

**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:

November 18, 2004

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AUG 05 2026
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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).

AS OF APRIL 1, 2026: For groundwater permits with priority dates on or after December 20, 1988, the Claim of Beneficial Use shall either provide documentation that the pump test or exemption request as required under OAR 690-217 has been **submitted** for each well or **include** the required pump test or exemption request for each well with the claim. **Claims that do not meet this requirement will not be accepted.**

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 Reimbursement Authority program that allows it to enter into a voluntary agreement with an applicant for expedited services. Applicants interested in an estimate of the cost and timeline for expedited processing must submit a Reimbursement Authority Estimate Application and required fee. For the form and additional information on this program see: <https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-16343	G-16844	

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Stacey Moss		PHONE NO. 719-337-0363	ADDITIONAL CONTACT NO.
ADDRESS 61100 Obernolte Rd			
CITY Bend	STATE OR	ZIP 97701	E-MAIL stace@datadrivendevelopment.com

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:

4/3/2026

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Stacey Moss	4/3/2026	Owner/Permit Holder

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			Received AUG 05 2026
ADDRESS			
CITY	STATE	ZIP	OWRD

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.



CWRE NAME Bryce Michael Withers		PHONE NO. 541-389-2837	ADDITIONAL CONTACT NO.
ADDRESS PO Box 1830			
CITY Bend	STATE OR	ZIP 97709	E-MAIL brycewrs@gmail.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
	Stacey Moss	Owner/Permit Holder	7/31/2026

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 AUG 05 2026
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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 56861/L-76715	

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	IR	Pasture	March 1 – October 31	0.03 cfs
Total Quantity of Water Used				0.03 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 a well to a cistern (bulge-in-system). Water is then pumped from the cistern through a pipeline to K-Line POD's and a portable "Big Gun" sprinkler for irrigation.

Reminder: The map associated with this claim must identify the location of the point(s) of appropriation, 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.")

The permit allowed 5.0 acres of irrigation, the water user only developed 2.4 acres of irrigation.

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	0.063 cfs	0.04 cfs	n/a	IR	5.0	2.4

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 56861 / L-76715)

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 or nursery use, 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:

Turtle back 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

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

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.

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
Franklin-Well			Submersible		
Franklin-Cistern			Submersible		

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin - Well	5 HP
Franklin-Cistern	2HP

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)
5	10	805'	0'	0.04 cfs
2	40	12'	0'	0.12 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			

7. 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.

8. Provide pump calculations:

n/a

9. 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.***11. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	615'	PVC	Buried

12. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2"	+/-1000'	Flex Hose	Above

13. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
7/64"	40	2.4	5	14	0.07 cfs
3/16"	40	6.3	1	1	0.01 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)

E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir)?

YES NO

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir

YES NO
YES NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Concrete	9,000	Buried

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

YES NO

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

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES NO

H. Additional notes or comments related to the system:

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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	4/28/2011		
BEGIN CONSTRUCTION (A)	n/a		
COMPLETE CONSTRUCTION (B)	4/28/2016	2014	System Complete
COMPLETE APPLICATION OF WATER (C)	4/28/2016	4/28/2016	Complete application of water to beneficial use

* 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.

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

5. Pump Test:

a. Is a pump test required? YES NO

Ground water permits with priority dates on or after December 20, 1988, the Claim of Beneficial Use shall either provide documentation that the pump test or exemption request, as required under OAR 690-217, has been submitted for each well or include the required pump test or exemption request for each well with the claim (this includes an exemption request for sump wells).

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.

b. Has the pump test/exemption been previously submitted to the Department? YES NO*

c. Is the pump test/exemption attached to this claim? YES NO*

***As of April 1, 2026: a pump test or exemption request must be submitted prior to or at time of the claim report (ORS 690-014-0100(H)). If "NO", the claim is incomplete and will be returned.**

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
Well	Landis Gyr	112-181-402	Working	35299	Prior to permit issuance

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
L-76715	2005

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):

Ground Water Mitigation Condition: Mitigation obligation of 9.0 acre-feet of General Zone of Impact credits. This condition has been met by leasing credits annually from the Deschutes River Conservancy – see attached confirmation letter.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Log	DESC 56861
Pump Calcs	OWRD Pump Capacity Calculations
CBU Map	Claim of Beneficial Use Map
DRC Letter (email)	Mitigation Obligation Confirmation Letter
Water Use Report	Amended Water Use Reporting for 2016
Pump Test Exemption	Pump Test Unreasonable Burden Exemption Request Form

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AUG 05 2026
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SECTION 7

