

CLAIM OF BENEFICIAL USE for Transfer with Multiple Changes – Surface Water and 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>

SECTION 1

GENERAL INFORMATION

Type of Authorized Change

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YES

NO

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

Mark all that apply:

- | | |
|--|--|
| 1. <input type="checkbox"/> Change in POD(s) or Additional POD(s) | 4. <input type="checkbox"/> Change in Character of Use |
| 2. <input checked="" type="checkbox"/> Change in POA(s) or Additional POA(s) | 5. <input type="checkbox"/> Change in Character of Use – Reservoir |
| 1. <input checked="" type="checkbox"/> Change in Place of Use | |

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

1. File Information

APPLICATION # T-13583

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME KC Development Group, LLC Tanager Development, LLC		PHONE NO. <i>*contact by mail only</i>	ADDITIONAL CONTACT NO.
ADDRESS 19330 Tanager Lakes Drive			
CITY Bend	STATE OR	ZIP 97703	E-MAIL <i>*contact by mail only</i>

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 The Tree Farm, LLC		
ADDRESS 409 Franklin Avenue		
CITY Bend	STATE OR	ZIP 97703

4. Date of Site Inspection:

January 23, 2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Eric Cadwell	Sep 2024 – Jan 2025	Landowner / Manager
Harris Kimble		Landowner / Manager

6. County:

Deschutes County

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)): **N/A**

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

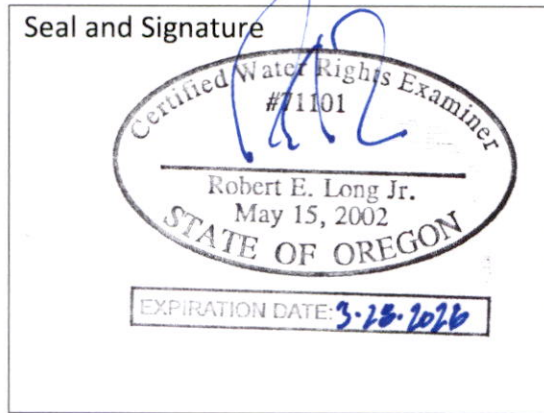
Add additional tables for owners of record as needed

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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 Robert Long, RG, CWRE		PHONE NO. <i>*contact by mail only</i>	ADDITIONAL CONTACT NO.
ADDRESS 311 B Avenue, Suite P			
CITY Lake Oswego	STATE OR	ZIP 97223	E-MAIL <i>*contact by mail only</i>

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
	Eric Cadwell	Member Manager of KC Development, LLC & Tanager Development, LLC	<i>2/28/25</i>

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SECTION 3
Changes Made

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

Change #1

~~**New or Additional Point of Diversion**~~
~~**Change in POD(s) or Additional POD(s)**~~

Did the transfer order authorize a change in the points of diversion or additional points of diversion?

YES **NO**

If "NO", this Section can be deleted.

Change #2

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 **NO**

If "NO", this Section can be deleted.

1. New or additional point of appropriation name or number: (see Transfer Map – Attachment 1)

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-1	DESC-59909 / 64727	112224	Deschutes Formation

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

If well logs are available, items A and B below can be deleted –

Well Logs are included as Attachment 2 and a Pump Test Report as Attachment 3

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final?

YES **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.")

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3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well-1	0.23 cfs	0.325 cfs	0.27 cfs

System Description

Are there multiple new or additional Points of Appropriation (POA)? YES NO

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

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

Well-1 (DESC-59909 / 64727)

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	460 V 3-phase	-	Submersible	5"	3"

2. Motor Information

MANUFACTURER	HORSEPOWER
Franklin	40 HP

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
40 HP	0 PSI*	0 ft	800 ft	0.352 cfs

*The well pumps through the flow meter and into a bulge-in-the-system pond. The operating pressure at the end of the discharge pipe is zero.

4. Provide pump calculations:

Q Pump = $\frac{(\text{horsepower})(\text{pump efficiency})}{(\text{total head in feet})} = Q$ in cfs

(40 HP) (7.04) / 800 ft = 0.352 cfs or 158 gpm

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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. Groundwater Source Information (Well and Sump)

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

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

C. Additional notes or comments related to the system:

Well-1 pumps through a flow meter at the wellhead and to a split in the distribution system. Water can either flow into a bulge-in-the-system south pond for short-term storage for irrigation use or as storage water for various other quasi-municipal uses (passes through second flow meter). Water is picked up by a lift station from the south pond for green space irrigation. Water can also be pumped into a domestic supply system for buildings around the place of use.

