

**CLAIM OF  
BENEFICIAL USE  
for Transfers  
Place of Use Only**



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

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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**

This Claim is being submitted for a transfer where the only authorized change was a change in place of use.

YES NO

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

**1. File Information**

APPLICATION #  
T- 13710

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Desert Springs Ranch Limited Partnership		PHONE NO. 971-400-9217	ADDITIONAL CONTACT NO.
ADDRESS 5051 SW Barnes Road			
CITY Portland	STATE OR	ZIP 97221	E-MAIL asvetterlein@gmail.com

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

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

TRANSFER HOLDER OF RECORD Same as property owner		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

May 9, 2025
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5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
Andrew Vetterlein	06-04-2025	General partner - Desert Springs Ranch LP

6. County:

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

OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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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.

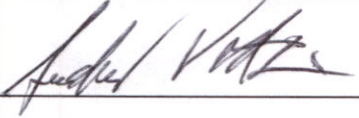


CWRE NAME	Dirk P. Duryee	PHONE NO.	541-389-6959	ADDITIONAL CONTACT NO.
ADDRESS	725 NW Hill Street			
CITY	Bend	STATE	OR	ZIP 97703
		E-MAIL	dirk@tyeengineering.com	

Transfer Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Andrew Vetterlein	General Partner	06-04-2025

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### SECTION 3

#### EXTENT OF CHANGE COMPLETED

**1. Claim Summary:**

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
50.7	50.7

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

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)	
YES	NO <input checked="" type="radio"/> NA

**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.")

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## SECTION 4

### CONDITIONS

All conditions contained in the transfer, 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 CHANGE WAS COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	April 16, 2025	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2026	May 1st, 2025

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

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

YES ☒ NO

If "NO", you may delete the following table.

#### 3. Measurement Conditions:

a. Does the transfer 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.**

b. Has a meter been installed?

☒ YES NO

c. Meter Information


POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	Seametrics	07241697	good working order	20.07 ac/ft	Oct. 2024

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a. 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):



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

ATTACHMENT NAME	DESCRIPTION
COBU T-13710 map	Map showing place of use
Well Log	POA - Well DESC 64525

WR



## SECTION 6

### CLAIM OF BENEFICIAL USE MAP

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

For the purpose of this Claim, the map must identify the developed new place of use. The existing point(s) of diversion or point(s) of appropriation are required to be included on the Claim map, based on the locations described in the transfer final order.

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.

Survey grade GPS equipment used to locate the wetland perimeter, property lines and well. The basis of bearing is the Central Oregon Coordinate System

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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
- ☐ 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
- ☐ Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) **\*Not required for this type of Claim of Beneficial Use**
- ☐ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☐ Tax lot boundaries and numbers
- ☐ Source illustrated if surface water
- ☐ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☐ Transfer application number
- ☐ North arrow
- ☐ Legend
- ☐ CWRE stamp and signature

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Amended 6/11/2024

STATE OF OREGON

## WATER SUPPLY WELL REPORT

DESC 64525

WELL I.D. LABEL # L

152966

START CARD #

1071911

ORIGINAL LOG #

DESC

3273

Page 1 of 2

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

10/31/2023

## (1) LAND OWNER

Owner Well I.D. \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Company DESERT SPRINGS RANCH LIMITED PARTNERSHIP

Address 5051 SW BARNES RD

City PORTLAND

State OR

Zip 97221

## (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
10			1	20	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 400.00 ft.

## BORE HOLE

## SEAL

sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
10	0	400					
						Calculated	
						Calculated	

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ Other: \_\_\_\_\_

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used: ☐ Type \_\_\_\_\_ Amount \_\_\_\_\_

Seal Placement Begin Date \_\_\_\_\_ Begin Time \_\_\_\_\_

## (5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount \_\_\_\_\_

Actual Amount \_\_\_\_\_

## (6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8		0	400	.188	<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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) \_\_\_\_\_Temp casing ☐ Yes Dia \_\_\_\_\_ From + \_\_\_\_\_ To \_\_\_\_\_

## (7) PERFORATIONS/SCREENS

Perforations Method factory cut

Perf/	Casing/ Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	8	360	400	.125	3	1218	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

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

100		395	1

Temperature 46 °F Lab analysis ☐ Yes By \_\_\_\_\_Water quality concerns? ☐ Yes (describe below) TDS amount 53 ppm

From	To	Description	Amount	Units

## (9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 15.00 S N/S Range 11.00 E E/W WM

Sec 19 SW 1/4 of the SW 1/4 Tax Lot 4001

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or 44.25127900 DMS or DD

Long \_\_\_\_\_ " or -121.47108600 DMS or DD

☒ Street address of well ☐ Nearest address

\*\*NO SITUS ADDRESS\*\*

## (10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	10/27/2023			196
Completed Well	10/27/2023			196

Flowing Artesian? ☐ Dry Hole? ☐

## WATER BEARING ZONES

Depth water was first found 196.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10/27/2023	196	400	100			196

## (11) WELL LOG

Ground Elevation \_\_\_\_\_

Material	From	To
Well cleanout DESC 3273	0	250
Brown sandstone w / diced gravels	250	400

Construction

Begin Date 10/27/2023 Begin Time 10 36 End Date 10/27/2023

## (unbonded) Water Well Constructor Certification

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

License Number 2025

Date 10/31/2023

Signed SHAUN ALEXANDER (E-filed)

## (bonded) Water Well Constructor Certification

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

License Number 1970

Date 10/31/2023

Signed NEIL FAGEN (E-filed)

Contact Info (optional) 541-548-1425

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:  
New exempt use wells must be submitted with a map and recording fee.



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

DESC 64525

10/31/2023

## Map of Hole

