

**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>

**SECTION 1
GENERAL INFORMATION**

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1. File Information:

| APPLICATION # | PERMIT # (IF APPLICABLE) | PERMIT AMENDMENT # (IF APPLICABLE) |
|----------------|--------------------------|------------------------------------|
| G-12042 | G-11146 | T- |

2. Property Owner (current owner information):

| | | | |
|---|--------------------|----------------------------------|--------------------------------------|
| APPLICANT/BUSINESS NAME Matt Cyrus / Aspen Lakes Development, LLC | | PHONE NO. 541-771-4980 | ADDITIONAL CONTACT NO. |
| ADDRESS 16900 Aspen Lakes Dr | | | |
| CITY Sisters | STATE OR | ZIP 97759 | E-MAIL matt@aspenlakes.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 Same | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

| | | |
|------------------------------------|-------|-----|
| ADDITIONAL PERMIT HOLDER OF RECORD | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

4. Date of Site Inspection:**4/4/2025****5. Person(s) interviewed and description of their association with the project:**

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|-------------------|------------------|------------------------------|
| Matt Cyrus | 3/13/2025 | Permit Holder |
| John Moss | 4/7/2025 | Water System 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 n/a | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

Add additional tables for owners of record as needed

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 Bryce Michael Withers | PHONE NO. 541-408-1400 | ADDITIONAL CONTACT NO. John Short 541-389-2837 |
| ADDRESS PO Box 1830 | | |
| CITY Bend | STATE OR | ZIP 97709 |
| E-MAIL brycewrs@gmail.com & johnshort@usa.com | | |

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 |
|-----------|--------------------|--------|---------|
| | Matt Cyrus | member | 4/24/25 |

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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) |
|---|--|-------------------------------|
| Well | DESC 0001 | |

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 |
|-----------------------|--------------------------------|-----------|
| Well | Squaw Creek Basin | |
| | | |

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) |
|------------------------------|------|----------------------------------|--|--|
| Well | QM | | Year-round | 0.18 cfs |
| Total Quantity of Water Used | | | | 0.18 cfs |

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 is pumped from the well to an above ground storage tank. A pumping system from the tank distributes Quasi-municipal water supply to a buried mainline to 19 water service connections and 7 fire hydrants.

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, YES NO
permit amendment final order, or extension final order? If yes, describe below.

(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.")

The permit authorized additional POU that is not being claimed because it was not developed. The full rate was developed and used beneficially on the lands claimed. The Place of Use (POU) shown on the COBU map depicts the quarter-quarter's where beneficial use occurred.

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 |
|------------------|----------------------------|---|--------------------------------|-----|-----------------------|-------------------------|
| Well | 0.18 cfs | 0.25 cfs | n/a | QM | n/a | n/a |
| | | | | | | |

SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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

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

Well DESC 0001

A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

| TWP | RNG | MER | SEC | QQ | GLOT | DLC | USE | IF IRRIGATION, # PRIMARY ACRES | IF IRRIGATION, # SUPPLEMENTAL ACRES |
|-----------------------|-----|------|-----|------|------|-----|-----|--------------------------------------|---|
| 14S | 10E | W.M. | 35 | SWNW | | | QM | N/A | N/A |
| " | " | " | " | SEnw | | | " | " | " |
| " | " | " | " | NESW | | | " | " | " |
| " | " | " | " | SESW | | | " | " | " |
| Total Acres Irrigated | | | | | | | | N/A | N/A |

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Glot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Glot, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

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

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

Removeable cap.

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

| CASING DIAMETER | CASING DEPTH | TOTAL DEPTH | COMPLETION DATE OF ORIGINAL WELL | COMPLETION DATES OF ALTERATIONS | WHO THE WELL WAS DRILLED FOR | WELL DRILLED BY |
|--------------------|-----------------|----------------|--|---------------------------------------|---------------------------------|-----------------|
| N/A | | | | | | |
| | | | | | | |

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.

C. Groundwater Source Information (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.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

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 NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|--------------|-------|---------------|--|-------------|----------------|
| | | | <u>Submersible</u> | | |

3. Motor Information:

| MANUFACTURER | HORSEPOWER |
|--------------|------------|
| | <u>7.5</u> |
| | |

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) |
|------------|---------------|---|-----------------------------------|----------------------------------|
| <u>7.5</u> | <u>10</u> | <u>169</u> | <u>20'</u> | <u>0.25</u> |

5. Provide pump calculations:

See attached OWRD pump capacity calculations.