Change #3

Change in Place of Use

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

If "NO", this Section can be deleted.

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use: **N/A**

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED

If the new use(s) was not irrigation or nursery:

NEW USE(S)	WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
Quasi-municipal	YES NO NA

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2. Variations:

Was the use developed differently from what was authorized by the transfer final order? ~~YES~~ **NO**

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

Change #4

~~Change in Character of Use~~

Did the transfer order authorize a change in character of use? ~~YES~~ **NO**

If "NO", this Section can be deleted.

Change #5

~~Change in Character of Use~~ — Reservoir

Did the transfer order authorize a change in character of use for a reservoir? ~~YES~~ **NO**

If "NO", this Section can be deleted.

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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	12/16/2022	
COMPLETENESS DATE FROM ORDER (C)	10/1/2025	December 2024¹

1. *Date by which the well pump and motor system observed during the site survey was installed in its current configuration.*

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

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 NO

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

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

b. Has a meter been installed? YES NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION	CURRENT METER READING	DATE INSTALLED
Well-1	Seametrics	Unk.	Working	185.13 acre-feet	2016
	McCrometer	13-06839-03	Working	39,840 gal	~Oct 2024

**There are two different meters installed that measure the flow from Well-1 at the wellhead and at the discharge to the main pond.*

4. Recording and reporting conditions

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

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

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

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? **YES** **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? **YES** **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. Were there special well construction standards? **YES** ~~NO~~
- b. Was submittal of a ground water monitoring plan required? **YES** **NO**
- c. Other conditions? **YES** **NO**

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

The well shall acquire water from the same aquifer as the original source. The new POA, Well-1, draws water from the Deschutes Formation, same as the original POA, DESC-51145.

**SECTION 5
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Attachment 1	Transfer COBU Map
Attachment 2	Well-1 Well Logs
Attachment 3	Well-1 Pump Test Report
Attachment 4	4-hour Beneficial Use Documentation

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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 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.

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 transfer claim of beneficial use map was prepared using a combination of data collected on-site during the claim survey (geo-referenced site photos), data provided by the Applicant, and information obtained through remote sensing. The imagery listed below was reviewed in preparation of the map:

- Airbus Google-Earth Imagery (June 2024)
- Sentinel-2 L1C True-color Imagery (2022-2024)

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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

