CLAIM OF BENEFICIAL USE for Transfer New or Additional POA Only

OREGON WATER RESOURCES DEPARTMENT
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 transfers where the application was submitted on July 9, 1987, or later.

Enter the date the transfer application was submitted:

March 7, 2022

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 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 503-986-0900.

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

Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both. **YES**
If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION #
T-13939

Received by OWRD
NOV 21 2025
Salem, OR

2. Property Owner (current owner information)

Applicant/Business Name	Phone No.	Additional Contact No.
Oregon Water Utilities	**626-543-2518**	

Address			
1325 N Grand Ave. Suite 100			
City	State	Zip	E-Mail
Covina	**CA**	**91724**	**Jorge.Lopez@nexuswg.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		
Oregon Water Utilities, Inc.		
Address		
1325 N Grand Ave. Suite 100		
City	State	Zip
Covina	**CA**	**91724-4044**

4. Date of Site Inspection:

07/23/2025, 07/31/2025, 11/03/2025

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

Name	Date	Association with the Project
Brett Limbeck	**Multiple - 07/23/2025, 07/31/2025, 11/3/2025**	**Water System Manager for Eagle Crest water system.**

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		
N/A – no change in place of use		
Address		
City	State	Zip

Add additional tables for owners of record as needed

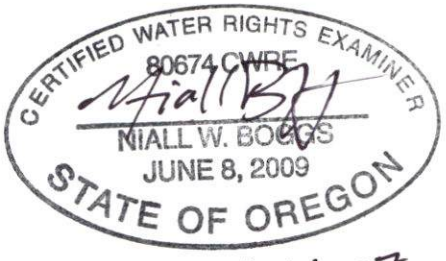
SECTION 2

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.

Seal and Signature



CWRE Name	Phone No.	Additional Contact No.
Niall W. Boggs, PE, CWRE	**541-550-7694**	**541-948-5362**
Address: **150 NW Pacific Park Lane, Suite 110**		

City	State	Zip	E-Mail
Bend	**OR**	**97701**	**nboggs@parametrix.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
Brett Limbeck	**Brett Limbeck**	**Water System Manager for OWU Cline Butte**	11-17-25
	Jorge Lopez	**VP of Engineering for OWU Cline Butte**	11/19/2025

SECTION 3

CLAIM DESCRIPTION

Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

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)
Well 10	**DESC 64609**	**147287**	**Well in the Deschutes River Basin**

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 Well Log attached

A. Deleted

B. Deleted

2. Variations:

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

N/A, developed per transfer final order

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 10	**3.34 cfs**	**3.26 cfs**	**3.23 cfs**

SECTION 4

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)? **NO**

If *"YES"* you will need to copy and complete a separate Section 4.

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

A. POA System Information

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
Flowise	**11RC-0L8**	**82250207**	**Vertical Turbine**	**8"**	**8"**

2. Motor Information:

Manufacturer	Horsepower
US Motors	**400**

3. 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)
400	**105.7 psi** **105.7psi x 2.31ft/psi = 244 ft**	**To get to transducer location: 614' pump intake - 19' bowl assembly – 20' tail pipe = 575'** **Pumping Water Level: 575' – 28' transducer reading = 547'** **Additional Head Loss in 595 feet of 8" column pipe, estimated at 70'**	**3'**	**3.26cfs (1463 gpm)**

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

4. Provide pump calculations:

Q Pump = (horsepower)(pump efficiency factor) = Q in cfs; **note: Pump efficiency factor for turbine pump (80%) = 7.04*
(total head in feet)

Q Pump = $\frac{(400)(7.04)}{(244' + 547' + 70' + 3')}$ = 3.26 cfs = 1463gpm

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)
Direct read, see attached field report			**3.23 cfs (1451gpm)**

6. Theoretical Pump Capacity – Pump at Sump:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the lift from the water surface to the pump)	Lift to Place of Use (the lift from the pump to the place of use)	Total Pump Output (in cfs)
N/A, no sump				

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

7. Provide pump calculations:

N/A, no sump

8. 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, no sump			

9. Additional notes or comments related to the system:

Note that the theoretical pump capacity was completed using 2.31 ft/psi conversion for the operating psi as well as adding head loss for the column pipe to be more accurate than the standard 1.1 factor assumed in the OWRD calcs.

