

**CLAIM OF
BENEFICIAL USE
for Groundwater Permits
claiming more than 0.1 cfs**



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 permits
with priority dates of July 9, 1987, or later.**

A separate form shall be completed for each permit.

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

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

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

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

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

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>

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SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-9190	G-8542	T-8599

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Terrebonne Domestic Water District		PHONE NO. 541 548-2727	ADDITIONAL CONTACT NO.
ADDRESS PO Box 31			
CITY Terrebonne	STATE OR	ZIP 97760	E-MAIL tdwd@bendbroadband.com

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

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

PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

April 1, 2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Dan Bruce	April 1, 2021	TDWD District Manager

6. County:

Deschutes

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

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.



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CWRE NAME <i>James B. Newton</i>		PHONE NO. <i>360-907-4162</i>	ADDITIONAL CONTACT NO.
ADDRESS <i>21145 Scottsdale DR</i>			
CITY <i>Bend</i>	STATE <i>OR</i>	ZIP <i>97701</i>	E-MAIL <i>newtonjim@hotmail.com</i>

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>DJB</i>	<i>Dan Bruce</i>	<i>Dist. Manager</i>	<i>4-15-2025</i>

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SECTION 3

CLAIM DESCRIPTION

1. 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)
POA 1	DESC 2377	N/A
POA 2	DESC 2387	N/A
POA 3	DESC 52862 & DESC 53589	L-32860

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

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
POA 1 & POA 2	Deschutes River Basin (in T-8599 FO)	
POA 3	Deschutes River Basin (implied in T-8599 FO)	

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
POA 1	Quasi Muni	N/A	2001 Water Year	98.42 AF
POA 2	Quasi Muni	N/A	2001 Water Year	26.04 AF
POA 3	Quasi Muni	N/A	2001 Water Year	12.74 AF
Total Quantity of Water Used				137.20 AF

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

Water was pumped from each of the three wells into the existing reservoirs, and then into the water distribution system.

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

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

NO

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

N/A

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POA 1	1.0 cfs total for all 3 wells	0.34 cfs	0.27 cfs	Quasi Muni	N/A	N/A
POA 2		0.36 cfs	N/A	Quasi Muni	N/A	N/A
POA 3		1.54 cfs	1.04 cfs	Quasi Muni	N/A	N/A

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SECTION 4 SYSTEM DESCRIPTION

Are there multiple POAs?

YES

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

POA 1

A. Place of Use

1. Is the right for municipal use?

Quasi Muni Use

YES

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

Well #1 has a small (3/4") access port on the south side of the line-shaft turbine sole plate to access with a well probe.

3. If well logs are not available, provide as much of the following information as possible:

See Well Log DESC 2377

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

C. Groundwater Source Information (Sump)

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

NO

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	Line Shaft Turbine	Unknown	Unknown

3. Motor Information:

MANUFACTURER	HORSEPOWER
Not Known	15

4. 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)
15	20	256 ft	0 ft	0.34 cfs

5. Provide pump calculations:

WRD Calculator: (hp)(efficiency) / (lift + head) = capacity in cfs

Efficiency of Turbine = 7.04; HP = 15; Lift = 256 ft; PSI = 20

Calculated Results:

(hp)(efficiency) = 105.6

Head based on psi = 50.8

Total dynamic head (head + lift) = 306.8

Pump Capacity = 0.34 cfs

6. Measured Pump Capacity (using meter if meter was present and system was operating):

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A	N/A	14 minutes	0.27

Note: The pump capacity was measured in August of 2011, and was reported in a memo found in TDWD files. Pumps and other well features had reportedly not changed since the well was reconditioned in 1981, therefore, this measurement data should be acceptable to use in this COBU report.

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

7. Is the distribution system piped? **YES**

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
Varies from 12" to less than 4"	See attached Fig 2		Buried

9. Lateral or Handline Information: **N/A**

10. Sprinkler Information: **N/A**

11. Drip Emitter Information: **N/A**

12. Drip Tape Information: **N/A**

13. Pivot Information: **N/A**

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E. Storage

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

YES

If "YES" is it a: Storage Tank
Bulge in System / Reservoir

YES

NO

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Bolted Steel	250,000	Above-ground
Welded Steel	500,000	Above-ground

F. Gravity Flow Pipe

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

NO

H. Additional notes or comments related to the system:

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

YES

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

POA 2

A. Place of Use

1. Is the right for municipal use?

Quasi Muni Use

YES

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

Small (~3/4") access port in the top of the well head to allow access with manual well probe.

3. If well logs are not available, provide as much of the following information as possible:

[See Well Log Desc 2387](#)

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation. [N/A](#)

C. Groundwater Source Information (Sump)

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

NO

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	Submersible Turbine Pump	Unknown	Unknown

3. Motor Information:

MANUFACTURER	HORSEPOWER
Unknown	25 Hp based on notes in TDWD files

4. 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)
25	20	240 ft	0 ft	0.61 cfs

5. Provide pump calculations:

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

Efficiency of Turbine = 7.04; HP = 25; Lift = 240 ft; PSI = 20

Calculated Results:

$(hp)(\text{efficiency}) = 176$

Head based on psi = 50.8

Total dynamic head (head + lift) = 290.8

Pump Capacity = 0.61 cfs

6. Measured Pump Capacity (using meter if meter was present and system was operating):

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A	N/A	N/A	N/A

Note: The pump in Well 2 failed sometime in late 2001; Well 2 is now listed as an emergency backup as needed. Pump capacity measurements for 2000 and 2001 were not found in TDWD files. However, based on water use reports filed yearly with WRD, Well 2 was used regularly prior to pump failure, and produced a larger volume of water than Well 1 (TDWD files note Well 2 had a 25 Hp motor/pump).

