1/26/2021

(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.

License Number Date

Signed

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

License Number 1970 Date 3/2/2021

Signed NEIL FAGEN (E-filed)

Contact Info (optional) 541-548-1245

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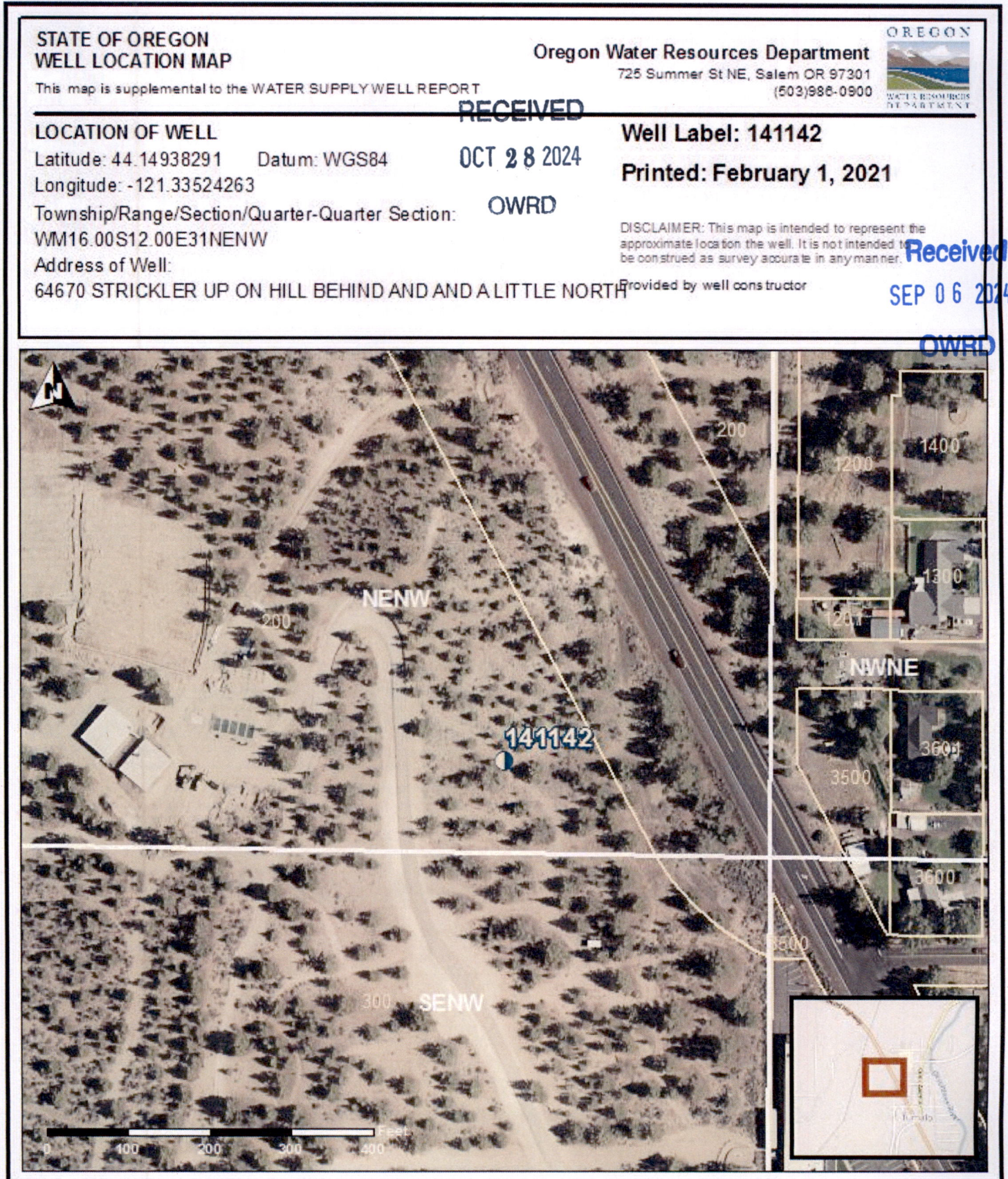


WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

DESC 62488

3/2/2021

### Map of Hole



#### STATE OF OREGON WELL LOCATION MAP

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



This map is supplemental to the WATER SUPPLY WELL REPORT

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Well Label: 141142

#### LOCATION OF WELL

Latitude: 44.14938291 Datum: WGS84

OCT 28 2024

Printed: February 1, 2021

Longitude: -121.33524263

Township/Range/Section/Quarter-Quarter Section:

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WM16.00S12.00E31NENW

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.