B. Groundwater Source Information (Well and Sump)

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

If "NO", items 4 through 6 relating to this section may be deleted.

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

C. Additional notes or comments related to the system:

SECTION 5

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 New And/Or Additional POA(s) Were Ready For Use *This Date Must Fall Between The "Issuance Date" And The "Completeness Date"
Issuance Date	**01/07/2025**	
Completeness Date From Order (C)	**10/01/2028**	**7/23/2025**

* 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)? **NO**

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

3. Measurement Conditions:

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

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**

c. Meter Information

POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
Well 10	**Seametrics**	**04232034**	**Working**	**86237.296 X 1000 gallons (11/03/2025, 2:51PM)**	**Summer 2023 (well pump not operating until 2025)**

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

4. Recording and reporting conditions

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

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

b. Have the reports been submitted? **YES**

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

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

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

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

c. Other conditions? **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
Well Log	**DESC 64609**
Inspection Report	**Onsite inspection report from 7/31/2025**
Well Pump Information	**Pump set diagram, well pump cut sheets**
Claim Map	**Claim of Beneficial Use Map**

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 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 identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map 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.

This map was prepared using the Deschutes County GIS basemap with taxlot lines.

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.) ***Not required for this type of Claim of Beneficial Use**
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- ☒ Quarter-Quarters illustrated and named (NE NE, NW NE, etc.)
- ☐ 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

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

RECEIVED
DEC 19 2023

WELL I.D. LABEL# L 147287
START CARD # 1057551
ORIGINAL LOG #

DESC 64609

(1) LAND OWNER

Owner Well I.D.
First Name C/O SUBURBAN WATER Last Name SYSTEMS OWRD
Company OREGON WATER UTILITIES CLINE BUTTE, INC.
Address 1325 N. GRAND AVENUE
City COVINA State CA Zip 91724

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[X] Reverse Rotary [ ] Other

(4) PROPOSED USE

[ ] Domestic [ ] Irrigation [X] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 736.00 ft.

BORE HOLE

Dia	From	To
26	0	22
21	22	610
15.25	610	736

SEAL

Material	From	To	Amt	sacks/lbs
Cement	0	608	1285	S
		Calculated	449.13	
		Calculated		

Seal placement method [ ] A [ ] B [X] C [ ] D [ ] E [ ] Other:
Backfill placed from 733 ft. to 736 ft. Material 4-10 SAND
Filter pack from 598 ft. to 733 ft. Material SAND Size 4 x 10
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
●	○	16	X	2	608	.375	●	○	X	
●	○	22		0	22	.375	●	○	X	
○	●	12		598	603	.250	●	○	X	
○	●	12		608	633	.250	●	○	X	
○	○						○	○		

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [ ] Yes Dia From + To

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type wire wrap slotted Material stainless

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Liner	12	603	608	.03			
Screen	Liner	12	633	733	.03			12

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

(●) Pump ( ) Bailer ( ) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1200	8	580	24

Temperature 55 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 190 mg/L

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 15.00 S N/S Range 12.00 E E/W WM
Sec 16 NE 1/4 of the NE 1/4 Tax Lot 300
Tax Map Number Lot
Lat ° ' " or 44.27613524 DMS or DD
Long ° ' " or -121.29305752 DMS or DD
(●) Street address of well ( ) Nearest address
10005 EAGLE CREST BOULEVARD, REDMOND, OR 97756

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	2/2/2023			528

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 510.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10/12/2022	508	528	150			508
11/4/2022	538	736	2500			528

(11) WELL LOG

Ground Elevation 3097.12 FT

Material	From	To
Broken Rock & Sandy Loam	0	2
Brown & Gray Broken Lava	2	27
Lost Circulation Fracture	27	32
Hard Gray Basalt some Loose Fracture	32	165
Gray & Brown Basalt with Red & Black Ash	165	245
Soft Gray Pumice & Ash Mix	245	306
Gray Ash with Basalt Layers	306	328
Brown & Gray Basalt	328	390
Brown Basalt with Red & Brown Ash seams	390	440
Hard Gray Basalt	440	508
Brown Sandstone Conglomerate	508	528
Broken Basalt with Brown Ash Red Cinders	528	560
Hard Red & Brown Rock	560	611
Brown Sandstone	611	623
Hard Black Basalt some Red Cinder Seams	623	736

