

**CLAIM OF  
BENEFICIAL USE  
for Transfer New or Additional  
POA 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)

**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:**

**May 7, 2007**

**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 NO**  
*If additional changes were authorized, you will need to select a different form.*

**1. File Information**

APPLICATION #  
**T-10382**

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**2. Property Owner (current owner information)**

APPLICANT/BUSINESS NAME <b>W SCOTT, LLC</b>		PHONE NO. <b>702-250-3314</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>3277 E. Warm Springs Rd. Ste. 200</b>			
CITY <b>Las Vegas</b>	STATE <b>NV</b>	ZIP <b>89120</b>	E-MAIL <b>andrew@parriscorp.com</b>

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 <b>Same</b>		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

<b>9/9/2025</b>
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**5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Jim Ledford</b>	<b>9/9/2025</b>	<b>On-site manager</b>

**6. County:**

<b>Crook</b>
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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 <b>N/A</b>		
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 <b>Bryce Michael Withers</b>		PHONE NO. <b>541-408-1400</b>	ADDITIONAL CONTACT NO. <b>John Short 541-389-2837</b>
ADDRESS <b>PO Box 1830</b>			
CITY <b>Bend</b>	STATE <b>OR</b>	ZIP <b>97709</b>	E-MAIL <b>brycewrs@gmail.com johnshort@usa.com</b>

### 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
	<b>Kamala ParriS</b>	<b>Manager</b>	<b>12-8-25</b>



**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)
East Well	CROO 1573		McKay Creek 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*

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
n/a						

**B. In addition to the information requested in item "A" above, provide any other information which may help the Department locate any well logs associated with this appropriation.**

n/a
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**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
East Well	0.50 cfs	1.05 cfs	n/a

## SECTION 4

### SYSTEM DESCRIPTION

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

YES 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):

East Well (CROO 1573)

#### 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
Hitachi			Submersible		

##### 2. Motor Information:

MANUFACTURER	HORSEPOWER
	30 HP

##### 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)
30 HP	50 PSI	73'	2'	1.05 cfs

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

##### 4. Provide pump calculations:

See attached OWRD Pump Capacity 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)
n/a			



**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				

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

**7. Provide pump calculations:**

n/a
-----

**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			

**9. Additional notes or comments related to the system:**

n/a
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**B. Groundwater Source Information (Well and Sump)**

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

YES NO

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

**C. Additional notes or comments related to the system:**

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## 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	11/14/2007	
COMPLETENESS DATE FROM ORDER (C)	10/1/2009	11/14/2007

\* 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, 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
East Well	Honeywell	2121TM CD5051	Working	28410	Prior to Transfer Final Order

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.

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

- |  |     |           |
|--|-----|-----------|
| a. Were there special well construction standards?           | YES | <u>NO</u> |
| b. Was submittal of a ground water monitoring plan required? | YES | <u>NO</u> |
| c. Other conditions?   | YES | <u>NO</u> |

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
<b>CBU Map</b>	<b>Claim of Beneficial Use Map</b>
<b>Well Log</b>	<b>CROO 1573</b>
<b>Pump Calcs</b>	<b>OWRD Pump Capacity Calculations</b>
<b>Assignment</b>	<b>Assignment to W SCOTT, LLC</b>

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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 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.

On-site direct measurement and ESRI Imagery.

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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
- n/a If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- n/a Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- n/a 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.)
- 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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<b>Pump Capacity Calculation Sheet</b>		<b><u>EAST WELL CROO 1573</u></b>			
using Department designed formula:					
(hp)(efficiency) / (lift + psi head) = capacity in cfs					
Efficiency:					
Centrifugal = 6.61					
Turbine = 7.04					
<b>Data Entry (fill in underlined blanks)</b>					
HP =	<u>30</u>				
Efficiency =	<u>7.04</u>				
Lift =	<u>75</u>				
PSI =	<u>50</u>				
<b>Results Calculated</b>					
(hp)(efficiency) =	211.2				
Head based on psi =	127.0				
Total dynamic head =	202.0				
(head + lift)					
<b>Pump Capacity =</b>	<b>1.05</b>	<b>cubic feet per second</b>			

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NOTICE TO WATER WELL CONTRACTOR:  
The original and first copy  
of this report are to be  
filed with the  
STATE ENGINEER, SALEM, OREGON 97310  
within 30 days from the date  
of well completion.

# WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line) SALEM, OREGON

RECEIVED

MAR 6 1975

State Well No. 14S/16E-32

State Permit No.

## (1) OWNER:

Name

Address

## (2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

## (3) TYPE OF WELL:

Rotary ☐ Driven ☐  
Cable ☒ Jetted ☐  
Dug ☐ Bored ☐

## (4) PROPOSED USE (check):

Domestic ☐ Industrial ☒ Municipal ☐  
Irrigation ☐ Test Well ☐ Other ☐

## CASING INSTALLED:

Threaded ☐ Welded ☒  
10" Diam. from +1 ft. to 245 ft. Gage 4  
" Diam. from ft. to ft. Gage  
" Diam. from ft. to ft. Gage

## PERFORATIONS:

Perforated? ☐ Yes ☒ No

Type of perforator used

Size of perforations in. by in.  
perforations from ft. to ft.  
perforations from ft. to ft.  
perforations from ft. to ft.

## (7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name

Type

Model No.

Diam. Slot size Set from ft. to ft.

Diam. Slot size Set from ft. to ft.

## (8) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? ☐ Yes ☒ No If yes, by whom?

Flow: gal./min. with ft. drawdown after hrs.

" " " " " "

" 60 " no apparent " "

Bailer test 1 gal./min. with 1 ft. drawdown after 3 hrs.

Artesian flow g.p.m.

Temperature of water 58 Depth artesian flow encountered ft.

## (9) CONSTRUCTION:

Well seal—Material used Bentonite

Well sealed from land surface to 30 ft.

Diameter of well bore to bottom of seal 14 in.

Diameter of well bore below seal 10 in.

Number of sacks of cement used in well seal sacks

Number of sacks of bentonite used in well seal 8 sacks

Brand name of bentonite CENTRAL OREGON

Number of pounds of bentonite per 100 gallons

of water lbs./100 gals.

Was a drive shoe used? ☒ Yes ☐ No Plugs Size: location ft.

Did any strata contain unusable water? ☒ Yes ☐ No

Type of water SANDY depth of strata 72-78

Method of sealing strata DRILL & DRIVE

Was well gravel packed? ☒ Yes ☐ No Size of gravel: 1-INCH

Gravel placed from 240 ft. to 248 ft.

## (10) LOCATION OF WELL:

County CROOK Driller's well number

1/4 1/4 Section 32 T. 14S R. 16E W.M.

Bearing and distance from section or subdivision corner

## (11) WATER LEVEL: Completed well.

Depth at which water was first found 72 ft.

Static level 98 ft. below land surface. Date 11-7-74

Artesian pressure lbs. per square inch. Date

## (12) WELL LOG:

Diameter of well below casing

Depth drilled 248 ft. Depth of completed well 248 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Top Soil	0	6	
BROWN CLAY & SAND	6	78	
GREY CLAY	78	140	98
Blue silt	140	223	
Green Clay Stone	223	240	
GREEN GRAVEL & COURSE SAND	240	248	

Work started 10-20 1974 Completed 11-7 1974

Date well drilling machine moved off of well 11-7 1974

## Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] Nick Atkins Date 11-21, 1974  
(Drilling Machine Operator)

Drilling Machine Operator's License No. 249 & Mac 876

## Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name ARINS WELL DRILLING  
(Person, firm or corporation) (Type or print)

Address P.O. Box 269, Prineville Oregon

[Signed] Nick Atkins  
(Water Well Contractor)

Contractor's License No. 260 Date 11-21, 1974

(USE ADDITIONAL SHEETS IF NECESSARY)

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