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

7. Is the distribution system piped?

YES

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
Varies from 12" to less than 4"	See attached Fig 2	C-900 & PVC	Buried

9. Lateral or Handline Information: N/A

10. Sprinkler Information: N/A

11. Drip Emitter Information: N/A

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12. Drip Tape Information: N/A

13. Pivot Information: N/A

E. Storage

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

YES

If "YES" is it a:

Storage Tank

YES

Bulge in System / Reservoir

NO

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Bolted Steel	250,000	Above-ground
Welded Steel	500,000	Above-ground

F. Gravity Flow Pipe

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

NO

H. Additional notes or comments related to the system:**SECTION 4****SYSTEM DESCRIPTION**

Are there multiple POAs?

YES

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

POA 3

A. Place of Use

1. Is the right for municipal use?

Quasi Muni Use

YES

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

Well head cap has a 1" access port with PVC tubes for access with a well probe.

3. If well logs are not available, provide as much of the following information as possible:
See Well Logs DESC 52862 & DESC 53589

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

C. Groundwater Source Information (Sump)

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

D. Diversion and Delivery System Information

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

1. Is a pump used? YES

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Crown	8M-700	N/A	Submersible	Unknown	Unknown

3. Motor Information:

MANUFACTURER	HORSEPOWER
Unknown	75

4. 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)
75	15	304 ft	0 ft	1.54 cfs

5. Provide pump calculations:

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

Efficiency of Submersible = 7.04; HP = 75; Lift = 304 ft; PSI = 15

Calculated Results:

(hp)(efficiency) = 528
Head based on psi = 38.1
Total dynamic head (head + lift) = 342.1
Pump Capacity = 1.54 cfs

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6. 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 recorded	Not recorded	15 minutes	1.04 (VFD in use to throttle well flow rate)

Note: The pump capacity was measured in August of 2011, and was reported in a memo found in TDWD files. Pumps and other well features had reportedly not changed since the well was installed in 2000, therefore, this measurement data should be acceptable to use in this COBU report.

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

7. Is the distribution system piped? YES

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
Varies from 12" to less than 4"	See attached Fig 2	C-900 & PVC	Buried

9. Lateral or Handline Information: N/A

10. Sprinkler Information: N/A

11. Drip Emitter Information: N/A

12. Drip Tape Information: N/A

13. Pivot Information: N/A

E. Storage

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

YES

If "YES" is it a: Storage Tank
Bulge in System / Reservoir

YES

NO

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Bolted Steel	250,000	Above-ground
Welded Steel	500,000	Above-ground

F. Gravity Flow Pipe

1. Does the system involve a gravity flow pipe?

NO

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G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

NO

H. Additional notes or comments related to the system:

SECTION 5 CONDITIONS

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

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	May 30, 1979		
BEGIN CONSTRUCTION (A)	May 30, 1980	March 9, 1968	POA 2 (DESC 2387) was begun on Marc 9, 1968.
COMPLETE CONSTRUCTION (B)	Oct 1, 1980, extended to Oct 1, 2001	July 2001	Well #1 was originally constructed in 1937 and reconditioned in 1981 (DESC 2377). Well #3 (DESC 52862/53589) was connected to the district's system and was pumping water in July 2001 (see attached Water Use Report from WRD's website)
COMPLETE APPLICATION OF WATER (C)	Oct 1, 1980, extended to Oct 1, 2001	July 2001	All 3 wells (#1, #2, and #3) were connected to the district's system and pumping water in 2001 (see attached Water Use Report from WRDs website)

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

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

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YES

a. Did the Extension Final Order require the submittal of Progress Reports? **NO**

3. Initial Water Level Measurements:

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

4. Annual Static Water Level Measurements:

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

5. Pump Test:

a. Did the permit require the submittal of a pump test? **NO**

6. Measurement Conditions:

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

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

b. Has a meter been installed? **YES**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POA 1	Sonus	1616160 (stamped on meter)	working	57080000 gallons	Prior to 2001
POA 2	Sparling	130431 (stamped on meter)	Working when in use	471282 cubic feet	Prior to 2001
POA 3	Sensus	Not visible	Working	Not recorded at time of site visit	2000

7. Recording and reporting conditions:

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

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

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

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

c. Was submittal of a water management and conservation plan required? **NO**

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **NO**

e. Other conditions? **YES**

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

e. For POA #3 "The quantity of water diverted at the new point of appropriation (well), together with that diverted at the oil points of appropriation, shall not exceed the quantity of water lawfully available at the original points of appropriation." TDWD periodically reviews the metered usage at each of the permitted POAs in order to comply with this condition.

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SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Logs	DESC 2377, DESC 2387, DESC 52862, & DESC 53589
Water Use Report	From WRD website, showing water years 1995 through 2001
WRIS Cover Page Screen Shot	From WRD WRIS site, showing C date for permit
POA Location Map – Figure 1	Provides Permitted Well Locations and TDWD Boundary
TDWD Distribution System – Fig 2	Provides TDWD Boundary and Distribution System Map
Map Scale Variance Approval	Email with Gerald Clark (OWRD Certificate Section) 4/14/2025
Meter Approval Notice	Email with Jeremy Giffin (OWRD Watermaster) 4/11/2025

SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

The COBU maps were taken from the TDWD system and water distribution service area, with the wells located by handheld GPS, map locations included in the WMCP/distribution system map and aerial photos; since Wells 1 and 2 were long established well locations, these sites were also accurate to the original permit map. Source for aerial photos are Google Earth Pro with suitable resolution dating as far back as 2013; prior years back to 2000 were too grainy for suitable comparison of detailed well locations, however, the storage tanks, office and pump station were clearly visible.