Received by OWRD
NOV 21 2025
Salem, OR

Construction
Begin Date 7/22/2022 Begin Time 08 00 End Date 2/2/2023

(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 Date

Signed

(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 1385 Date 12/19/2023

Signed ROBERT BUCKNER (E-filed)

Contact Info (optional)

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

RECEIVED

DEC 19 2023

OWRD

DESC 64609

Received by OWRD

NOV 21 2025

Salem, OR

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

OREGON WATER RESOURCES DEPARTMENT

LOCATION OF WELL

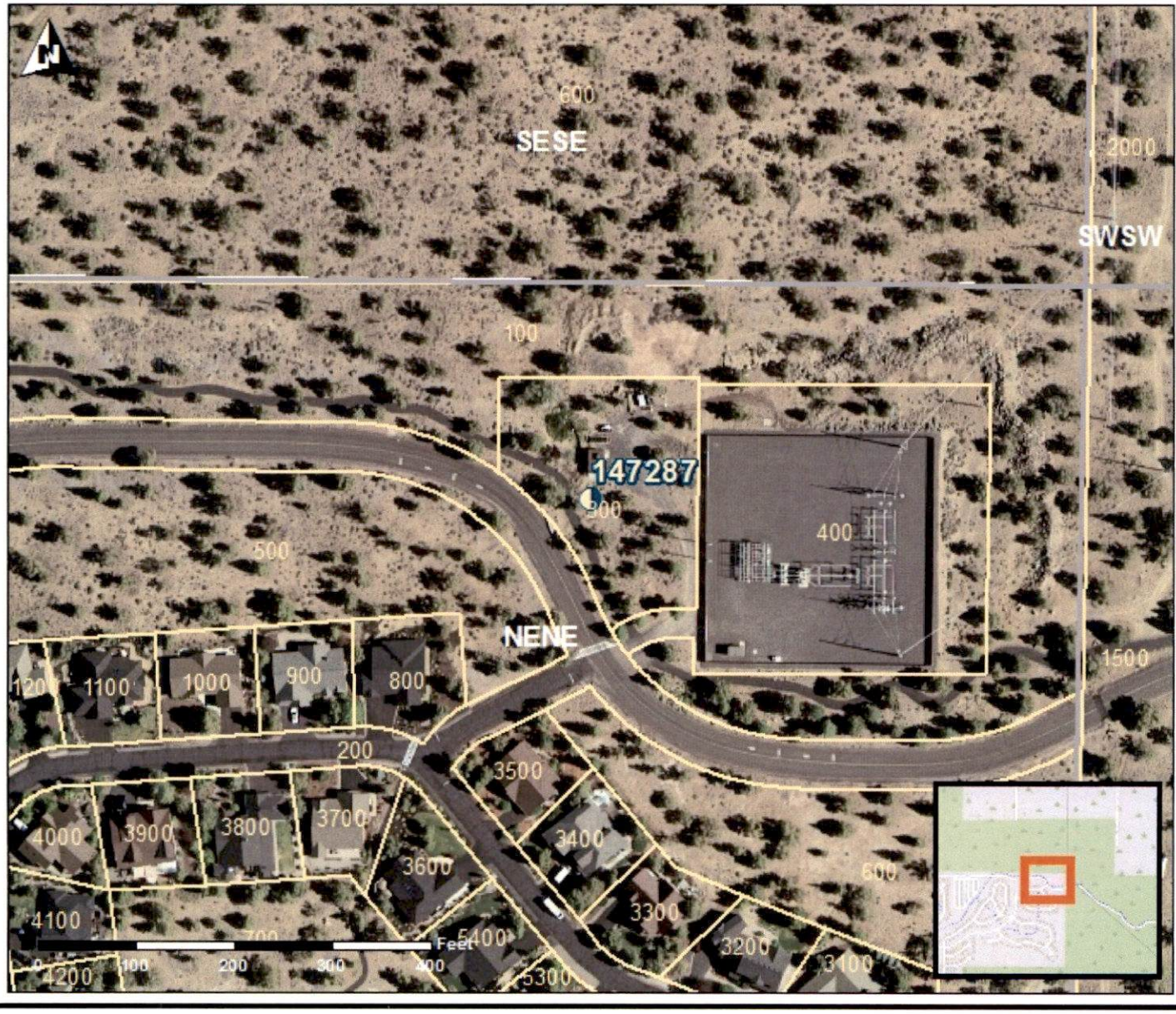
Latitude: 44.27613524 Datum: WGS84
Longitude: -121.29305752
Township/Range/Section/Quarter-Quarter Section:
WM15.00S12.00E16NENE
Address of Well:
10005 EAGLE CREST BOULEVARD, REDMOND, OR 97756