Address of Well:

64670 STRICKLER UP ON HILL BEHIND AND AND A LITTLE NORTH

Provided by well constructor

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The original and first copy of this report are to be filed with the

STATE ENGINEER, SALEM, OREGON 97300 within 30 days from the date of well completion.

DESC 4491

WATER WELL REPORT RECEIVED

STATE OF OREGON (Please type or print)

JUN 27 1975

State Well No. 165/12E-30

(Do not write above this line)

STATE ENGINEER SALEM, OREGON

State Permit No.

R VESSE WELL

(1) OWNER:

Name Rimrock Water District Address Tumalo, Oregon

(2) TYPE OF WORK (check):

New Well [X] Deepening [ ] Reconditioning [ ] Abandon [ ] If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary [X] Cable [ ] Dug [ ] Driven [ ] Jetted [ ] Bored [ ]

(4) PROPOSED USE (check):

Domestic [ ] Industrial [ ] Municipal [ ] Irrigation [ ] Test Well [ ] Other [X]

CASING INSTALLED:

3" Diam. from +2 ft. to -25 ft. Gage 250 6" Diam. from +1 ft. to -525 ft. Gage 188

PERFORATIONS:

Type of perforator used torch Size of perforations 1/8 in. by 12 in. 96 perforations from 485 ft. to 525 ft.

(7) SCREENS:

Well screen installed? [ ] Yes [X] No Manufacturer's Name Type Model No. Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level Was a pump test made? [ ] Yes [X] No Yield: gal./min. with ft. drawdown after hrs. Bailer test 9 gal./min. with 0 ft. drawdown after 1 hrs.

(9) CONSTRUCTION:

Well seal—Material used cement Well sealed from land surface to 25 ft. Diameter of well bore to bottom of seal 14 in. Diameter of well bore below seal 8 in. Number of sacks of cement used in well seal 15 sacks Number of sacks of bentonite used in well seal 0 sacks Brand name of bentonite Number of pounds of bentonite per 100 gallons of water Was a drive shoe used? [ ] Yes [X] No Plugs Size: Location ft. Did any strata contain unusable water? [ ] Yes [X] No Type of water? depth of strata Method of sealing strata off Was well gravel packed? [ ] Yes [X] No Size of gravel: Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Deschutes Driller's well number NE 1/4 SE 1/4 Section 30 T. 16S R. 12E W.M.

Bearing and distance from section or subdivision corner 36 1/2 ft W and 100 ft S of the NE corner of SE 1/4 Sec. 30 CK THIS SEE

(11) WATER LEVEL: Completed well. ATTACHED

Depth at which water was first found ft. Static level 448 ft. below land surface. Date 6/14/75 Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing Depth drilled 528 ft. Depth of completed well 528 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer; penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

Table with columns: MATERIAL, From, To, SWL. Rows include: brown sandy soil, boulders congl, hard gray rock, brn. sandstone, med hd black rock, brown clay congl, redish brn clay, brn clay congl, brn hard rock, brown sandstone, hd brn rock broken, hd black rock, brn sandstone & bldrs, hard gray rock, brn sandstone & bldrs, hard brn rock, brn sandstone & bldrs, brn sandstone congl, brn broken rock (WB)

Work started 5/29 1975 Completed 6/14 1975 Date well drilling machine moved off of well 6/14 1975

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] Dale Paul Dyer (Drilling Machine Operator) Date 6/16, 1975

Drilling Machine Operator's License No. 934

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name Crawford Well Drilling (Person, firm or corporation) (Type or print)

Address 3626 N.W. Coyner Redmond, Ore

[Signed] John Johnson (Water Well Contractor)

Contractor's License No. 595 Date 6/16, 1975



# Oregon Water Resources Department Water Right Research Query

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- [Help](#)
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Inchoate: T 11731 CF (REG) \*

### POD Description

#### Contact information

##### AGENT:

TYE ENGINEERING AND SURVEYING  
INC.  
DIRK DURYEE  
725 NW HILL ST  
BEND, OR 97701

**Name:** POD 2 - A WELL > DESCHUTES BASIN

**T-R-S-QQ:** 16.00S-12.00E-29-NW SW

**Location** 108 FEET SOUTH AND 365 FEET EAST FROM W1/4

**Description:** CORNER, SECTION 29

##### APPLICANT:

LIDLAW WATER DISTRICT  
C/O DALE PEER  
64711 WOOD AVE  
BEND, OR 97701

##### CWRE:

WILLIAM R TYE  
, OR

##### LOCAL GOVERNMENT:

DESCHUTES COUNTY PLANNING  
DEPARTMENT  
117 NW LAFAYETTE AVENUE  
PO BOX 6005  
BEND, OR 97708-6005

POD Uses (Click to Collapse...)