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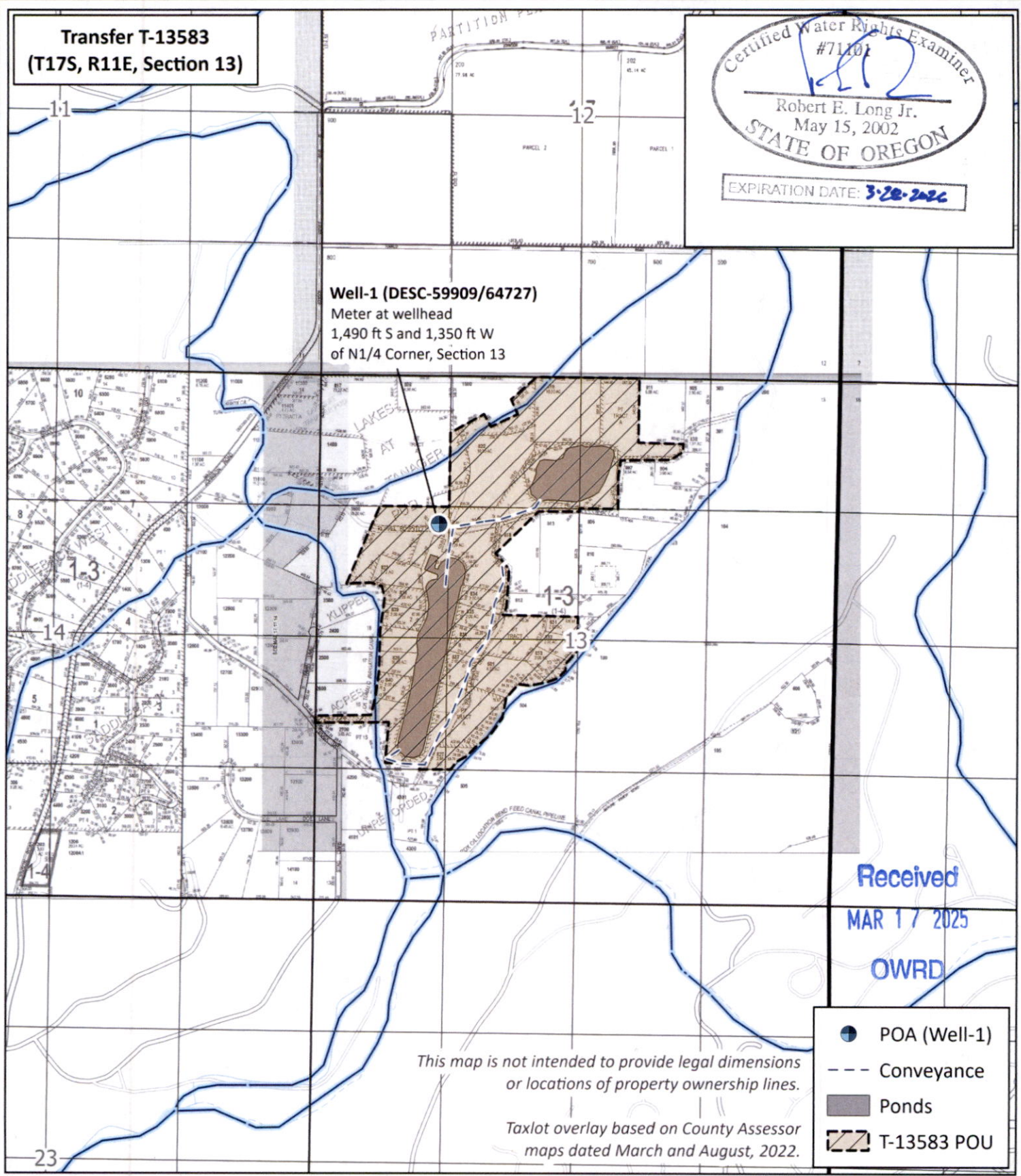
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**Transfer T-13583
(T17S, R11E, Section 13)**

Certified Water Rights Examiner
#71101
RLJ
Robert E. Long Jr.
May 15, 2002
STATE OF OREGON

EXPIRATION DATE: *3-28-2026*

Well-1 (DESC-59909/64727)
Meter at wellhead
1,490 ft S and 1,350 ft W
of N1/4 Corner, Section 13



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*This map is not intended to provide legal dimensions
or locations of property ownership lines.*

*Taxlot overlay based on County Assessor
maps dated March and August, 2022.*

- POA (Well-1)
- Conveyance
- Ponds
- T-13583 POU

CwM-H2O
Complete Water Management

311 B Avenue, Suite P
Lake Oswego, Oregon 97034
(503) 954-1326

Figure 1
Claim of Beneficial Use Map for
Transfer with Multiple Changes ("To" Lands)

1	DATE	AUTH	DRAFT
No.	Date	By	Revisions

N
0 500 1,000 2,000 ft
Scale is 1' : 1,320'

Proj#: 1707005
KC Development Group COBU
KC Development Group, LLC
63560 Johnson Road
Bend, OR 97703

Attachment 2

DESC 59909

WELL I.D. LABEL# L

112224

START CARD #

1022074

2/26/2014

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____

First Name HARRIS Last Name KIMBBLE
 Company KC DEVELOPMENT GROUP LLC
 Address 63560 JOHNSON RD
 City BEND State OR Zip 97701

(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
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Seal:

Material	From	To	Amt	sacks/lbs

(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 751.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
12	0	78	Cement	0	78	55	S
8	78	751					

How was seal placed: Method A B C D E

Other _____

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 checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	1	78	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	1	751	.188	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perforations Method MACHINE

Screens Type _____ Material _____

Perf/	Casing/	Screen	Scr/slot	Slot	# of	Tele/		
Screen	Liner	Dia	From	To	width	length	slots	pipe size
		6	711	751	.125	3	456	