Well Label: 147287

Printed: December 18, 2023

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



Parametrix

Form 01-CN-65/Rev. 10/09/2023

DAILY OBSERVATION REPORT

Job No.:	297-8010-05	Phase: 2	Task:	Report No.	02
Project:	Eagle Crest Backup Well – Phase 2				
Owner:	Oregon Water Utilities – Cline Butte			Page	1 of 1
Contractor:	Cascade Pump			Date:	7/31/2025
Contractor's Rep./Title:	Bryan Gribskov / Owner			Day:	Thursday
Weather A.M.:	68 °F	P.M.: 86 °F	Site Conditions: (Good) (Fair) (Poor)		good

Location and Type of Work: Day 2 of startup and operation testing, well being put into service.

Number and Classification of Contractors, Men, and Equipment (include condition of equipment):

Cascade Pump – Bryan Gribskov
OWU – Brett Limbeck
Cascade Geoengineering – Jim Newton
Parametrix – Niall Boggs
Control Engineers – Chris Cocozzo (via phone)

Report continued, next page

DAILY OBSERVATION REPORT

Work in Progress (include report of operations, materials received and condition, work start/stop time, and any unusual conditions):

- Overall ran Well 10 to system, ran it along with Well 9, tested pressure settings, simulated power outages, worked with Chris Cocozzo on SCADA programming.
- 9:10AM opened mainline valve to system after receiving clean water sample last week.
- 9:30 Startup initiated, Reservoir 13.5', turned off Well 9. Purge valve was set for 9 minutes, which is too long, shortened. Pump confirmed running at 50Hz through purge valve. Purge closed and opened main check, pump shut down because purge valve didn't close. Ran second attempt, set purge time to 3 minutes, which should be ~3x casing volume at 850gpm. The transition to mainline pipe shut down pump again. No alarms or failures. Low flow shutdown was only 10seconds, not giving enough time for purge valve to close. Need at least 60 seconds to push water to the system. Chris adjusted programming.
- 10:17 Got water running to system at 50Hz, 815gpm. Chris adjusted PID loop so that it goes to 60Hz when it goes to mainline pumping, 1425gpm.
- Throttled mainline gate valve to increase pressure to see how VFD responds. Increased pressure to 132psi, pump responded trying to get to 128 psi target. Settled on 129psi +/-. 10:33 Test setpoint to 120psi - 1174gpm, 123psi, 55hz. 10:34 Brought setpoint back up to 128psi, then set to 115psi to test ramp down. 116psi @1054gpm, 53.7Hz.
- 10:40 Open mainline valve and try to bring Well 9 on. Reservoir over 14' so Well didn't turn on. Open Valve 106B to golf lake to drop reservoir level and drop start point in SCADA. 10:43 pumping water level at 21.7'.
- 10:49 Testing motor vibration: 0.11 @60HZ at base and 0.06 on top of motor.
- 10:52 Well 10 running, Well 9 started up and pump to waste, 10:55 Well 9 to system. System pressure observed up to 137psi, well 10 at 1250gpm. Well 10 ramped down to 129 psi, 1180gpm, 57Hz.Pumping water level with both pumps running at 26.7'.
- 10:58 Close golf lake dump to see if increase in head. 130psi. Well 9 1410gpm, Well 10 1159gpm. Total flow with both pumps running 1569gpm.
- Well 9 shut down at 15.3 reservoir level for no reason, no alarms. Why? This is a problem that Brett says has been happening for quite awhile. Random shut downs. Chris put in a 15 second reservoir signal delay, said that with no delay that if the signal is interrupted, could lead to Well 9 shut down. There are lots of increasing amounts of communications equipment up on Cline Butte, may be interfering with signal. Brett to report on if the reservoir signal delay improves operations of Well 9. Note that Well 9 shut down but Well 10 did not, so issue appears to be unique to Well 9.
- 11:17 Well 9 starting up again. 11:29, Well 9 shut down at reservoir level 17.5, just like its programmed to do. Well 10 didn't shut down at 17' because Chris was going through sequence.
- Stage 5 is slow down sequence. Was set up at 550gpm, which is too low, making it 850gpm to match 50Hz through purge valve.
- Both pumps running at 128psi set point were observed to add 10 psi at booster station inlet. Consider running @125psi set point.
- 11:42 Test UPS ATS, killed power at Well 10. Generator started. Bryan checked phasing of Well 10 - good. No ATS / Generator status reading available. Recommend adding to both PLCs. Well 10 ATS wires run to well 9 PLC, need a slot. Recommendation - get rid of BW control work and other no longer used items in panel. Should give extra slots for gen status readings in scada. Full demo, pull wire. Control Engineers and Cascade Pump. Work would need to be approved by OWU.
- Enter reservoir levels to 16' for well 9, 17' for well 10, and pressure to 125psi.
- Recommendation, add low pumping water level in well as a shutoff in programming at 5' above bowls. Chris can do it, but not this week.