CLAIM OF BENEFICIAL USE MAP

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In order to properly examine your claim, the Department must have an accurate map that meets the criteria described in OAR 690-014-0170 and OAR 690-305-0010, which are provided below for your convenience:

OAR 690-014-0170 Minimum Requirements for Maps for Permit or Transfer Final Order Claims of Beneficial Use

- (1) Maps submitted by a CWRE as part of the Claim of Beneficial Use shall meet the standards in OAR chapter 690, division 305. In addition, the map shall meet the following criteria:
 - (a) Horizontal accuracy is required only to ten feet for the purpose of locating and quantifying water rights. Maps shall be developed from any standard survey method. Traverse closures are not required.
 - (b) Maps shall clearly designate the place of use and point of diversion or appropriation for each source and use.
 - (c) The map shall indicate by description, in relation to the point of diversion or appropriation, the location of any fish screens, by-pass devices, and measuring devices required by the permit or transfer final order.
 - (d) The following statement shall be placed on the map: "This map is not intended to provide legal dimensions or locations of property ownership lines."
- (2) A CWRE may make a written request to the Director for a waiver of one or more mapping standards. The Director will determine whether the waiver shall be allowed and will respond to such requests in writing.

OAR 690-305-0010 General Map Criteria

Each map submitted to the Department shall meet the following general criteria in addition to any specific criteria identified in the rules for the relevant water right transaction:

- (1) Drawing
 - (a) The map shall be drafted on paper or polyester film with ink or otherwise printed in an indelible form with sufficient clarity so as to be easily reproduced or scanned. Maps may be submitted electronically in portable document format (pdf) and must be prepared consistent with, and include the same information as, a paper map.
 - (b) The preferred paper size is 8.5 inches by 11 inches and should be no larger than 30 inches by 30 inches. A map greater than 30 inches by 30 inches may be submitted if the Department grants, by mail or electronic means, advance approval of the larger size.
 - (c) Beginning April 1, 2029, regardless of whether the map is submitted electronically, on paper, or on polyester film, for any map that OAR chapter 690 requires be prepared by a Certified Water Right Examiner, a digital file containing the coordinate system and geospatial features of the map as specified by the Department shall be submitted in addition to the map, unless the Department provides a waiver. The digital file shall be submitted as a shapefile or other approved format in a manner required by the Department.

- (d) A platted and recorded subdivision map, deed description survey map, or county assessor map may be submitted as the application map if all of the required information included in sections (2) and (3) of this rule is clearly shown.
 - (e) An aerial image may be provided in addition to the map to aid the Department in understanding the proposal.
 - (f) The map submitted under subsection (a) shall be the official record of the water right. An aerial image or digital file shall not be the official record of the water right.
- (2) Scale
- (a) The map shall be drawn to a standard, even-numbered scale and one-inch shall not exceed 1320 feet.
 - (b) The map scale may exceed 1320 feet per inch if the Department grants, by mail or electronic means, advance approval of the requested scale.
 - (c) Notwithstanding subsection (a) and (b), for maps identifying the location of a municipal use place of use, one-inch can exceed 1320 feet; provided that the scale is sufficient to identify the quarter-quarters involved in the place of use.
- (3) Features: Features shall be clearly identified and labeled. Unless otherwise indicated in rule, the following features must be included in each map submitted to the Department:
- (a) Mapping scale.
 - (b) North directional symbol.
 - (c) Legend.
 - (d) General location of main canals, ditches, flumes, pipelines, pumps, or other water delivery features used to transport water from the point(s) of diversion or appropriation to the place use and to include the delivery features at the place of use.
 - (e) Other topographical features such as rivers, creeks, streams, lakes, reservoirs, ponds, roads, or railroads that may be helpful to clarify and identify the location of points of diversion, wells, dams, and places of use.
 - (f) Location and flow direction of the water way if the source is surface water. If multiple water ways exist in the area of the proposed diversion and use, the map must identify the location and flow direction of the additional water ways.
 - (g) Township, range, section, quarter-quarter, and tax lot(s), donation land claims, or government lots where water will be or has been diverted, conveyed, and used. If the map is for municipal use the map:
 - (A) Must identify but does not need to label the quarter-quarters,
 - (B) Does not need to identify or label tax lots, donation land claims, or government lots.
 - (h) Location of each proposed or developed diversion point, well (point of appropriation), or dam by reference to a recognized public land survey corner. For a reservoir without a dam, the center of the reservoir shall be referenced to a recognized public land survey corner.
 - (A) The locations shall be shown by distance and bearing, or by coordinates (distance north or south and distance east or west from the corner). In addition, they shall also include latitude and longitude as established by a global positioning system.
 - (B) Latitude and longitude coordinates shall be expressed as degrees-decimal with five or more digits after the decimal (e.g., 42.53764°). The datum used to

establish the coordinates shall be indicated on the map. Examples of datums include NAD 83, NAD 27 and WGS84.