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

Pump Bailer Air Flowing Artesian

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

50		750	1
----	--	-----	---

Temperature 53 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 17.00 S N/S Range 11.00 E E/W WM
 Sec 13 SW 1/4 of the NW 1/4 Tax Lot 823
 Tax Map Number _____ Lot _____

Lat _____ " or 44.10525000 DMS or DD
 Long _____ " or -121.35875000 DMS or DD

Street address of well Nearest address

KLIPPEL RD

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	<u>2/24/2014</u>			<u>533</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 635.00

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

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>2/7/2014</u>	<u>635</u>	<u>751</u>	<u>50</u>		<u>533</u>

(11) WELL LOG

Ground Elevation 3505.00

Material	From	To
SAND PUMICE	0	1
GRAVELS COBBLES	1	16
PUMICE	16	35
LAVA BROKEN	35	50
CONGLOMERATE BROWN	50	66
LAVA	66	90
SANDSTONE	90	110
BASALT MEDIUM	110	125
BASALT HARD	125	146
SANDSTONE	146	190
BASALT CLAY SEAMS	190	230
CINDERS	230	258
LAVA CINDERS CAVING	258	315
LAVA FRACTURED	315	426
CINDERS	426	440
LAVA GRAY BROKEN FRACTURED LAYERS	440	524
BASALT CLAY SEAMS BROWN	524	528
BASALT FRACTURED LAYERS WITH CLAY SE	528	751

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Date Started 2/18/2014 Complete 2/24/2014

(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 758 Date 2/25/2014

Signed THOMAS R PECK (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 1720 Date 2/26/2014

Signed JACK ABBAS (E-filed)

Contact Info (optional) _____

STATE OF OREGON
WATER SUPPLY WELL REPORT

DESC 64727

WELL I.D. LABEL# L 112224

START CARD # 1072867

4/8/2024

ORIGINAL LOG # DESCHUTES 59909

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

(1) LAND OWNER
Owner Well I.D. _____
First Name HARRIS Last Name KIMBLE
Company _____
Address 63560 JOHNSON RD
City BEND State OR Zip 97703

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

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrld
Casing: _____
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 890.00 ft.

BORE HOLE

Dia	From	To	Material	SEAL	To	Amt	sacks/lbs
12	0	78					
8	78	750		Calculated			
6	750	890		Calculated			

Seal placement method A B C D E Other: NOT DISTURBED
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Type _____ Amount _____
Seal Placement Begin Date 3/4/2024 Begin Time 12:00

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

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/ Casing/ Screen Scrm/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
10		890	1

Temperature 53 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 105 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County DESCHUTES Twp 17.00 S N/S Range 11.00 E E/W WM
Sec 13 SW 1/4 of the NW 1/4 Tax Lot 829
Tax Map Number _____ Lot _____
Lat _____ " or 44.10527778 DMS or DD
Long _____ " or -121.35861111 DMS or DD
 Street address of well Nearest address
19275 KLIPPEL RD BEND, OR 97703

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 3/4/2024 710
Completed Well 3/4/2024 806
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 806.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
3/4/2024	806	890	10		806

(11) WELL LOG Ground Elevation 3514.05 FT

Material	From	To
NOT DISTURBED	0	750
CLEANED ORIGINAL HOLE	750	751
WB FRACTURED BROWN BASALT	751	890

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Construction
Begin Date 3/4/2024 Begin Time 12:00 End Date 3/4/2024

(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 1987 Date 4/5/2024
Signed MATHEW ROGERS (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 1720 Date 4/8/2024
Signed JACK ABBAS (E-filed)
Contact Info (optional) JACK ABBAS

4/8/2024

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Material	From	To	Amt	sacks/lbs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(5) BORE HOLE CONSTRUCTION

BORE HOLE				SEAL			sacks/ lbs
Dia	From	To	Material	From	To	Amt	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Calculated	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Calculated	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Calculated	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Calculated	

FILTER PACK

From	To	Material	Size
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/ pipe size
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water Quality Concerns

From	To	Description	Amount	Units
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(11) WELL LOG

Material	From	To
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name	Type	#
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Remarks