#### QUASI-MUNICIPAL USES (Primary)

Priority Date	Max Rate (cfs)	Rate (cfs)	Max Volume (af)	Volume (af)	Rate/Acre	Duty	Start Date	End Date	Remarks
5/6/1981	0.1225	0.0408(est)					1/1	12/31	

### Search Criteria

Type of Water Right:  Ground Water  
 Surface Water  
 Storage

Distance from Stream(ft.):

Include Supplemental

Day in Year Month: 6 Day: 1

Priority Date 5/6/1981

Comparison Type Junior

Direction Upstream

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Use Category (select All /None):

- Agriculture
- Domestic
- Fish
- Industrial
- Irrigation
- Instream
- Livestock
- Mining
- Miscellaneous
- Municipal
- Power
- Recreational
- Storage
- Wildlife



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

*1692*

APR 22 1993

Start Card # 32652

16512E131 ab

WATER RESOURCES DEPT.

*School WELL (ORIGINAL)*

**(1) OWNER:**

Name Laidlaw Water District  
 Address C/O Pineridge Pump, 1368 SE Reed Mkt. Rd.  
 City Bend State Or. Zip 97701

Well Number: 60 SALEM 3

**(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 school

**(5) BORE HOLE CONSTRUCTION:**

Special Construction approval Yes  No  Depth of Completed Well 567 ft.  
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
10"	-39 -408			
8"	-408 -568			

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

**(6) CASING/LINER:**

	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	8"	+1	-408	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	-385	-567	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method Machine  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
385	405	1/8x4	456	cemented		<input checked="" type="checkbox"/>	<input type="checkbox"/>
525	565	1/8x4	456			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
15	0	567	1 hr.
150	0	567	2 hr.

Temperature of water 53° 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: cemented off 376- 408

**(9) LOCATION OF WELL by legal description:**

County Deschutes Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 16 ~~XX~~ S, Range 12 E or W, WM.  
 Section 31 NW  $\frac{1}{4}$  NE  $\frac{1}{4}$   
 Tax Lot 1200 Lot 7 Block 7 Subdivision Laidlaw  
 Street Address of Well (or nearest address) 19835 2nd St.  
Tumalo, Oregon-Bend, Or.

**(10) STATIC WATER LEVEL:**

419 ft. below land surface. Date 4-9-93  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found 443

From	To	Estimated Flow Rate	SWL
443	465	40	419
549	568	100	419

**(12) WELL LOG:**

Ground elevation \_\_\_\_\_

Material	From	To	SWL
8" casing pulled, 20' of 8"x.250			
+ 20' of 12-row perforated installed.			
Hole cemented with 2 yds 22sk neet cement	364	408	
Gray Lava	408	415	
Brown rock conglomerate/Clay	415	426	
Gray Lava	426	443	
Red Cinder	443	465	419
Brown Sandstone Conglomerate	465	549	
Red Cinder Conglomerate	549	568	419

Drilled: 3-17-73  
 By: Crawford Well Drilling #451

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Date started 3-25-93 Completed 4-12-93

**(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 David J. Kuban WWC Number 1568  
 Date 4-14-93

**(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 685  
 Date 4-14-93



# Oregon Water Resources Department Water Right Research Query

- [Main](#)      [Help](#)
- [Return](#)    [Contact Us](#)

Inchoate: T 11731 CF (REG) \*

### POD Description

#### Contact information

AGENT:  
 TYE ENGINEERING AND SURVEYING  
 INC.  
 DIRK DURYEE  
 725 NW HILL ST  
 BEND, OR 97701

**Name:** POD 3 - A WELL > DESCHUTES BASIN  
**T-R-S-QQ:** 16.00S-12.00E-31-NE NW  
**Location** 1217 FEET SOUTH AND 2220 FEET EAST FROM NW  
**Description:** CORNER, SECTION 31

APPLICANT:  
 LAIDLAW WATER DISTRICT  
 C/O DALE PEER  
 64711 WOOD AVE  
 BEND, OR 97701

CWRE:  
 WILLIAM R TYE  
 , OR

LOCAL GOVERNMENT:  
 DESCHUTES COUNTY PLANNING  
 DEPARTMENT  
 117 NW LAFAYETTE AVENUE  
 PO BOX 6005  
 BEND, OR 97708-6005

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POD Uses (Click to Collapse...)