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) |
|-----------------------|----------------------|------------------------------|-------------------------------|
| | | | |

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

7. Is the distribution system piped?

YES NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

| MAINLINE SIZE | LENGTH | TYPE OF PIPE | BURIED OR ABOVE GROUND |
|---------------|--------------|--------------|------------------------|
| <u>8"</u> | <u>3800'</u> | <u>PVC</u> | <u>Buried</u> |
| | | | |
| | | | |

9. Lateral or Handline Information:

| LATERAL OR HANDLINE SIZE | LENGTH | TYPE OF PIPE | BURIED OR ABOVE GROUND |
|--------------------------|--------|--------------|------------------------|
| | | | |
| | | | |
| | | | |

10. Sprinkler Information:

| SIZE | OPERATING PSI | SPRINKLER OUTPUT (GPM) | TOTAL NUMBER OF SPRINKLERS | MAXIMUM NUMBER USED | TOTAL SPRINKLER OUTPUT (CFS) |
|------|---------------|------------------------|----------------------------|---------------------|------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

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

11. Drip Emitter Information:

| SIZE | OPERATING PSI | EMITTER OUTPUT (GPM) | TOTAL NUMBER OF EMITTERS | MAXIMUM NUMBER USED | TOTAL EMITTER OUTPUT (CFS) |
|------|---------------|----------------------|--------------------------|---------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

12. Drip Tape Information:

| DRIPPER SPACING IN INCHES | GPM PER 100 FEET | TOTAL LENGTH OF TAPE | MAXIMUM LENGTH OF TAPE USED | TOTAL TAPE OUTPUT (CFS) | ADDITIONAL INFORMATION |
|---------------------------|------------------|----------------------|-----------------------------|-------------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

13. Pivot Information:

| MANUFACTURER | MAXIMUM WETTED RADIUS | OPERATING PSI | TOTAL PIVOT OUTPUT (GPM) | TOTAL PIVOT OUTPUT (CFS) |
|--------------|-----------------------|---------------|--------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |

E. Storage

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

YES NO

If "NO", item 2 and 3 relating to this section may be deleted.

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

YES NO
YES NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

| MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.) | CAPACITY (IN GALLONS) | ABOVE GROUND OR BURIED |
|---|--------------------------|------------------------|
| Steel | 63,710 Gallons | Above Ground |

3. Bulge in System / Reservoir:

| RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP) | APPROXIMATE DAM HEIGHT | APPROXIMATE CAPACITY (IN ACRE FEET) |
|---|------------------------|--|
| | | |

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES NO

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

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?

YES NO

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

H. Additional notes or comments related to the system:

The pump station out of the tank has two 7.5 HP and one 40 HP centrifugal pumps capable of delivering between 50 gpm, 150 gpm, and 750 gpm into the distribution system for water service and fire flows.

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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 | 11/19/1990 | | |
| BEGIN CONSTRUCTION (A) | | 9/7/1989 | Well construction started. |
| COMPLETE CONSTRUCTION (B) | 10/1/2025 | Prior to 9/28/1993 | System Complete |
| COMPLETE APPLICATION OF WATER (C) | 10/1/2025 | 4/7/2025 | Complete application of water to beneficial use |

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

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

YES NO

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

a. Did the Extension Final Order require the submittal of Progress Reports?

YES NO

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

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement?

YES NO

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

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements?

YES NO

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

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5. Pump Test:

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

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

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

- b. Has the pump test been previously submitted to the Department? YES NO
- c. Is the pump test attached to this claim? YES NO
- d. Has the pump test been approved by the Department? YES NO
- e. Has a pump test exemption been approved by the Department? YES NO

**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

6. Measurement Conditions:

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

7. 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.

8. Other conditions required by permit, permit amendment 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. Was submittal of a water management and conservation plan required? YES NO
- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO

| WELL ID # | DATE ATTACHED TO WELL |
|-----------|-----------------------|
| | |
| | |

- e. 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):

| |
|--|
| |
|--|

SECTION 6
ATTACHMENTS

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

| ATTACHMENT NAME | DESCRIPTION |
|-----------------|---------------------------------|
| CBU Map | Claim of Beneficial Use Map |
| Pump Calcs | OWRD Pump Capacity Calculations |
| Well Log | DESC 0001 |

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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.

On-site direct measurement and NAIP Imagery.

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
- 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
- n/a 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
- 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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PUMP TEST UNREASONABLE BURDEN EXEMPTION REQUEST FORM

| | | | |
|---|------------------|-----------------------------------|------------------------------------|
| OWNER NAME/BUSINESS NAME: Matt Cyrus / Aspen Lakes Development, LLC | | PHONE NO.: 541-771-4980 | ADDITIONAL CONTACT NO.: |
| ADDRESS: 16900 Aspen Lakes Dr | | | |
| CITY: Sisters | STATE: OR | ZIP: 97759 | E-MAIL: matt@aspenlakes.com |

If there is a reason why a pump test cannot be performed on a well, the owner may request from the Director an exemption from the pump test requirement. Requests shall be in writing and include the reason why a pump test cannot be performed. Exemptions, or conditioned exemptions, shall be granted if the reasons are found to valid and eliminating the problem would place an unreasonable burden on the well owner. Exemptions shall be granted for public water supply wells if pump testing will cause interruption of service to customers. OAR 690-217-0015(3).

