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

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 permits with priority dates of July 9, 1987, or later.

Enter the date the priority date of the permit:
March 8, 2018

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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-18618	G-18891	

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
Teekree A. Parrish	541-480-9629	

Address			
5310 SW Harvest Ave			
City	State	Zip	E-Mail
Redmond	OR	97756	No Email, cc: brycewrs@gmail.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

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4. Date of Site Inspection:

5/19/2026 & 8/11/2026

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

Name	Date	Association with the Project
Teekree Parrish	5/19/2026 & 8/11/2026	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		
Address		
City	State	Zip

Add additional tables for owners of record as needed

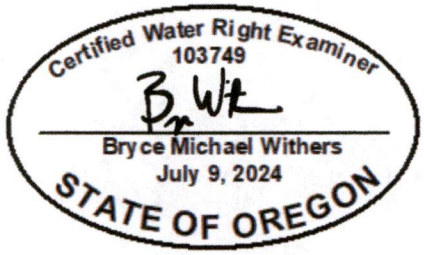
SECTION 2

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



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CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Bryce Michael Withers		541-389-2837	
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
Teekree A Parrish	Teekree A. Parrish	Owner/Permit Holder	8-25-26

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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 1	DESC 765	L-122907

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 1	IR	Pasture/Grass	April 1 – November 1	0.027 cfs
Total Quantity of Water Used				0.027 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 through flexible hoses to two portable big guns and 17 K-Line POD sprinklers.

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."*)

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 1	0.027 cfs	0.027 cfs	n/a	IR	2.0	2.0

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 1 (DESC 765 / L-122907)

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:

½" port in top of casing seal

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
Jacuzzi			Submersible		

3. Motor Information:

Manufacturer	Horsepower
	10 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)
10	40	420'	1'	0.13 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
2"	+/-1000'	Flex Hose	Above

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)
Big Guns 1/4"	80	15	2	2	0.07 cfs
K-Line Set	40	2	17	17	0.08 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**

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:

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	1/26/2024		
Begin construction (A)	1/26/2029	1/26/2024	Well constructed prior to permit issuance
Complete construction (B)	n/a	n/a	n/a
Complete application of water (C)	1/26/2029	8/1/2026	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

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

b. What month was the initial measurement to be taken in?

March

c. Was the measurement submitted to the Department? **YES** NO

d. If the initial measurement was not submitted, provide that measurement now, if available:

Date of measurement	Measurement Made By	Method	Measurement

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.

b. Provide the month, or months, in which the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) required? **YES** NO

d. If "YES", were those measurements submitted to the Department? **YES** NO

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

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

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c. Meter Information

POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
Well 1	Master Meter	232712262	Working	0775	Original prior to permit issuance, new meter installed 8/1/2026

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-122907	2016

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 3.6 acre-feet of General Zone of Impact credits. This condition has been met by obtaining 2.1 permanent credits and leasing 1.5 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 765
Pump Calcs	OWRD Pump Capacity Calculations
CBU Map	Claim of Beneficial Use Map
DRC Letter (email)	Mitigation Obligation Confirmation Letter
Water Use Reports	Water Use Reporting
Pump Test Exemption	Pump Test Unreasonable Burden Exemption Reqeust

SECTION 7

CLAIM OF BENEFICIAL USE MAP

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., 42.53764º). 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., 42.53764º). 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.

Facility Water Use Report

WELL 1 (DESC 765/L122907)
Report ID: 69121

WELL 1 (DESC 765/ L122907);
240 FEET NORTH AND 825 FEET WEST FROM E1/4 CORNER, SECTION 36
15S-12E-36-SE NE;
Permit: G 18891 *

TEEKREE PARRISH
5310 SW HARVEST LANE
REDMOND, OR 97756

Records per Page: 5 View All

Water Year	Reporter Name	Type of Measurement	Unit	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Irrigated Acres
2025	Bryce Withers for Teekree Parrish	PWR	A	0.0	0.0	0.0	0.0	0.0	0.0	0.25	0.38	1.29	1.72	1.23	0.95	2.0

Type(s) of Measurement:		Unit(s) of Measurement:	
PWR	Power consumed x ratio of volume of water pumped per electric power consumption (KWH used in a month x gallons per KWH = gallons)	A	Acre Feet

If corrections are needed, send a message to: owrd.waterusereporting@water.oregon.gov or call 971-345-7489.

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Pump Capacity Calculation Sheet				***DESC 765/L-122907 Parrish***				
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 =	10							
Efficiency =	7.04							
Lift =	421							
PSI =	40							
Results Calculated								
(hp)(efficiency) =		70.4						
Head based on psi =		101.6						
Total dynamic head =		522.6						
(head + lift)								
Pump Capacity =		**0.13**	**cubic feet per second**					

DESC 765

DESC 765

APR 24 1991 FEB 11 1991

15S/12E/36 ad

STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT SALEM, OREGON

(START CARD) # 27901

(1) OWNER:

Well Number:

Name teekree larson

Address 19910 Pine Lane

City Bend, OR State Zip 97701

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable

☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation

☐ Thermal ☐ Injection ☐ Other

5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☐ Depth of Completed Well 451 ft.