The TDWD wells pump from the wells directly in the two storage tanks then from the tanks water is circulated throughout the TDWD quasi-municipal water distribution system shown on the attached Figure 2.

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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) **Received Approval of a Map Scale Variance Request**
- ☒ Township, Range, Section, Donation Land Claims, and Government Lots
- ☐ **N/A** If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☐ **N/A** 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)
- ☐ **N/A** Tax lot boundaries and numbers
- ☐ **N/A** Source illustrated if surface water
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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WELL LOGS

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NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report
are to be filed with the

WATER RESOURCES DEPARTMENT
SALEM, OREGON 97310
within 30 days from the date
of well completion.

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

State Well No. 145-132-16 CD

State Permit No. Reconditioned

(1) OWNER:

Name Terrebonne Water District

Address Terrebonne, Ore. 97760

(2) TYPE OF WORK (check):

New Well ☐ Deepening ☐ Reconditioning ☒ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☒ Driven ☐
☐ Jetted ☐
☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☒
Irrigation ☐ Test Well ☐ Other ☐

(5) CASING INSTALLED:

Threaded ☐ Welded ☒

10 " Diam. from 2 ft. to -25 ft. Gage .250
8 " Diam. from 1 ft. to -377 ft. Gage .188
" Diam. from _____ ft. to _____ ft. Gage _____

(6) PERFORATIONS:

Perforated? ☒ Yes ☐ No.

Type of perforator used factory

Size of perforations 1/4 in. by 4 in.
160 perforations from -317 ft. to -337 ft.
160 perforations from -357 ft. to -377 ft.
perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name _____

Type _____ Model No. _____

Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is
lowered below static level

a pump test made? ☐ Yes ☒ No If yes, by whom?

Tested: _____ gal./min. with _____ ft. drawdown after _____ hrs.

" " " " " "

" " " " " "

Test 15 gal./min. with no ft. drawdown after 1 hrs.

Artesian flow _____ g.p.m.

Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used cement

Well sealed from land surface to -25 ft.

Diameter of well bore to bottom of seal 15 in.

Diameter of well bore below seal 10 in.

Number of sacks of cement used in well seal 12 sacks

How was cement grout placed? pressure grout

Was a drive shoe used? ☐ Yes ☒ No Plugs _____ Size: location _____ ft.

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? _____ depth of strata _____

Method of sealing strata off _____

Was well gravel packed? ☐ Yes ☒ No Size of gravel: _____

Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County Deschutes Driller's well number _____

SE 1/4 SW 1/4 Section 16 T. 14S R. 13E W.M.

Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found 258 ft.

Static level 256 ft. below land surface. Date 1-22-81

Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 0

Depth drilled 378 ft. Depth of completed well 378 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.

MATERIAL	From	To	SWL
brown sandy soil	0	2	
brown coarse sandstone	2	8	
hard grey rock	8	60	
soft brown sandstone	60	170	
hard broken rock	170	258	256
med. sand & gravel W.B.	258	269	
brown soft sandstone	269	318	
coarse brown sand & gravel	318	378	
WB			

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JAN 28 1981

WATER RESOURCES DEPT
SALEM, OREGON

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APR 17 2025

Salem, OR

Work started 1-16 1981 Completed 1-22 1981

Date well drilling machine moved off of well 1-22 1981

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 Daux Date 1-26 1981
(Drilling Machine Operator)

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, Inc.
(Person, firm or corporation) (Type or print)

Address 1245 Lower Bridge Terrebonne, Ore.

[Signed] Ferry K. Crawford
(Water Well Contractor)

Contractor's License No. 570 Date 1-26 1981

(USE ADDITIONAL SHEETS IF NECESSARY)

SP*45656-119

NOTICE TO WATER WELL CONTRACTOR

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

STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date
of well completion.

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

STATE ENGINEER

State Well No.

14/13-16 L

State Permit No.

(1) OWNER:

Name Terrebonne Domestic Water District
Address Terrebonne Ore

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☐ Driven ☐
Cable ☒ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☒
Irrigation ☐ Test Well ☐ Other ☐

CASING INSTALLED:

Threaded ☐ Welded ☒
8" Diam. from 2 ft. to 381 ft. Gage 350
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

PERFORATIONS:

Perforated? ☒ Yes ☐ No.

Type of perforator used Torch

Size of perforations 1/4 in. by 15 in.
196 perforations from 239 ft. to 381 ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name
Type Model No.
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(8) WATER LEVEL: Completed well.

level 240 ft. below land surface Date 4-8-68
an pressure lbs. per square inch Date

(9) WELL TESTS:

Drawdown is amount water level is
lowered below static level

Was a pump test made? ☐ Yes ☒ No If yes, by whom?
gal./min. with ft. drawdown after hrs.

Approximately
Bar test 30 gal./min. with 0 ft. drawdown after 3 hrs.
Artesian flow g.p.m. Date

Temperature of water 59 Was a chemical analysis made? ☐ Yes ☒ No

(10) CONSTRUCTION:

Well seal—Material used Cement-bentonite drill
Depth of seal 40 feet
Diameter of well bore to bottom of seal 11 in.
Were any loose strata cemented off? ☐ Yes ☒ No Depth
Was a drive shoe used? ☐ Yes ☒ No
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? depth of strata
Method of sealing strata off
Was well gravel packed? ☐ Yes ☒ No Size of gravel:
Gravel placed from ft. to ft.