- (i) Location of the proposed or developed place of use by township, range, section, and nearest quarter-quarter section.
 - (A) For irrigation or nursery use, the map shall additionally indicate the place of use in each quarter-quarter of a section by shading or hatchuring and indicate the number of acres in each quarter-quarter section, donation land claim, government lot, or other recognized public land survey lines.
 - (B) For places of use that are limited to a point, such as a stock watering tank, the location may also be identified by distance and bearing, or by coordinates (distance north or south and distance east or west from the corner). In addition, they shall include latitude and longitude as established by a global positioning system.
 - (C) Latitude and longitude coordinates shall be expressed as degrees-decimal with five or more digits after the decimal (e.g., 42.53764°). The datum used to establish the coordinates shall be indicated on the map. Examples of datums include NAD 83, NAD 27 and WGS84.
 - (D) Where more than one point of diversion or well is included, the map must clearly identify the place(s) of use served by each point of diversion or well.
- (j) If for a supplemental irrigation application or claim of beneficial use, the location and water right reference number of the underlying primary right, registration or claim.
- (k) Any other information the Department requests and considers necessary to evaluate the water right transaction.

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JUL 07 2005

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D. # L 76715

START CARD # 173268

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER
Name Ray Clarno Well Number _____
Address 61100 Obermaite Rd
City Bend State OR Zip 97701(2) TYPE OF WORK ☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other _____(4) PROPOSED USE
☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☒ No
Depth of Completed Well 810 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
12	0	20.5	Be	0	20.5	19 Sacks
8	20.5	810				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured DryBackfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

CASING/LINER			Gauge	Steel	Plastic	Welded	Threaded
Diameter	From	To					
Casing: 8	+1.5	20.5	250	☒	☐	☒	☐
Liner: 6	0	805	188	☒	☐	☒	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 6" @ 805(7) PERFORATIONS/SCREENS
☒ Perforations Method Machined
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
765	805	1/8x4	502	6		☐	☒

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20+	0	805	1 Hour

Temperature of water 68 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 (legal description)

County Desc
Tax Lot 1203 Lot _____
Township 18 S Range 14 E WM
Section 16 NW 1/4 NE 1/4Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address)

61100 Obermaite Rd

(10) STATIC WATER LEVEL

725 ft. below land surface. Date 6-29-05

_____ ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 743

From	To	Estimated Flow Rate	SWL
743	810	20+	725

(12) WELL LOG

Ground Elevation _____

Material	From	To	SWL
Sandy Top Soil	0	7	
Broken Lava	7	15	
Hard Grey Lava	15	215	
Broken Lava	215	221	
Hard Lava	221	250	
Broken Lava	250	276	
Hard Brown Lava	276	338	
Broken Lava	338	385	
Hard Lava	385	428	
Sandstone	428	530	
Hard Lava	530	550	
Sandstone	550	590	
Hard Lava	590	632	
Mild Lava	632	743	
Broken Lava	743	810	725

Date Started 6-24-05Completed 6-29-05

(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.

WWC Number 1819Date 6-29-05

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.

WWC Number 1822Date 6-29-05

Signed _____

ORIGINAL - WATER RESOURCES DEPARTMENT

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER

06/16/2004

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Pump Capacity Calculation Sheet		<u>CISTERN MOSS</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>2</u>					
Efficiency =	<u>7.04</u>					
Lift =	<u>12</u>					
PSI =	<u>40</u>					
Results Calculated						
(hp)(efficiency) =	14.08					
Head based on psi =	101.6					
Total dynamic head =	113.6					
(head + lift)						
Pump Capacity =	0.12	cubic feet per second				

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Pump Capacity Calculation Sheet		<u>DESC 56861 MOSS</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>5</u>				
Efficiency =		<u>7.04</u>				
Lift =		<u>805</u>				
PSI =		<u>10</u>				
Results Calculated						
(hp)(efficiency) =		35.2				
Head based on psi =		25.4				
Total dynamic head =		830.4				
(head + lift)						
Pump Capacity =		0.04	cubic feet per second			

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Bryce Withers <brycewrs@gmail.com>

Mitigation Confirmation Letter For Permit G-16844 - Stacey Moss

2 messages

Bryce Withers <brycewrs@gmail.com>
To: Gen Hubert <gen@deschutesriver.org>

Thu, May 7, 2026 at 12:23 PM

Hi Gen,

RE: [Permit G-16844](#)

I am working with Stacey Moss (original permit holder was Clarno Cattle Company) on their Claim of Beneficial Use. Can you please confirm whether they have obtained the required leased mitigation through the Deschutes River Conservancy?