Explosives used Yes ☐ No ☐ Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
12"	0	18'6"	Bentonite	0	18'6"	10
10"	18'6"	to 451'				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other Poured Dry

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"	+2	18'6"	.250	☒	☐	☒	☐
Liner:	7"	+2	451'	.188	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

7) PERFORATIONS/SCREENS:

☒ Perforations Method Factory Perfect

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
390	450	1/8"	60	3"		☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50	0	446	1 hr.
			Blow test

Temperature of water 56° 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 Deschutes Latitude Longitude

Township 15S N or S Range 12 E E or W, WM.

Section 36 SE ¼ NE ¼

Tax Lot 406 Lot Block Subdivision

Street Address of Well (or nearest address) 5310 SW Harvest Lr Redmond, OR

(10) STATIC WATER LEVEL:

390 ft. below land surface. Date 2-1-91

Artesian pressure 0 lb. per square inch. Date 2-1-91

(11) WATER BEARING ZONES:

Depth at which water was first found 390

From	To	Estimated Flow Rate	SWL
390	451		358

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
Top Soil	0	3	
Broken Gray Basalt	3	12	
Hard Gray Basalt	12	22	
Medium Gray Baswalt	22	85	
Broken Sandstone	85	130	
Medium Gravel	130	142	
Broken Basalt	142	177	
Hard Broken Br Basalt	177	189	
Medium Hard BrownBasalt	189	229	
Hard Brown Clay	229	309	
Brown Sandstone	309	389	
Dark Brown Sand (fine)	389	395	
Sandstone w/clay	395	426	
Brown Sand& Conglomerate (fine)	426	440	
Hard Brown Clay	440	451	

Received

AUG 31 2026

OWRD

Date started 1-7-91 Completed 2-1-91

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Robert Bucker WWC Number 1385 Date 2-6-91

(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Robert Bucker WWC Number 1385 Date 2-6-91

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 3/88

DESC 765

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Received
AUG 3 1 2026
OWRD

Application for Well ID Number

RECEIVED
MAY 1 1 2016
WATER RESOURCES DEPT
SALEM, OREGON

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name *(please print)*: TEEKREE PARRISH
Mailing Address: 5310 SW HARVEST LN
City, State, Zip: REDMOND OR 97756
Mail Well ID Tag to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)
Name & Address:
City, State, Zip:

II. WELL LOCATION INFORMATION *(Please fill out as completely as possible)*

Township: 15 S (North / South) Range: 12 E (East / West) Section: 36 SE 1/4 of the NE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 406 County DESCHUTES
GPS Coordinates:
Street Address of Well, City: SAME AS ABOVE
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION *(Please fill out as completely as possible, AND attach copy of Well Log, if available)*

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION
Date Well Constructed (or property built): 2/1/1991 Total Well Depth: 451' Casing Diameter: 8"
Owner at time the well was constructed (if known): SAME (WAS LARSON) Well Log # (if known): DESC 765
Other Information:

SUBMITTED BY *(please print)*: TEEKREE PARRISH (VIA PHONE)
PHONE: 541-516-8684 **EMAIL &/or FAX:**

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:	Well Log Number:	Well Identification #:
5-11-16	DESC 765	L-122907

Gmail Bryce Withers <brycewrs@gmail.com>

Mitigation Obligation Confirmation

3 messages

Bryce Withers <brycewrs@gmail.com> Thu, Aug 13, 2026 at 2:17 PM
To: Gen Hubert <gen@deschutesriver.org>

Hi Gen,

Can you please provide an email confirming the status of the 1.5 credit lease portion of the following permit's mitigation obligation? I have a copy of the 2023 documentary evidence form for the 2.1 permanent credit portion and the 2023 lease, but need the ongoing confirmation to turn in along with the Claim of Beneficial Use.

Teekree Parrish
Ap G-18618
Permit G-18891

Best,
--
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

Bryce Withers <brycewrs@gmail.com> Wed, Aug 19, 2026 at 3:04 PM
To: Gen Hubert <gen@deschutesriver.org>

Hi Gen,

Just checking in. Are you able to confirm Teekree Parrish's mitigation? Thank you
[Quoted text hidden]

Gen Hubert <gen@deschutesriver.org> Wed, Aug 19, 2026 at 3:22 PM
To: Bryce Withers <brycewrs@gmail.com>

Hi Bryce,

Sorry for the delay. We are down 2 people with a lot of big projects.