#### QUASI-MUNICIPAL USES (Primary)

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### Search Criteria

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 Surface Water  
 Storage

Distance from Stream(ft.):

Include Supplemental

Day in Year Month: 6 Day: 1

Priority Date 5/6/1981

Comparison Type Junior

Direction Upstream

Use Category (select All /None ):

- Agriculture
- Fish
- Irrigation
- Livestock
- Miscellaneous
- Power
- Storage
- Domestic
- Industrial
- Instream
- Mining
- Municipal
- Recreational
- Wildlife



State of Oregon  
County of Deschutes  
Certificate of Water Right

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STATE OF OREGON

COUNTY OF DESCHUTES

CERTIFICATE OF WATER RIGHT

THIS CERTIFICATE ISSUED TO

LIDLAW WATER DISTRICT  
P.O. BOX 6264  
BEND, OREGON 97708

confirms the right to use the waters of SCHOOL WELL in the DESCHUTES BASIN for QUASI-MUNICIPAL USE.

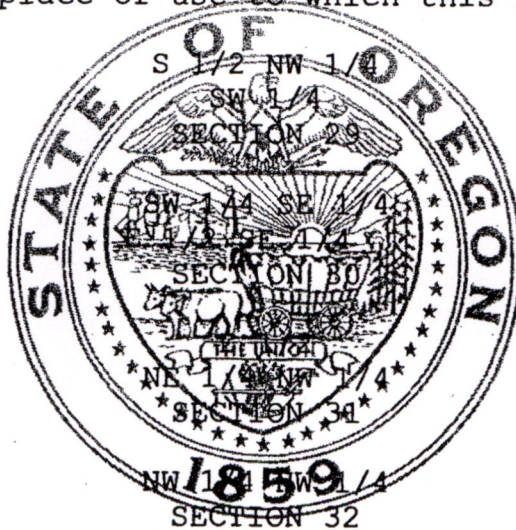
This right was perfected under Permit G-9375. The date of priority is MAY 6, 1981. This right is limited to 55.0 GALLONS PER MINUTE or its equivalent in case of rotation, measured at the well.

The well is located as follows:

NW 1/4 NE 1/4, SECTION 31, TOWNSHIP 16 SOUTH, RANGE 12 EAST, W.M.; 664 FEET SOUTH AND 531 FEET EAST FROM THE NORTH 1/4 CORNER OF SECTION 31.

The use shall conform to such reasonable rotation system as may be ordered by the proper state officer.

A description of the place of use to which this right is appurtenant is as follows:



TOWNSHIP 16 SOUTH, RANGE 12 EAST, W.M.

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This is a final order in other than contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review of the order must be filed within the 60 days of the date of service.

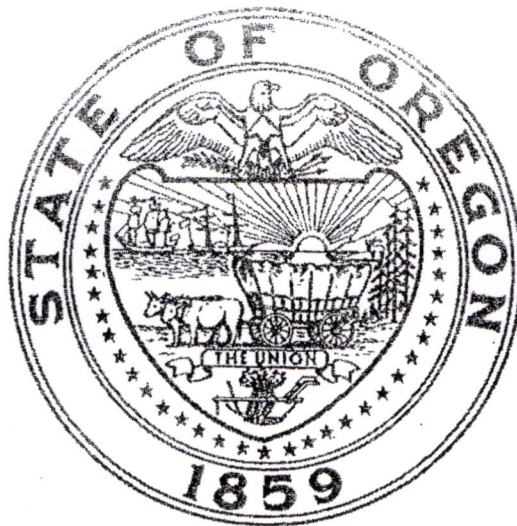


Water may be applied to lands which are not specifically described above, provided the holder of this right complies with ORS 540.510(3).

The water user shall install and maintain a weir, meter, or other suitable measuring device, and shall keep a complete record of the amount of ground water withdrawn.

Issued FEBRUARY 19, 2004.

  
Paul R. Cleary, Director  
Water Resources Department



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Recorded in State Record of Water Right Certificates Number 80614.

G-10306.SB

CLAIM OF BENEFICIAL  
USE MAP

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