OWRD CAME OUT TO CAMERA WELL WITH US TO CHECK OUT SWL MEASUREMENTS

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

DESC 64727

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Map of Hole

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: 44.10527778 Datum: WGS84

Longitude: -121.35861111

Township/Range/Section/Quarter-Quarter Section:

WM17.00S11.00E13SWNW

Address of Well:

19275 KLIPPEL RD BEND, OR 97703

Well Label: 112224

Printed: April 5, 2024

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



4/8/2024

Map of Hole



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Attachment 3



OREGON
WATER
RESOURCES
DEPARTMENT

PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Airline

Length of air line (if used): 861

*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):

Manufacturer: _____ Serial #: _____

Date Last Calibrated: _____ Units: _____

Discharge Measurement Method: Flowmeter

Flowmeter (if used):

Manufacturer: BLUE WHITE IND. Serial #: RT-30054-GPM1

Date Last Calibrated: 10-16-19 Units: GPM

*Verify here: { Airline: 861 psi 27 feet.
E-Tape: 798.6 feet.

Pump Type: Submersible

HP: 40 Pump set at: 861 feet.

Pump idle time: _____

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at: <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Measuring Point (MP): Measuring point distance above land surface 1.33 feet.

Description (e.g., top port of 1 inch port pipe, west side) TOP OF WELL HEAD

Time pump turned on: Date 4-25-24 Time 11:00

Time pump turned off: Date 4-25-24 Time 3:00

Total pumping time: 4 hours 0 minutes.

Remember, your pump test may not be approved unless it meets the following criteria*:

- The discharge rate was held constant for the entire pumping phase.
- The pump was on during the entire pumping phase (≥ 4 hours).
- The discharge was measured at the start of pumping and at least once every hour during the test.
- Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤ 2 min for the first 10 minutes, ≤ 5 min for 10 – 30 minutes, and ≤ 15 min for the remainder of the test)
- Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- The pump test cover sheet was completely filled out and signed.
- The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- The well was idle for at least 16 hours prior to the test.
- The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

*This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:

https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID=OARD=1BdwLynsYAPNSQIW330ZjSFZuMscp4HfII-1ftsDAAEsMC2_ROSsl-277278532?selectedDivision=3186

Submit forms to: Attn: Certificates Section, Oregon Water Resources Department
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: [Signature] DATE: 7-9-24

OWNER SIGNATURE: [Signature] DATE: 2/28/25

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Owner Information:

OWNER NAME/BUSINESS NAME: Harris Kimble		PHONE No.:	ADDITIONAL CONTACT No.:
ADDRESS: 63560 Johnson Road			
CITY: Bend	STATE: OR	ZIP: 97703	E-MAIL:

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: RYAN KASCH	QUALIFICATION: (SELECT) Pump Installer <input checked="" type="checkbox"/>	LICENSE #: 39CPI
COMPANY: ABBAS PUMP SERVICE	PHONE No.: 541-548-8887	ADDITIONAL CONTACT No.:
ADDRESS: PO BOX 2130		
CITY: TERREBONNE	STATE: OR	ZIP: 97760
E-MAIL: kristi@abbaswelldrilling.com		

Tested Well Information (please attach well log(s) if available):

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE	
DESC-59909 / DESC-64727	L- 112224	Well-1	890 ft	Harris Kimble / KC Dev. Group, LLC	Deepened 03/04/24	4-25-24	
TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)		LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
17S	11E	13	SWNW	1490 ft S and 1350 ft W from N1/4 Corner, Sec 13		44.105278	-121.358611

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G- 13965	G- 13017	T- 13583		<input checked="" type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input type="radio"/> No (Need MWE Form)

Nearby Wells and Streams: Please check yes or no. Do not leave blank.

Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)
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Is there a lake, stream or other surface water body within 1/4 mile of the tested well?
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approximate distance: 500 ft.
Well elevation is the surface water body. Approximate elevation difference: 10 ft.

Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: _____ ft.
How far from the pumped well was water discharged? _____ ft.

