

CLAIM OF BENEFICIAL USE for Transfer with Multiple Changes - Groundwater



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

A fee of \$230 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

A separate form shall be completed for each transfer.

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

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

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

"Section 7" of this form is intended to aid in the completion of this form and should not be submitted.

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

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

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

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

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JUL 08 2025

GENERAL INFORMATION

Type of Authorized Change

Salem, OR

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

Mark all that apply:

1. ☒ Change in POA(s) or Additional POA(s) 2. ☒ Change in Place of Use
3. ☐ Change in Character of Use

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

1. File Information

APPLICATION #
T-13864

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Kreg Lindberg & Carissa Cousins		PHONE NO. (541)617-8878	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 1497			
CITY Sisters	STATE OR	ZIP 97759	E-MAIL kreglind@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 Kreg Lindberg & Carissa Cousins		
ADDRESS P.O. Box 1497		
CITY Sisters	STATE OR	ZIP 97759

4. Date of Site Inspection:

May 20, 2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Kreg Lindberg	May 20, 2025	Property Owner & Water User

6. County:

Deschutes

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

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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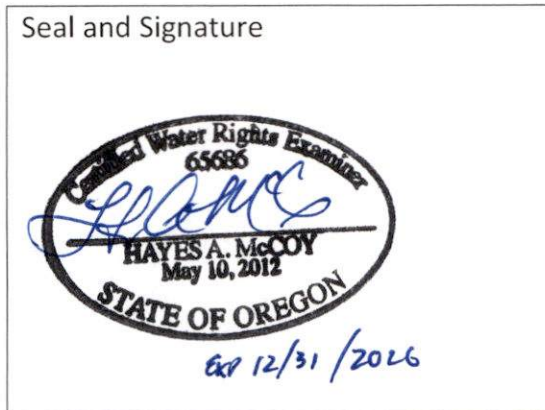
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SECTION 2 SIGNATURES

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 Hayes A. McCoy		PHONE NO. (541)923-7554	ADDITIONAL CONTACT NO.
ADDRESS 1180 SW Lake Road #201			
CITY Redmond	STATE OR	ZIP 97756	E-MAIL hayes@ham-engr.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
	Kreg Lindberg	Owner, Applicant	5/20/25
	Carissa Cousins	Owner/Applicant	5/30/25

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SECTION 3
Changes Made

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

Change #1

Change in POA(s) or Additional POA(s)

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

YES **NO**

If "NO", this Section can be deleted.

1. New or additional point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
POA 2	DESC 61857	L136385	

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

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

2. Variations:

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

YES **NO**

If yes, describe below.

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

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3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
POA 2	0.058 cfs		

System Description

Are there multiple new or additional Points of Appropriation (POA)?

YES

NO

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

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

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A. POA System Information

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

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Franklin Electric	FTB3CI	23J19140101 6P	Centrifugal	3"	3"

2. Motor Information

MANUFACTURER	HORSEPOWER
Baldor Reliance	3hp

3. 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)
3hp	54psi	6 feet	20 feet	0.14 cfs

4. Provide pump calculations:

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
		1 minute	0.056 cfs

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

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

YES

NO

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

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

Change #2

Change in Place of Use

Did the transfer order authorize a change in the place of use?

YES

NO

If "NO", this Section can be deleted.

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
5.6 acres	5.6 acres

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

NEW USE(S)	WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)		
	YES	NO	NA
	YES	NO	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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Change #3

Change in Character of Use

Did the transfer order authorize a change in character of use?

YES

NO

If "NO", this Section can be deleted.

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SECTION 4 CONDITIONS

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

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	March 13, 2025	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2026	March 6, 2025

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

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

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

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YES

NO

3. Measurement Conditions:

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a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device?

YES

NO

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

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

b. Has a meter been installed?

YES

NO

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POA 2	ZPM Nitro J	3121696 4	Working	106120	March 6, 2025

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

4. Recording and reporting conditions

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

YES

NO

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

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

a. Were there special well construction standards?

YES

NO

b. Was submittal of a ground water monitoring plan required?

YES

NO

c. Other conditions?

YES

NO

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

--

SECTION 5

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well log	Well log for POA 2, DESC 61857

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SECTION 6

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on 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.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped based on the original right of record at the time the transfer final order was issued.

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

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10/10/2024
10/10/2024
10/10/2024

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Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

(Reminder: Incomplete maps and/or claims may be returned.)