1. List each well and associated water right(s) for which you are requesting an exemption. If a well is listed on more than one water right, be sure to include them all here. If additional space is needed, please attach another form. If available, please attach all water well reports (i.e. well logs) and a map showing the locations of all wells listed on this form.

| | WELL LOG # (EX. MARI 99999) | WELL TAG # (EX. L-999999) | WELL NAME OR # | APPLICATION | PERMIT | TRANSFER |
|---|--------------------------------|------------------------------|----------------|-------------|---------|----------|
| a | DESC 0001 | L- | The Rim Well | G-12042 | G-11146 | T- |
| b | | L- | | G- | G- | T- |
| c | | L- | | G- | G- | T- |
| d | | L- | | G- | G- | T- |
| e | | L- | | G- | G- | T- |

(CONTINUED)

| | 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) |
|---|------------------|------------------|-----------------|-------------------|---|-------------------------------|----------------------------------|
| a | 14S | 10E | 35 | NESW | 1372' N, 2343' E of SW Cor Sec 35 | 44.309627 | -121.504570 |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |

2. Please explain why the test cannot be performed:

DESC 0001 supplies quasi-municipal water for a 19 lot subdivision in a rural area outside of Sisters, Oregon in a location that has significant fire danger. The pump test cannot be performed without causing a considerable burden on the reliant community and would additionally put the community at risk if fire flows would be required. Thank you for your consideration in providing an exemption to the pump test requirement.

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I hereby certify that the well(s) requested for exemption(s) are under my ownership.

SIGNATURE: Matt Cyrus **DATE:** 4/24/25

| Pump Capacity Calculation Sheet | | CYRUS QM WELL- THE RIM - DESC 0001 | |
|--|-------------|------------------------------------|--|
| using Department designed formula: | | | |
| (hp)(efficiency) / (lift + psi head) = capacity in cfs | | | |
| Efficiency: | | | |
| Centrifugal = 6.61 | | | |
| Turbine = 7.04 | | | |
| Data Entry (fill in underlined blanks) | | | |
| HP = | <u>7.5</u> | | |
| Efficiency = | <u>7.04</u> | | |
| Lift = | <u>189</u> | | |
| PSI = | <u>10</u> | | |
| Results Calculated | | | |
| (hp)(efficiency) = | 52.8 | | |
| Head based on psi = | 25.4 | | |
| Total dynamic head = | 214.4 | | |
| (head + lift) | | | |
| Pump Capacity = | 0.25 | cfs | |

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| Pump Capacity Calculation Sheet | | | CYRUS - THE RIM - Distribution Pump 1 | | |
|--|-------------|------------|---------------------------------------|--|--|
| using Department designed formula: | | | | | |
| (hp)(efficiency) / (lift + psi head) = capacity in cfs | | | | | |
| Efficiency: | | | | | |
| Centrifugal = 6.61 | | | | | |
| Turbine = 7.04 | | | | | |
| Data Entry (fill in underlined blanks) | | | | | |
| HP = | <u>7.5</u> | | | | |
| Efficiency = | <u>6.61</u> | | | | |
| Lift = | <u>0</u> | | | | |
| PSI = | <u>60</u> | | | | |
| Results Calculated | | | | | |
| (hp)(efficiency) = | 49.575 | | | | |
| Head based on psi = | 152.4 | | | | |
| Total dynamic head = | 152.4 | | | | |
| (head + lift) | | | | | |
| Pump Capacity = | 0.33 | cfs | | | |

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| Pump Capacity Calculation Sheet | | | CYRUS - THE RIM - Distribution Pump 2 | | |
|--|-------------|------------|---------------------------------------|--|--|
| using Department designed formula: | | | | | |
| (hp)(efficiency) / (lift + psi head) = capacity in cfs | | | | | |
| Efficiency: | | | | | |
| Centrifugal = 6.61 | | | | | |
| Turbine = 7.04 | | | | | |
| Data Entry (fill in underlined blanks) | | | | | |
| | | | | | |
| HP = | <u>7.5</u> | | | | |
| Efficiency = | <u>6.61</u> | | | | |
| Lift = | <u>0</u> | | | | |
| PSI = | <u>60</u> | | | | |
| | | | | | |
| Results Calculated | | | | | |
| | | | | | |
| (hp)(efficiency) = | 49.575 | | | | |
| Head based on psi = | 152.4 | | | | |
| Total dynamic head = | 152.4 | | | | |
| (head + lift) | | | | | |
| | | | | | |
| Pump Capacity = | 0.33 | cfs | | | |