(11) LOCATION OF WELL:

County Deschutes Driller's well number
NE 1/4 SW 1/4 Section 16 T. 14S R. 13 E W.M.

Bearing and distance from section or subdivision corner

Between block 75 and 88
in Terrebonne

(12) WELL LOG:

Diameter of well below casing

Depth drilled 381 ft. Depth of completed well 381 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 as drilling proceeds. Note drilling rates.

MATERIAL	From	To	SWL
BROWN SANDY SOIL	0	1	
GREY LAVA (HARD)	1	27	
BROWN SANDSTONE (HARD)	27	46	
HARD TAN ROCK	46	52	
BROWN SOFT SANDSTONE	52	95	
GREY SANDSTONE (COARSE)	95	160	
GREY HARD ROCK	160	210	
GREY HARD SANDSTONE	210	240	
COURSE SAND & GRAVEL	240	250	
FINE SAND & GRAVEL	250	257	250
(WATER BEARING)			
GREY HARD ROCK	257	275	
BROWN HARD SANDSTONE	275	305	
TAN SOFT SANDSTONE	305	317	
COURSE BROWN SAND	317	375	240
(WATER BEARING)			
BROWN SANDSTONE	375	381	

APR 17 2025

Salem, OR

Work started 3-9 1968 Completed 4-8 1968
Date well drilling machine moved off of well 4-8 1968

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 Crawford Date 4-8 1968
(Drilling Machine Operator)

Drilling Machine Operator's License No. 440

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 Box 17 TERREBONNE ORE

[Signed] Dale Crawford
(Water Well Contractor)

Contractor's License No. 451 Date 4-8 1968

14/13-16 L. *NRKB*

Jefferson G. Deschutes G.

OREGON STATE BOARD OF HEALTH

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NOV 26 1965

Mineral Content of Water

STATE ENGINEER
SALEM OREGON

Name of Water Supply Terrebonne
Source City Well
Sampling Point Well
Collected By Bartholomew Date 6-15-65
Analysis By A. W. Rose Date 11-12-65
Laboratory Number 0952

	<u>Mg/L</u>		<u>Mg/L</u>
Color	<u>2</u>	Conductance (mc mho/cm)	<u>335</u>
Turbidity	<u>5.5</u>	Chlorides	<u>8.04</u>
Solids, Total	<u>227</u>	Sodium	<u>23.8</u>
Solids, Volatile	<u>110</u>	Potassium	<u>3.5</u>
Carbon Dioxide	<u>3.0</u>	Fluoride	<u>0.17</u>
pH	<u>8.0</u>	Phosphates	<u>0.120</u>
Alkalinity, Total as CaCO ₃	<u>190</u>	Sulfates	<u>13.0</u>
Hardness as CaCO ₃	<u>107</u>	Silicon	<u>40</u>
Calcium	<u>18.7</u>	Aluminum	<u>< 0.02</u>
Magnesium	<u>14.6</u>	Nitrogen, Ammonia	<u>0.14</u>
Iron	<u>0.01</u>	Nitrogen, Nitrite	<u>0.02</u>
Manganese	<u>< 0.03</u>	Nitrogen, Nitrate	<u>1.56</u>
Arsenic			

REMARKS

Received by OWRD

APR 17 2025

Salem, OR

Oregon State Board of Health
SANITARY ENGINEERING LABORATORY

REPORT OF MINERAL ANALYSIS OF WATER

Location of source Terrebonne WD Description of source Deep well
Analysis by MHP Date 5/23/55 Collected by HMM Date 2/11/55

RESULTS

Parts per million

Turbidity	1
Color: Apparent	2
Odor: Hot	Cold
Total Solids	230
Loss on Ignition	120
Silicon (SiO ₂)	47
Chloride (Cl)	9.6
Sulfate (SO ₄)	22
Calcium (Ca)	13
Magnesium (Mg)	0
Aluminum (Al)	0
Orthophosphates (PO ₄)	0.2
Metaphosphates (PO ₃) ₆	
Alkalinity (as CaCO ₃): Carbonate	0.
Bicarbonate	137
Hardness (as CaCO ₃)	120
Sodium and Potassium (as Na)	28
Iron (Fe)	.05
Manganese (Mn)	0
Fluoride (F)	.1
Carbon Dioxide (CO ₂)	4.0
pH	7.8
Remarks	Potassium 2.5

306 14/13-16
Basebats G.
392 ft Deep
302 WL
Elev 2800 ft

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STATE ENGINEER
SALEM, OREGON

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Salem, OR

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

Instructions for completing this report are on the last page of this form

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DESC 53589

JAN 09 2001

WELL ID # 32860

(START CARD) # 126689

(1) OWNER:

Name **Terbonne Domestic Water District**
Address **P.O. Box 31**
City **Terbonne** State **OR** Zip **97760**

(2) TYPE OF WORK:

☐ New Well ☐ Deepening ☒ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other

(4) PROPOSED USE:

☐ Domestic ☒ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☒ Yes ☐ No Depth of Completed Well **590** ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
15.5	0	326	Cement	0	326	308 sacks
12.25	326	590				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☐ Other

Backfill placed from _____ ft. to _____ ft. Material

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	14in	+1	294	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10in	+1	415	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10in	475	545	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method
☒ Screens Type **304** Material **Stainless**

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
415	475	.060		10in	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
545	590	.060		10in	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500	4.5	368	54 hr.