- ☒ Map on polyester film
- ☒ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- ☒ Township, Range, Section, Donation Land Claims, and Government Lots
- ☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☐ Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- ☒ Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- ☐ Source illustrated if surface water
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

DESC 61857

1/14/2020

WELL I.D. LABEL# L 136385

START CARD # 1046048

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.

First Name KREG Last Name LINBERG

Company

Address 68015 EDGINGTON RD SISTERS OR 97759

City SISTERS State OR Zip 97759

(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

Material From To Amt sacks/lbs

Seal: Dia + From To Gauge Stl Plstc Wld Thrd

(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 375.00 ft.

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	lbs
12	0	18.5	Bentonite	0	18.5	11	S
8	18.5	320			Calculated	10.49	
6	320	375			Calculated		

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

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

☒	☐	8	☒	1.5	18.5	.250	☒	☐	☒	☐
☐	☐	6	☐	5	320	.188	☐	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 320Temp casing ☐ Yes Dia From + To

(7) PERFORATIONS/SCREENS

Perforations Method FACTORY CUT

Screens Type		Material					
Perf/ Screen	Casing/ Liner	Dia	From	To	Scr/slot width	Slot length	# of slots
Perf	Liner	6	280	320	.125	3	400

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

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

40		360	1

Temperature 45 °F Lab analysis ☐ Yes ByWater quality concerns? ☐ Yes (describe below) TDS amount 56 ppm

From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 15.00 S N/S Range 10.00 E E/W WM

Sec 18 SE 1/4 of the SE 1/4 Tax Lot 2702

Tax Map Number Lot

Lat ° ' " or 44.26510923 DMS or DD

Long ° ' " or -121.57513404 DMS or DD

☒ Street address of well ☐ Nearest address

68015 EDGINGTON ROAD SISTER OR

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration

Completed Well 1/2/2019 227

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 227.00

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

1/2/2020	227	305	40		☒

(11) WELL LOG

Ground Elevation

Material	From	To
Sandy Top soil	0	3
Black basalt - lava	3	10
Brown SS - Tuff	10	11
Black lava - Basalt	11	50
Gray lava broken soft	50	78
Broken Soft Brown SS Tuff	78	82
Gray lava	82	110
Marron SS Tuff	110	125
Tan SS Congl	125	190
Brown SS - Tuff Congl	190	200
Gray lava broken soft	200	210
lava rock broken lost returns	210	211
Broken no returns	211	305
Midd lava	305	320
lava rock Black	320	375

Date Started 12/30/2019 Salem, OR Completed 1/2/2020

(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 1/14/2020

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 1/14/2020

Signed NEIL FAGEN (E-filed)

Contact Info (optional) 541-548-1245

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

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

DESC 61857

1/14/2020

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Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 44.26510923 Datum: WGS84

Longitude: -121.57513404

Township/Range/Section/Quarter-Quarter Section:

WM15.00S10.00E18SESE

Address of Well:

68015 EDGINGTON ROAD SISTER OR

Well Label: 136385

Printed: January 14, 2020

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor





Oregon

Tina Kotek, Governor

Water Resources Department
725 Summer St NE, Suite A
Salem, OR 97301
(503) 986-0900
Fax (503) 986-0904

June 12, 2025

COPY

Kreg Lindberg & Carissa Cousins
PO Box 1497
Sisters, OR 97759

RE: Application T-13864

Dear Applicant,

On June 12, 2025 the Department received the Claim of Beneficial Use that you submitted for the above referenced file.

The Department is returning your Claim at this time for the following reason:

The Claim was not signed by all the permit holders of record. The permit is currently in the name of Kreg Lindberg and Carissa Cousins. The Claim was only signed by Kreg Lindberg. Our rules require that all permit holders of record sign the Claim form. Please have Carissa Cousins sign the Claim form and return to our office.

Enclosed you will find your Claim materials and check in the amount of \$230.00.

If you have any questions, please contact Water Right Customer Service at 503-986-0801 or 503-986-0810.

Sincerely,

Sarah Benham
Customer Service Representative
Oregon Water Resources Department

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JUL 08 2025

Salem, OR

cc: file T-13864
H.A. McCoy, CWRE

Enclosures: COBU Application and check #4128



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Salem, OR

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Kreg Lindberg & Carissa Cousins
PO Box 1497 Sisters, OR 97759

Transaction Type: COBY

Fees Received: \$ 230.00

☐ Cash

☒ Check:

Check No. 4128

Name(s) on Check: HA McCoy Engineering

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,

OWRD Customer Service Staff

Submission received by: Sarah Benham
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.