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| Pump Capacity Calculation Sheet | | CYRUS - THE RIM - Distribution Pump 3 | |
|--|-------------|---------------------------------------|--|
| using Department designed formula: | | | |
| (hp)(efficiency) / (lift + psi head) = capacity in cfs | | | |
| Efficiency: | | | |
| Centrifugal = 6.61 | | | |
| Turbine = 7.04 | | | |
| Data Entry (fill in underlined blanks) | | | |
| HP = | <u>40</u> | | |
| Efficiency = | <u>6.61</u> | | |
| Lift = | <u>0</u> | | |
| PSI = | <u>60</u> | | |
| Results Calculated | | | |
| (hp)(efficiency) = | 264.4 | | |
| Head based on psi = | 152.4 | | |
| Total dynamic head = | 152.4 | | |
| (head + lift) | | | |
| Pump Capacity = | 1.73 | cfs | |

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T14S R10E, WM DESCHUTES COUNTY, OR

● Well, Storage Tank, Pumps

■■■■ Pipeline

▨ POU QM

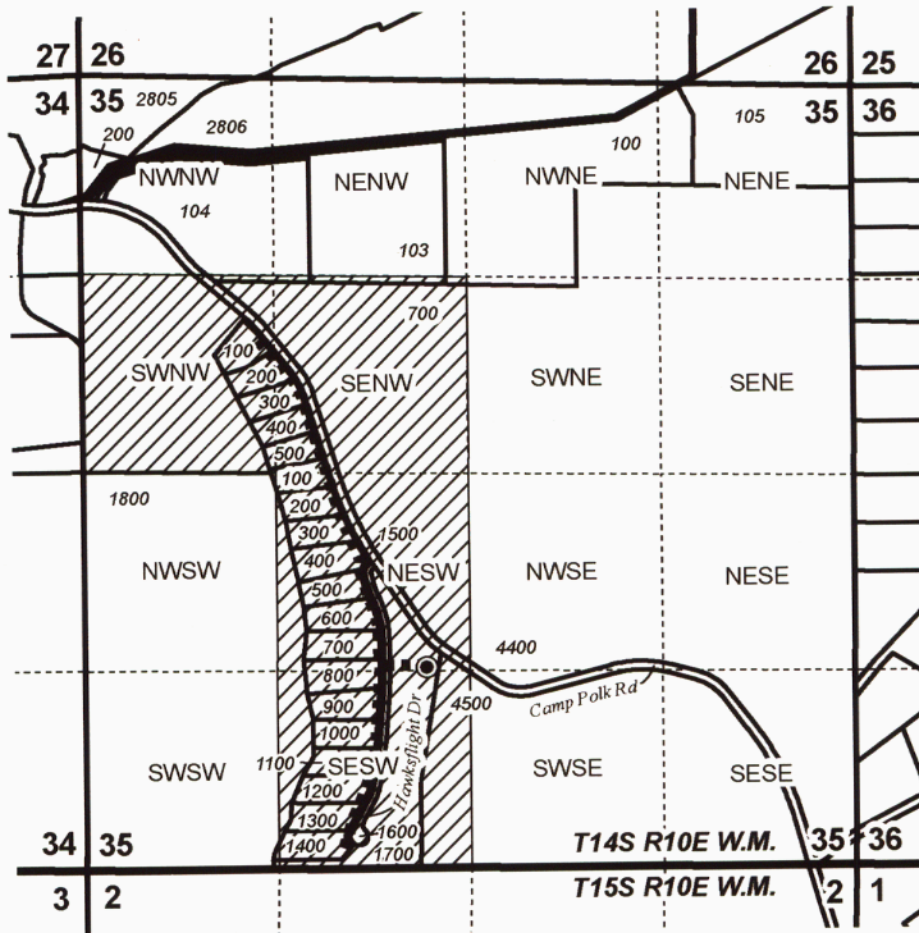
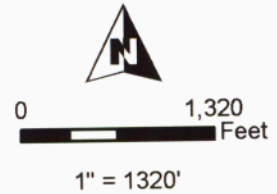
□ Township

□ Section

----- Quarter Quarter

□ Tax Lot

Well (DESC 0001) Location:
1372' N, 2343' E of SW Cor Sec 35



Received
APR 28 2025

OWRD



RENEWS: 06/30/2026



CLAIM OF BENEFICIAL USE MAP
Aspen Lakes Development, LLC

Date: 4/9/2025

Ap G-12042 Permit G-11146

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

WATER RIGHT SERVICES, LLC
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