Temperature of Water **56** Depth Artesian Flow found

Was a water analysis done? ☒ Yes By whom **Coffey Labs**

Did any strata contain water not suitable for intended use? ☒ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other

Depth of strata: **294-301**

LOCATION OF WELL by legal description:

County **Deschutes** Latitude Longitude
Township **14S** N or S. Range **13E** E or W. of WM.
Section **16CD** **SE** 1/4 **SW** 1/4
Tax lot **800** Lot Block Subdivision
Street Address of Well (or nearest address) **8300 SW 5th St.**
Terbonne, OR

(10) STATIC WATER LEVEL:

ft. below land surface. Date
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Estimated Flow Rate	SWL
294	301	10-20	243
352	428	75-100	304
428	590	1000+	304

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
Sandy Top Soil & Broken Rock	0	2	
Brown Lava	2	6	
Blue Gray Basalt	6	39	
Red Cinder Rock	39	56	
Brown & Red Cinders	56	78	
Tan Tufted Ash	78	90	
Brown & Red Cinders	90	110	
Black Cinders & Tufted Ash	110	171	
Blue Gray Basalt	171	220	
Hard Black & Gray Basalt	220	294	
Large Red Cinders & Black Sand WB	294	301	243
Broken Gray Lava	301	319	243
Hard Gray Basalt	319	352	243
Brown Cinder Rock & Black Sand WB	352	377	304
Broken Gray Lava	377	402	304
Gray & Brown Lava	402	428	304
Brown & Red Cinders, Brn. Sand WB	428	453	304
Black & Brown Lava Rock WB	453	468	304
Red Cinders & Ash WB	468	474	304
Brown Cinders & Ash	474	494	304
Brown Lava	494	528	304
Red Cinder & Pumice Chunks WB	528	545	304

Continued on next page

Date started **3/23/00**

Completed **11/1/00**

(unbonded) Water Well Constructor Certification:

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

Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification:

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

Signed **Robert Buckner** WWC Number **1385**
Date **1/3/01**

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SECOND COPY - CONSTRUCTOR

THIRD COPY - CUSTOMER

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APR 17 2025

Salem, OR

Instructions for completing this report are on the last page of this form

NELL ID # 32860

(START CARD) # 126689

Page 2

Well Number: 3

State **OR** Zip **97760**

☐ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other _____

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

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

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds

[illegible]

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

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

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
---------------	----------	---------------	------

Temperature of Water 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:

County **Deschutes** Latitude Longitude
Township **14S** N or S. Range **13E** E or W. of WM.
Section **16CD** 1/4 SW 1/4
Tax lot **200** Lot Block Subdivision
Street Address of Well (or nearest address) **8300 SW 5th St.,
Terrebonne, OR**

ft. below land surface. Date

Artesian pressure lb. per square inch. Date

Depth at which water was first found

From	To	Estimated Flow Rate	SWL

Ground elevation

[illegible]

Date started 3/23/00 Completed 11/1/00

(unbonded) Water Well Constructor Certification:

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

Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification:

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

WWC Number 1385
Date 1/3/01

Robert Buckner

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APR 17 2025

Salem, OR

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

Instructions for completing this report are on the last page of this form

WELL ID # L 32860

(START CARD) # 126683

De SC 52 862

(1) OWNER: Well Number: #3
Name Terrebonne Domestic Water District
Address P.O. Box 31
City Terrebonne State OR Zip 97760

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

(3) DRILL METHOD:
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Other

(4) PROPOSED USE: **RECEIVED**
☐ Domestic ☒ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock

(5) BORE HOLE CONSTRUCTION: **WATER RESOURCES DEPT SALEM, OREGON**
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 590 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From	To	Material	From	To
12in	0	19	Granular	0	
8in	19	395	Bentonite		19
6in	395	590			14 sacks

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured Dry
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:				Steel	Plastic	Welded	Threaded
Casing:	Diameter	From	To	Gauge			
	8-in	+1	19	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	6-in	+2	395	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:							
<input checked="" type="checkbox"/> Perforations		Method <u>factory</u>		Material _____			
<input type="checkbox"/> Screens		Type _____		_____			
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
315	395	3/16	960	6-in		<input type="checkbox"/>	<input checked="" 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
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
45	112'	357	.25 hr.
145	2	420	4.25 hr

Temperature of Water 56 Depth Artesian Flow found _____
Was a water analysis done? ☒ Yes By whom Coffey Labs
Did any strata contain water not suitable for intended use? ☒ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: 294-301 & 352-377

(9) LOCATION OF WELL by legal description:
County Deschutes Latitude _____ Longitude _____
Township 14S N or S. Range 13E E or W. of WM.
Section 16CD SE 1/4 SW 1/4
Tax lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 8300 5th Street,
Terrebonne, OR 97760

(10) STATIC WATER LEVEL:
304 ft. below land surface. Date 2/16/2000
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 294

From	To	Estimated Flow Rate	SWL
294	301	15-20	243
352	377	25-30	243
468	474	150-200	304
474	494	150-200	304

(12) WELL LOG:		Ground elevation <u>2876'</u>	
Material	From	To	SWL
Sandy Top Soil & Broken Lava	0	2	
Brown Lava	2	6	
Blue Gray Basalt	6	39	
Red Cinder Rock	39	56	
Brown & Red Cinders	56	78	
Tan Tufted Ash	78	90	
Brown & Red Cinders & Brown Lava	90	110	
Black Cinders & Tufted Ash	110	171	
Blue Gray Basalt	171	220	
Hard Black & Gray Basalt - Broken	220	294	
Large Red Cinders - WB	294	301	243
Broken Gray Lava	301	319	243
Hard Gray Basalt	319	352	243
Brown Cinder Rock & Blk Sand WB	352	377	243
Broken Gray Lava	377	395	243
Gray Broken Lava	395	402	243
Gray & Brown Lava	402	428	243
Brown & Red Cinders, Brn Sand WB	428	453	304
Black & Brown Lava Rock WB	453	468	304
Red Cinders & Ash WB	468	474	304
Brown Cinders & Ash WB	474	494	304
Brown Lava	494	528	304
Red Cinder & Pumice Chunks - firm	528	545	304
Cinder & Pumice Ash w blk cinders	545	582	304

Continued on next page.