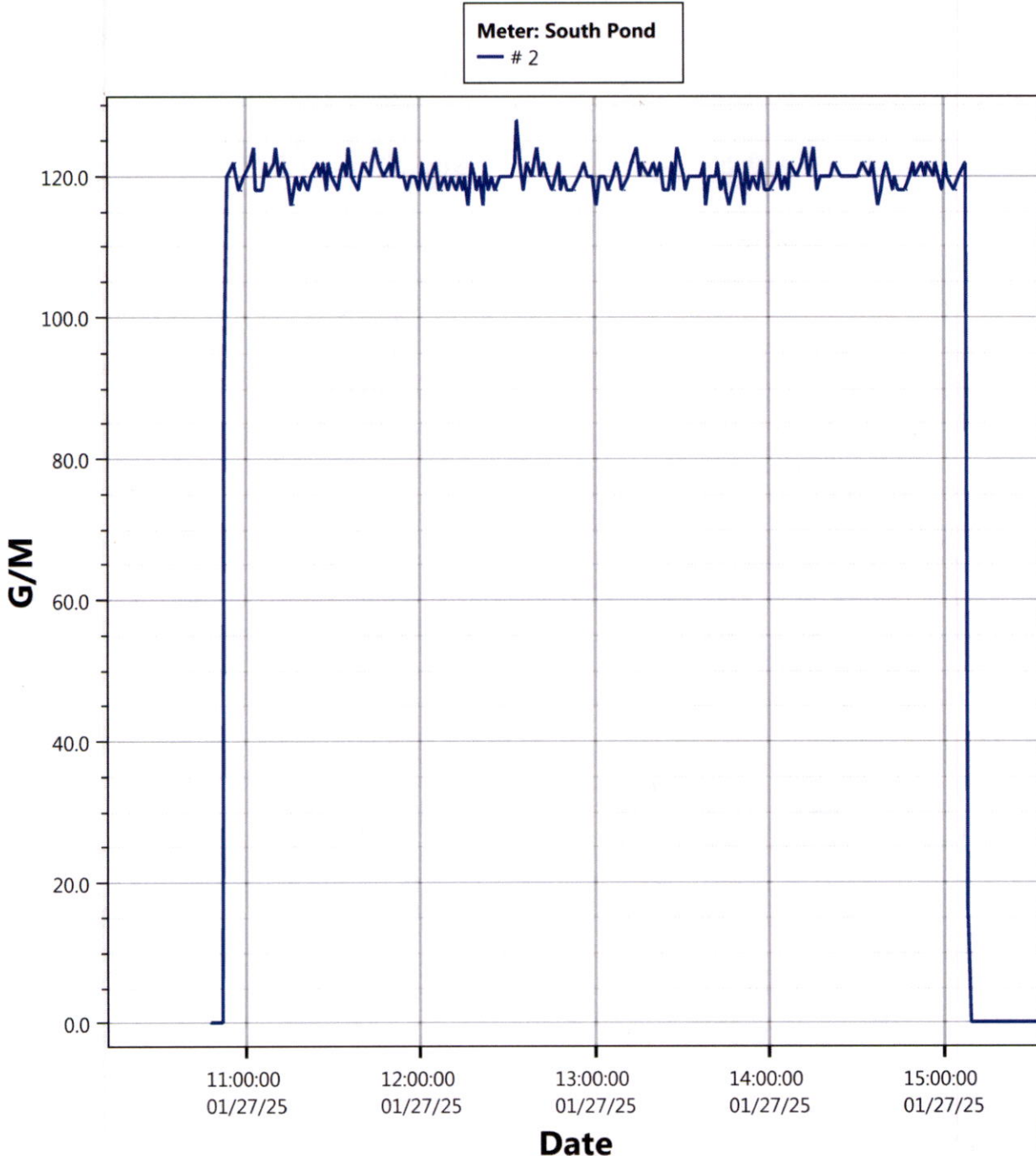
Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>.

Attachment 4

Report for MagMeter

Meter ID: South Pond
Meter #: 2
Start Date: 1/27/2025 10:12:19 AM UTC
End Date: 1/27/2025 3:33:39 PM UTC
Cycle Duration: 00d 00:01:00
Total: 30,718.000 G
Minimum Flow Rate: 0.000 G/M
Maximum Flow Rate: 128.000 G/M
Average Flow Rate: 107.031 G/M

**Data downloaded from the Well-1 flow meter during regular pumping operations for a period of more than 4 hours. The well was able to maintain at least the water right rate for the entire period.*



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