Thank you.

--
Bryce Withers
Certified Water Right Examiner
Professional Land Surveyor

541-408-1400 cell

Water Right Services, LLC
PO Box 1830
Bend, OR 97709
brycewrs@gmail.com
<https://oregonwater.us>

Gen Hubert <gen@deschutesriver.org>
To: Bryce Withers <brycewrs@gmail.com>

Thu, May 7, 2026 at 1:48 PM

Hi Bryce,

Stace paid for mitigation through 2025 but has not yet paid for 2026 mitigation. The amount due is \$1485 in 2026 (we had to implement a price increase this year). If you have a current email for Stace, I can send his email to him.

In the next few weeks I will be sending out late notices.

Genevieve Hubert
Senior Program Manager
Deschutes River Conservancy
www.deschutesriver.org

[Check out our 2025 Impact Report!](#)

[Quoted text hidden]

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OREGON
WATER
RESOURCES
DEPARTMENT

**PUMP TEST UNREASONABLE BURDEN
EXEMPTION REQUEST FORM**

OWNER NAME/BUSINESS NAME: Stacey Moss		PHONE No.: 719-337-0363	ADDITIONAL CONTACT No.:
ADDRESS: 61100 Obernolte Rd			
CITY: Bend	STATE: OR	ZIP: 97701	E-MAIL: stace@datadrivendevelopment.com

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 56861	L- 76715	Well	G-16343	G-16844	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	18S	14E	16	NENW	1050' S, 830' W OF N 1/4 COR SEC 16	44.017700	-121.060083
b							
c							
d							
e							

2. Please explain why the test cannot be performed:

DESC 56861 is pumped to a cistern with an automatic valve that shuts the pump on and off. The pump cycles periodically to maintain the level in the bulge. Additionally, the well supplies exempt domestic uses to 3 households on the property, serving the domestic use 24/7. The static water level is exceptionally deep at over 700 ft, which would complicate the ability to collect data for a 4 hour pump test accurately. 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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I hereby certify that the well(s) requested for exemption(s) are under my ownership.

SIGNATURE: _____

DATE: _____

7/31/2024

2015

Water Use Recording and Reporting Form

2016

Water Right Holder's Name Stacey Moss		Water Right Holder's Business Name or Entity Name			User ID#
Water Right Holder's Email stace@datadrivendevelopment.com		Water Right Holder's Complete Mailing Address 61100 Obernolte Rd Bend, OR 97701			Phone Number (719) 337-0363
Well or POD name	Well DESC 56861				
→ Report ID number	64799				
	Permit: G - 16844	Permit: -	Permit: -	Permit: -	
	Other:	Other:	Other:	Other:	
Describe the units of measurement as AF (acre-feet), G (gallons), KG (thousand gallons), MG (million gallons), CF (cubic feet), or MCF (million cubic feet)					
OCTOBER 2015					
NOVEMBER 2015					
DECEMBER 2015					
JANUARY 2016					
FEBRUARY 2016					
MARCH 2016					
APRIL 2016	1.2				
MAY 2016	1.2				
JUNE 2016	1.2				
JULY 2016	1.2				Received
AUGUST 2016	1.2				AUG 05 2026
SEPTEMBER 2016	1.2				
OCTOBER 2016					OWRD
NOVEMBER 2016					
DECEMBER 2016					
TOTAL	7.2				
Unit of Measurement (Volume)	☐ G ☐ KG ☐ MG ☒ AF ☐ CF ☐ MCF	☐ G ☐ KG ☐ MG ☐ AF ☐ CF ☐ MCF	☐ G ☐ KG ☐ MG ☐ AF ☐ CF ☐ MCF	☐ G ☐ KG ☐ MG ☐ AF ☐ CF ☐ MCF	☐ G ☐ KG ☐ MG ☐ AF ☐ CF ☐ MCF
Measurement Method (meter, staff gage, rate x time, etc.)	cistern refills (known vol.)				
Number of acres irrigated from this well or POD, if applicable	2.4				

I certify this information is true and accurate to the best of my knowledge.

Signature x

Name and Title (print)

Stacey Moss Owner

Date

7/31/2026

Phone Number (719) 337-0363

Company

Please complete and mail to: OWRD; Water Use Reporting Program; 725 Summer Street NE, Ste A: Salem, OR 97301