Date started 2/16/2000 Completed 2/16/2000 2/25/2000

(unbonded) Water Well Constructor Certification:
I have performed on the construction, alteration, or abandonment of this well in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.
APR 05 2000

WWC Number _____
Signed _____ Date _____

WATER RESOURCES DEPT. SALEM, OREGON

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Robert D. Buckner WWC Number 1385
Signed _____ Date 2/25/01

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

APR 17 2025
Salem, OR

STATE OF OREGON
WATER SUPPLY WELL REPORT

(required by ORS 537.765)
Instructions for completing this report are on the last page of this form

DESC 52862

WELL ID # L 32860

(START CARD) # 126683

Page 2

(1) OWNER: Well Number: #3

Name Terrebonne Domestic Water District
Address P.O. Box 31
City Terrebonne State OR Zip 97760

(2) TYPE OF WORK:

☐ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other

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

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time

Temperature of Water _____ 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: _____

(9) LOCATION OF WELL by legal description:

County Deschutes Latitude _____ Longitude _____
Township 14S N or S. Range 13E E or W. of WM.
Section 16CD SE 1/4 SW 1/4
Tax lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 8300 5th Street
Terrebonne, OR 97760

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
545	580	200+	304
580	590	1,000+	304

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Cinder & Pumice w brkn. basalt WB	582	590	304

Hammer downout and clean water encountered in above formation. Well will be enlarged upon results of water analysis

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SALEM, OREGON

MAR 1 2000

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 2/25/2000 2/16/00 Completed 2/16/2000 2/25/00

(unbonded) Water Well Constructor Certification:

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

Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification:

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

Signed _____ WWC Number 1385
Date 2/25/01

Robert D. Buckner

ORIGINAL - WATER RESOURCES DEPARTMENT

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER

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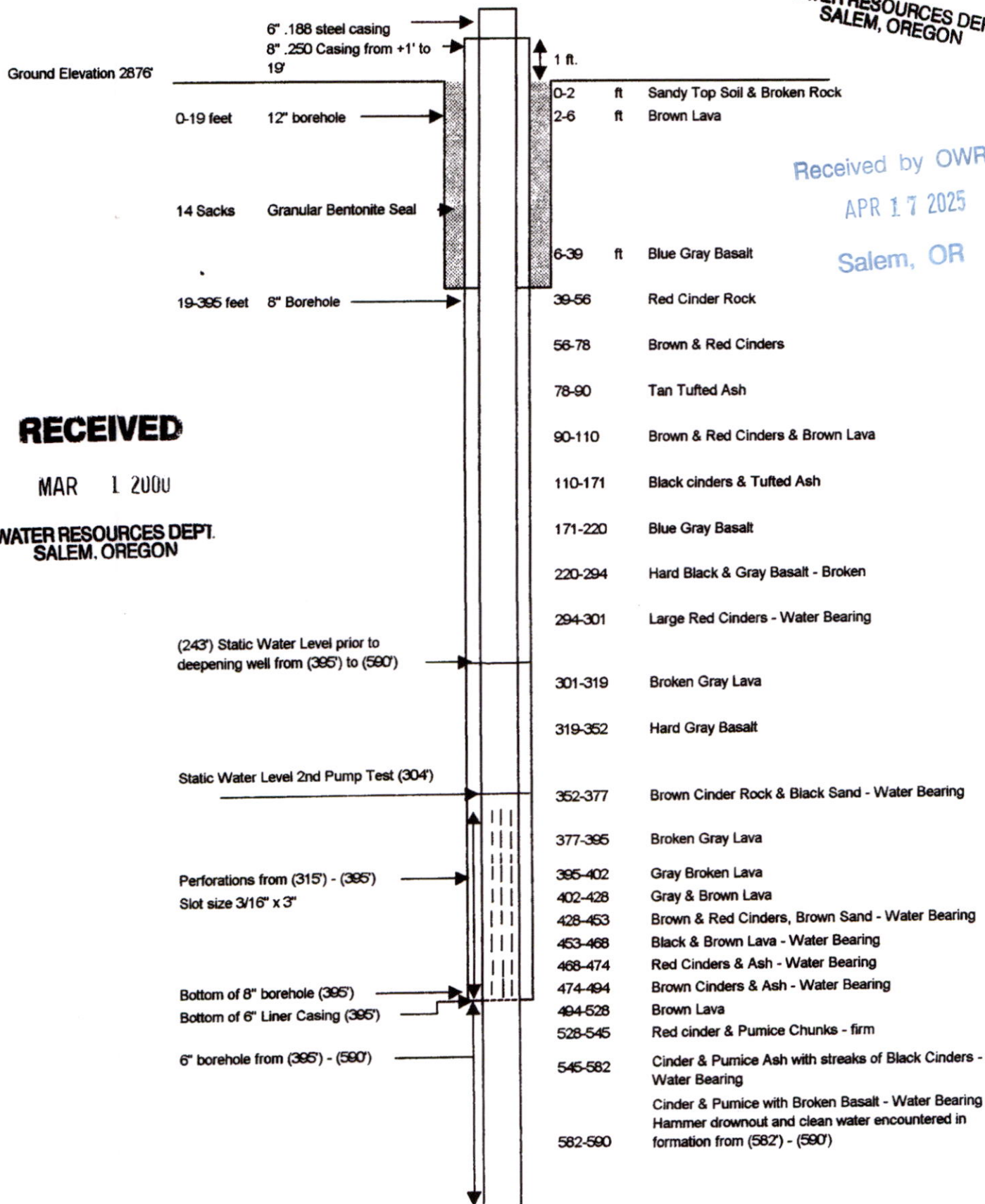
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TERREBONNE DOMESTIC WATER DISTRICT TEST WELL DIAGRAM

