

**CLAIM OF
BENEFICIAL USE
for Ground Water Permits
claiming 0.1 cfs or less**



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

**A fee of \$345 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

Enter the date the priority date of the permit:

August 13, 2004

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.

If you have questions regarding the completion of this form, please call 503-986-0900.

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

1. File Information:

APPLICATION # G-16298	PERMIT # (IF APPLICABLE) G-16011	PERMIT AMENDMENT # (IF APPLICABLE)
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Jerome Wand & Dana Wand		PHONE NO. 541-588-6517	ADDITIONAL CONTACT NO.
ADDRESS 69750 Holmes Rd			
CITY Sisters	STATE OR	ZIP 97759	E-MAIL

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 N/A		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

9/10/2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Jerry Wand	9/10/2025	Owner

6. County:

Deschutes

7. If any property described in the place of use of the permit final order 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

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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 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's 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
	Jerome B. Wand	owner	11/01/2025
	Dana D. Wand	owner	11/01/2025

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SECTION 3 CLAIM DESCRIPTION

1. Point(s) of Appropriation (POA):

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 51830	L-25826

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

2. 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	Irrigation	Grass, Landscaping Ornamentals, & Garden	Apr 1 – Oct 31	0.0125 cfs
Total Quantity of Water Used				0.0125 cfs

3. 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 into a cistern using a submersible pump. Water is pumped from the cistern through a buried pipeline to a pond (bulge-in-system). Irrigation water is pumped from the pond to an in-ground irrigation 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).

4. 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.

YES NO

(e.g. "The permit allowed three points of diversion. 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.")

5. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well	0.0125 cfs	0.05 cfs	n/a	IR	1.0	1.0

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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 51830/L-25826)

A. Place of Use

Attach Claim of Beneficial Use map.

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

Turtleback Cover

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
<u>n/a</u>						

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)?

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.

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1. Is a pump used?

YES NO

If "NO" items 2 through item 9 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Well Pump: Franklin	2821139310		Submersible		
Cistern Pump: Franklin	2801084915		Submersible		
Pond Pump: Franklin	2801084915		Submersible		

3. Motor Information:

MANUFACTURER	HORSEPOWER
Well Pump: Franklin	5 HP
Cistern Pump: Franklin	1 HP
Pond Pump: Franklin	1 HP

4. Theoretical Pump Capacity – Pump at Well:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE DEPTH TO WATER FROM THE GROUND SURFACE MEASURED AT THE WELL DURING PUMPING)	LIFT TO PLACE OF USE (THE LIFT FROM THE GROUND SURFACE AT THE WELL TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
Well Pump:	48	550'	0'	0.05 CFS
Cistern Pump:	20	7'	5'	0.11 CFS
Pond Pump:	30	5'	0'	0.09 CFS

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

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)
n/a			

10. Is the distribution system piped?

YES NO

If "NO" items 11 through item 16 may be deleted.

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11. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2"	320'	PVC	Buried

12. Lateral or Handline Information:

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

13. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird 1800 Set	30 PSI	1.78 gpm	4	4	7.12 gpm or 0.016 CFS
Rainbird 2045 Set	30 PSI	+/- 5 gpm	+/- 180	8	40 gpm or 0.09 CFS

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

14. Drip Emitter Information:

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

15. 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

16. Pivot Information:

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

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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 any 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 extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	1/26/2006		
BEGIN CONSTRUCTION (A)	n/a		
COMPLETE CONSTRUCTION (B)	n/a		
COMPLETE APPLICATION OF WATER (C)	10/1/2010 extended to 10/1/2015	June 2013	System complete, full application of water to beneficial use with meter and reporting requirements met.

* 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

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.

5. Pump Test:

a. Is a pump test required?

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.

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- 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

****The Claim 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 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
<u>Well</u>	<u>Mastermeter</u>	<u>8400341</u>	<u>Working</u>	<u>2511470</u>	<u>2013</u>

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

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.

- b. Have the reports been submitted? YES NO

If the reports have not been submitted, attach a copy of the reports if available.

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 a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO

WELL ID #	DATE ATTACHED TO WELL
<u>L-25826</u>	<u>1998</u>

- d. 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):

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SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Pump Calcs	OWRD Pump Capacity Calculation
Water Use Records	OWRD Water Use Reporting
Well Log	DESC 51830
CBU Map	Claim of Beneficial Use Map
Pump Test Exemption	Pump Test Unreasonable Burden Exemption Request Form

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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
- ☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☒ 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
- ☒ Quarter-Quarters illustrated and named (NE NE, NW NE, etc.)
- 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 Capacity Calculation Sheet		DESC 51830 / L-25826 WAND			
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>5</u>				
Efficiency =	<u>7.04</u>				
Lift =	<u>550</u>				
PSI =	<u>48</u>				
Results Calculated					
(hp)(efficiency) =	35.2				
Head based on psi =	121.9				
Total dynamic head =	671.9				
(head + lift)					
Pump Capacity =					
	0.05	cubic feet per second			

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Pump Capacity Calculation Sheet		<u>CISTERN PUMP WAND</u>	
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>1</u>		
Efficiency =	<u>7.04</u>		
Lift =	<u>12</u>		
PSI =	<u>20</u>		
Results Calculated			
(hp)(efficiency) =	7.04		
Head based on psi =	50.8		
Total dynamic head =	62.8		
(head + lift)			
Pump Capacity =	0.11	cubic feet per second	