Work Completed:

Pump started up and tested, made operational to system.

Discrepancies Noted: Programming and set point modifications noted above. Note that Well 10 is pumping at higher rate than anticipated, system seems to be taking water better than anticipated.

Discussions with Contractor (include orders given and received): See discussion above.

Any Cause for Dispute, Change Orders, or Delays, and Reasons: No, pump ran well.

Items for Office Action: Recommendations: add flow indicator switch on prelube, do work on well 9 panel noted above for generator

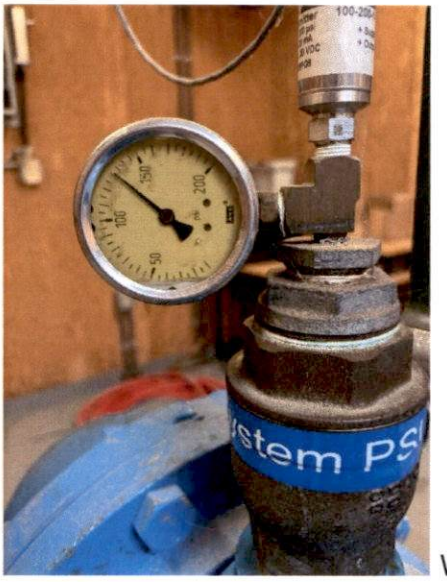
Status, run with 125psi max pressure target (last item complete)

Signature

DAILY OBSERVATION REPORT

Well 10 pumping solo into system at 60Hz

Wells 9 and 10 pumping into system, Well 10 at 56Hz



Wells 9 and 10 pumping into system, Well 9 at 1429gpm and 130psi.

Parametrix
ENGINEERING . PLANNING . ENVIRONMENTAL SCIENCES

150 NW Pacific Park Lane, Suite 110 | BEND, OR 97701 | P 541.508.7710

November 18, 2025
Parametrix No. 297-8010-018

Gerry Clark
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301-1266

Re: Cline Butte Eagle Crest Well 10
Transfer T-13939
Claim of Beneficial Use

Dear Gerry:

Enclosed you will find the Claim of Beneficial Use package for Transfers T-13939, which adds Well 10 as an additional Point of Appropriation. Additionally, we are including an application form for expedited review. We are providing two checks for the Claim: one for the claim fee and one for the expedited review fee. The fee breakdown is as follows:

Water Right	Claim Fee	Expedited Review Application Fee	Total Fee
T-13939	$345 (check #1)	$125 (check #2)	**$470**

Note that we are concurrently also submitting a Claim of Beneficial Use for Transfer T-13950 under separate cover, which is also to add Well 10 to that right. Please let me know if you have any questions on the Claim materials or the fee breakdown.

Sincerely,

Parametrix

Niall Boggs, P.E., CWRE

OREGON
WATER RESOURCES DEPARTMENT

Received by OWRD
NOV 21 2025
Salem, OR

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Oregon Water Utilities
1325 N Grand Ave. Suite 100 Covina, CA 91724

Transaction Type: COBU T-13939

Fees Received: $ 345.00

☐ Cash ☒ Check: **Check No.** 274946

Name(s) on Check: Parametrix Inc

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.