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**WATER USE REPORT
& WRIS COVER PAGE SCREEN SHOT**

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Water Use Report Based on Water Right


☒ excel

☐ text

Permit: G 8542 *

TERREBONNE DOMESTIC WATER DISTRICT PO BOX 31 TERREBONNE, OR 97760

Records per page: [View All](#)

Water Year*	Report ID	Facility	Acre-feet (AF) of Water Used												Total Water Used	Irrigated Acres
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
2001	13200	WELL 1 (DESC 2377)	4.57	4.67	3.37	3.29	0.09	5.36	7.08	10.07	17.15	14.42	14.52	13.85	98.42	
2001	13201	WELL 2 (DESC 2387)	4.58	4.68	3.38	3.30	7.46	0.95	0.50	0.85	0.34	0.00	0.00	0.00	26.04	
2001	35227	WELL 3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.05	6.06	2.62	12.74	
2000	13200	WELL 1 (DESC 2377)	5.40	4.28	4.44	4.03	3.89	4.09	3.78	4.71	9.80	9.81	10.16	8.71	73.10	
2000	13201	WELL 2 (DESC 2387)	5.44	4.31	4.48	4.08	3.94	4.14	5.81	4.74	9.92	9.93	10.29	8.78	75.85	
1999	13200	WELL 1 (DESC 2377)	10.07	4.68	2.48	0.44	3.74	3.36	2.49	4.79	7.44	9.44	7.60	8.15	64.68	
1999	13201	WELL 2 (DESC 2387)	5.94	5.04	3.41	5.45	3.81	3.49	5.89	4.83	7.52	9.62	7.71	8.30	71.01	
1998	13200	WELL 1 (DESC 2377)	5.38	4.32	3.70	4.47	3.95	3.79	4.40	5.34	5.35	9.59	18.32	7.05	75.67	
1998	13201	WELL 2 (DESC 2387)	4.21	3.72	3.20	3.88	3.41	3.20	4.02	4.47	4.45	8.01	9.04	8.35	59.97	
1997	13200		6.31	4.05	3.91	4.06	3.73	3.53	4.30	6.75	7.39	8.07	10.72	6.48	69.28	

		WELL 1 (DESC 2377)													
1997	<u>13201</u>	WELL 2 (DESC 2387)	3.33	3.45	3.42	3.67	3.14	3.15	3.80	5.97	6.43	7.02	9.32	6.03	58.73
1995	<u>13200</u>	WELL 1 (DESC 2377)	6.05	4.38	4.61	4.40	4.37	3.90	4.57	4.82	7.21	8.28	8.92	9.15	70.66
<u>123456</u>															

*The water year is named for the calendar year in which it ends. Example: the 2018 water year begins Oct. 1, 2017 and ends Sep. 30, 2018.

- The Water Resources Department makes reasonable efforts to screen the data for quality control; however, the Department cannot accept responsibility for errors, omissions, or accuracy of the information. Notification of any errors is appreciated. Send notifications to wateruse@wrdd.state.or.us or call (503) 986-0905.
- Water use is reported by point of diversion (POD), rather than by water right.
- If a POD is shared with multiple water rights, it is not feasible to separate out the amount used under the water right being queried from water used by other rights using this same POD.
- Monthly amounts indicate:
 - For diverted rights, the total amount diverted during the month;
 - For storage rights, the amount generally stored in the reservoir/pond during the month, as represented by the volume of water impounded on approximately the same day each month.
- Water use amounts have all been converted to “acre-feet” (AF), regardless of the original measurement unit reported. One AF is the volume of water that will cover an acre of ground one foot deep = 325,850 gallons.
- Zeroes indicate that a report was received stating that no water was used during those months; if a year is not listed, no report of water use was received for that year.

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Contact Information (Click to Collapse...)

Current contact information

OWNER:
TERREBONNE DOMESTIC WATER DISTRICT
PO BOX 31
TERREBONNE, OR 97760

Water Right Information (Click to Collapse...)

Status: Non-Cancelled
County: Deschutes
File Folder Location: Salem
[Watermaster District: 11](#)

Processing History (Click to Collapse...)

Application: G 9190

Permit: G 8542 [document](#)

Signature: 2/8/2001

Process Step	Date Completed	Result	Completed By
Completion Date [C Date]	10/1/2001		

Order(s)

Order Origin	Volume-Page	Signature	Description
Special	36-176	5/12/1982	AUTHORIZES EXTENSIONS OF TIME FOR CERTAIN PERMITS
Special	41-144	3/25/1987	EXTENDS 212 PERMITS
Special	46-31	1/22/1992	EXTENSION OF TIME FOR VARIOUS PERMITS/TRANSFERS

Transfer(s)

Transfer	Transfer type	Status
T8599 ()	Permit Amendment	Approved

[View right with Web Mapping](#)

[View Places of Use from Water Rights in the Same Area](#)

[View Reported Water Use](#)

Scanned Documents (Click to Expand...)