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Pump Capacity Calculation Sheet		<u>POND PUMP WAND</u>				
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>1</u>						
Efficiency = <u>7.04</u>						
Lift = <u>5</u>						
PSI = <u>30</u>						
Results Calculated						
(hp)(efficiency) = <u>7.04</u>						
Head based on psi = <u>76.2</u>						
Total dynamic head = <u>81.2</u>						
(head + lift)						
Pump Capacity = <u>0.09</u> cubic feet per second						

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Desc
51830

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 I.D. # 2582C
START CARD # 110387

(1) OWNER: Well Number
Name RICHARD SCHENDLER
Address P.O. BOX 558
City SCAPPOOSE State OR Zip 97050

(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 655 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
12	0	19	BUNTARD	19	75	SACKS	
8	19	655					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED
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: 8	1	19	20	☒	☐	☒	☐
Liner: 6	-6	655	188	☒	☐	☒	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method MACHINER
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
635	655	1/8	3	228		☐	☒

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
Temperature of water 54 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 Dakota Latitude _____ Longitude _____
Township 14 N or S Range 4 E or W. WM.
Section 28 NE 1/4 5/16 1/4
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 6950 HAWES RD.
SPRING OR.

(10) STATIC WATER LEVEL:
5.50 ft. below land surface. Date 8-11-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 550

From	To	Estimated Flow Rate	SWL
550	552		580
555	619		580
619	655		550

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SANDY SOIL & ROCK	0	4	
GRAY BASALT	4	88	
BROWN CLAY	88	220	
GRAY BASALT	220	230	
FRAC GRAY BASALT	230	242	
BAN S/S CONGL	242	290	
GRAY BASALT	290	310	
BAN S/S CONGL	310	417	
MIC CONGLAS	417	440	
GRAY BASALT	440	545	
RED CONGLAS	545	552	580
GRAY BASALT	552	575	
FRAC GRAY BASALT	575	619	
BAN S/S CONGL	619	655	

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WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-6-98 Completed 8-11-98
(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 the best of my knowledge and belief.
Signed [Signature] WWC Number 1595 Date 8-12-98
(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 [Signature] WWC Number 1595 Date 8-12-98

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

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Water Use Report Based on Water Right



Permit: G 16011 *

WAND, DANA 69750 HOLMES RD SISTERS, OR 97759

Records per page: 100 View All

Acre-feet (AF) of Water Used

Water Year*	Report ID	Facility	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total Water Used	Irrigated Acres
2024	62895	A WELL (DESC 51830/L-25826)							0.04	0.08	0.06	0.08	0.04	0.04	0.34	
2023	62895	A WELL (DESC 51830/L-25826)								0.01	0.08	0.12	0.07	0.01	0.28	
2022	62895	A WELL (DESC 51830/L-25826)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.07	0.08	0.10	0.07	0.02	0.34	
2021	62895	A WELL (DESC 51830/L-25826)	0.00	0.00	0.00	0.00	0.00	0.00	0.06	0.09	0.11	0.13	0.12	0.05	0.56	1.50
2020	62895	A WELL (DESC 51830/L-25826)								0.09	0.12	0.14	0.13	0.07	0.55	
2019	62895	A WELL (DESC 51830/L-25826)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.11	0.11	0.12	0.10	0.06	0.49	1.50
2018	62895	A WELL (DESC 51830/L-25826)	0.00	0.00	0.00	0.00	0.00	0.00	0.08	0.11	0.13	0.12	0.08	0.03	0.55	
2017	62895	A WELL (DESC 51830/L-25826)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.11	0.08	0.11	0.07	0.47	
2016	62895	A WELL (DESC 51830/L-25826)	0.00	0.00	0.00	0.00	0.00	0.00	0.07	0.07	0.08	0.09	0.06	0.02	0.39	
2015	62895	A WELL (DESC 51830/L-25826)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.06	0.09	0.11	0.08	0.09	0.44	1.50
2014	62895	A WELL (DESC 51830/L-25826)	0.00	0.00	0.00	0.00	0.00	0.00	0.05	0.11	0.04	0.13	0.10	0.00	0.43	1.50
2013	62895	A WELL (DESC 51830/L-25826)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.07	0.10	0.08	0.03	0.28	

*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 owrd.wateruserreporting@water.oregon.gov or call 971-345-7489.
- 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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NOV 03 2025

OWRD



PUMP TEST UNREASONABLE BURDEN EXEMPTION REQUEST FORM

OWNER NAME/BUSINESS NAME: Jerome & Dana Wand		PHONE NO.: 541-588-6517		ADDITIONAL CONTACT NO.:	
ADDRESS: 69750 Holmes Rd					
CITY: Sisters		STATE: OR	ZIP: 97759	E-MAIL:	

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 51830	L- 25826	Well	G-16298	G-16011	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	11E	28	NESE	310' S, 500' W of E 1/4 Cor Sec 28	44.326917	-121.41442
b							
c							
d							
e							

2. Please explain why the test cannot be performed:

Water is pumped from the well to a 1000 gallon cistern. A second pump then pumps water from the cistern to both the domestic system and the irrigation bulge pond. The pumps cycle periodically to maintain the level in the cistern, and would be unable to handle the capacity needed for a pump test. Additionally, each well supplies exempt domestic uses to adjacent households, serving the domestic use 24/7. There are approximately 4 domestic wells within 1/4 mile of the wells, which may cause considerable interference with a 4 hour pump test. The nature of the construction of the pumping/bulge system, coupled with the 24/7 domestic uses would make the pump test an unreasonable burden. Thank you for your consideration.

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Salem, OR

Dana D. Wand 11/01/2025

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

SIGNATURE:

Jerome B. Wand

DATE:

11/01/2025