Teekree has maintained her mitigation on permit G-18891, 1.5 credits, General Zone since starting with the DRC mitigation bank in 2023. Credits have been purchased in 2026.

Let me know if this is all you need.

Best,

Gen

Genevieve Hubert

Senior Program Manager

Deschutes River Conservancy

www.deschutesriver.org

Oregon
Kate Brown, Governor

Received
AUG 31 2026
OWRD

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

OREGON WATER RESOURCES DEPARTMENT
DESCHUTES BASIN MITIGATION CREDIT
DOCUMENTARY EVIDENCE FORM FOR MITIGATION BANKS

*This form is to be completed by a **Mitigation Bank** when mitigation credits are obtained from a mitigation bank by a ground water application/permit/certificate holder to satisfy a mitigation obligation under the Deschutes Ground Water Mitigation rules.*

Ground Water User Information:

Name: Teekree Parrish
Mailing Address (Street, City, State, Zip): 5310 SW Harvest Ln, Redmond, OR 97756
Phone Number (Home and Work): 541-408-1400 (Bryce Withers) E-Mail (optional): chancy507@gmail.com
Ground Water Application, Permit, or Certificate #: G-18618
Mitigation Obligation (amount) (see Notice of Mitigation Obligation or Initial Review for this information): 3.6
Zone of Impact (see Notice of Mitigation Obligation or Initial Review for this information): General Zone

Mitigation Bank Information:

Mitigation Bank Name: Deschutes River Conservancy
Mailing Address: 700 NW Hill Street, Ste #1, Bend, OR 97703
Phone Number: 541-382-4077 E-Mail (optional): gen@deschutesriver.org

Mitigation Credit Information:

In the following table, identify the mitigation project identification number(s), the number of credits assigned from each mitigation project, the zone of impact in which the credits are to be used (note - many credits may be used within more than one zone of impact) and the type of mitigation project upon which the credits are based (The Mitigation Bank shall notify purchasers of mitigation credits of the category of credits purchased. The Bank shall state if the credits are temporary or whether subject to the continued maintenance of a mitigation project. If temporary credits are not maintained the permit will be subject to regulation or cancellation.)

Project Type Codes: Instream Lease (Temporary) = ISL; Time-Limited Instream Transfer (Temporary) = TLT; Allocation of Conserved Water = ACW; Permanent Instream Transfers = PT; Storage Release = SR; Aquifer Recharge = AR; Other = Other (if other, please describe under project type in space provided below)

Mitigation Project ID	# Mitigation Credits Assigned	Zone of Impact	Mitigation Project Type Code (see above)
MP-302	1.5	General	ISL
MP-xxx	2.1	General	PT

Add additional mitigation projects and credits below using above format:

_____

Mitigation Project Operator (if other than original credit holder): _____(for example, name of storage project or aquifer recharge project operator)
Mailing Address: _____
Phone Number: _____

For Stored Water Releases (if applicable):
Name of Reservoir: _____
Reservoir Permit/Certificate: _____ Contract Number(s): _____

The above described mitigation credits have been transferred from Deschutes River Conservancy Mitigation Bank, mitigation credit holder, to Teekree Parrish., ground water application/permit/certificate holder.

[signature] 12/8/2023
Mitigation Bank Signature Deschutes River Conservancy Mit Bank Date

Teekree A Parrish 12-7-23
Ground Water Application/Permit/Certificate Holder Signature(/s) Date

Gmail

Bryce Withers <brycewrs@gmail.com>

G-18618 groundwater documentary evidence

1 message

Gen Hubert <gen@deschutesriver.org> Fri, Dec 8, 2023 at 12:51 PM
To: "amanda.l.mather@water.oregon.gov" <amanda.l.mather@water.oregon.gov>, HENDERSON Sarah A WRD <Sarah.A.HENDERSON@water.oregon.gov>
Cc: teekree parrish <chancy507@gmail.com>, Bryce Withers <brycewrs@gmail.com>, GIFFIN Jeremy T WRD <Jeremy.T.GIFFIN@water.oregon.gov>

Dear Sarah and Amanda,

Attached you will find a **documentary evidence form for calendar year 2023**. This is for groundwater application G-18618, Teekree Parrish.

The mitigation requirement is for 3.6 mitigation credits in the General Zone of Impact. DRC is providing 1.5 temporary mitigation credits (2023) with this documentary evidence and 2.1 permanent mitigation credits will also be applied by Teekree Parrish, the applicant.

Please let me know if you have any questions at all.

Best,

Gen

Genevieve Hubert

Senior Program Manager

Deschutes River Conservancy

www.deschutesriver.org

I will be out of office and unavailable December 11th – 25th.

Check out our 2023 Impact Report!

G-18618__Parrish_signed doc ev 12-08-2023.pdf
241K