Point(s) of Diversion (Click to Collapse...)

- [POD 1 - WELL 1 > DESCHUTES RIVER](#) ([View Groundwater Site DESC0002377](#))
- [POD 2 - WELL 2 > DESCHUTES RIVER](#) ([View Groundwater Site DESC0002387](#))
- [POD 3 - WELL 3 > DESCHUTES RIVER](#)

Place(s) of Use (Click to Collapse...)

[Add TRS grouping](#)

- Use - QUASI-MUNICIPAL USES
(Primary); Priority Date: 4/4/1979

Water Right Genealogy (Click to Collapse...)

- Inchoate: T 8599 (AMN)
 - Permit: G 8542 *

[View Water Rights in same Family](#)

[Report Errors with Water Right Data](#)

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COBU MAP FIGURES 1 & 2

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MAP SCALE VARIANCE

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Salem, OR

RE: COBU for Permit G-8542 (TDWD); Map Waiver Request

From CLARK Gerald E * WRD <Gerald.E.CLARK@water.oregon.gov>

Date Mon 4/14/2025 1:59 PM

To jim newton <newtonjim@hotmail.com>

Jim,

Your request is approved as requested.

Have a great day!

Gerry

Gerry Clark

Oregon Water Resources Department

Program Analyst, Certificate Section, Water Right Services Division

725 Summer Street NE, Suite A Salem, OR 97301 | Phone 503-979-9103

From: jim newton <newtonjim@hotmail.com>

Sent: Monday, April 14, 2025 1:08 PM

To: CLARK Gerald E * WRD <Gerald.E.CLARK@water.oregon.gov>

Subject: Re: COBU for Permit G-8542 (TDWD); Map Waiver Request

Thanks Gerry for your email.

In addition to the map scale, I would also like to request a waiver from requiring the taxlots be identified-as TDWD is a quasi-municipal water supplier with a large service area and the tax lots would be extensive and not particularly beneficial to the COBU maps for the water right.

If you have further questions, please feel free to contact me at your earliest convenience.

Best,

~Jim

Jim Newton, PE, RG, CWRE

Principal - Engineer-Geologist

Cascade Geoengineering, LLC

21145 Scottsdale DR

Bend, Oregon 97701

360-907-4162

www.cascadegeoengineering.com

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From: CLARK Gerald E * WRD <Gerald.E.CLARK@water.oregon.gov>

Sent: Monday, April 14, 2025 7:54 AM

To: jim newton <newtonjim@hotmail.com>

Subject: RE: COBU for Permit G-8542 (TDWD); Map Waiver Request

Jim,

Your request for a waiver regarding map scale is approved as accepted.

In the past, you have also asked for a waiver from identifying the tax lots (footprint and numbers). I cannot remember if we discussed this type of waiver for this permit in the past.

Let me know if an additional waiver will be requested.

Have a great day!

Gerry

Gerry Clark

Oregon Water Resources Department

Program Analyst, Certificate Section, Water Right Services Division

725 Summer Street NE, Suite A Salem, OR 97301 | Phone 503-979-9103

From: jim newton <newtonjim@hotmail.com>

Sent: Friday, April 11, 2025 4:38 PM

To: CLARK Gerald E * WRD <Gerald.E.CLARK@water.oregon.gov>

Subject: COBU for Permit G-8542 (TDWD); Map Waiver Request

Hi Gerry,

I am contacting you to request a map waiver for the COBU map for permit G-8542. Since the COBU is for a quasi-municipal water district so it doesn't fit on the 1:400 and would not show sufficient detail on 1:1320 scale. I have prepared maps that are 1:500 scale, if that is amenable to the department.

If you have any questions regarding this request, please feel free to contact me at your convenience.

Best,

~Jim

Jim Newton, PE, RG, CWRE

Principal - Engineer-Geologist

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Bend, Oregon 97701

360-907-4162

www.cascadegeoengineering.com

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METER APPROVAL NOTICE

Received by OWRD

APR 17 2025

Salem, OR

RE: Meter Approval; permit G-8542, Terrebonne Domestic Water District

From GIFFIN Jeremy T * WRD <Jeremy.T.Giffin@water.oregon.gov>

Date Fri 4/11/2025 9:45 AM

To jim newton <newtonjim@hotmail.com>; VANLANINGHAM Sam J * WRD
<Sam.J.VANLANINGHAM@water.oregon.gov>

Hi Jim, As long as they are calibrated and reading correctly they meet my needs.

Thanks and enjoy your weekend,

Jeremy

From: jim newton <newtonjim@hotmail.com>

Sent: Thursday, April 10, 2025 3:37 PM

To: VANLANINGHAM Sam J * WRD <Sam.J.VANLANINGHAM@water.oregon.gov>; GIFFIN Jeremy T * WRD
<Jeremy.T.Giffin@water.oregon.gov>

Subject: Meter Approval; permit G-8542, Terrebonne Domestic Water District

Hi Jeremy & Sam,

I am finalizing the COBU for a groundwater permit for Terrebonne Domestic Water District, permit G-8542, and am requesting meter approval for the three wells authorized on the permit, Wells 1, 2, 3. Attached are pictures of each meter.

The meters respectively are; Well #1 a Sonus W-350 totalizing flow meter (gallons); Well #2 a Sparling totalizing flow meter (cubic feet); Well #3 is a Sensus W-1000 totalizing flow meter (gallons); all analog meters with integral displays and remote output capabilities that are utilized.

If you have any questions, please let me know if you have any questions or additional needs.

Best,
~Jim

Jim Newton, PE, RG, CWRE

Principal - Engineer-Geologist

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