#### Checklist for Claims of Beneficial Use Received at CSG Counter

Application #:		WRD Review	er:	
Transfer #:				
Date Recei	ved:			
CWRE Nan	ne:			
<b>Priority Dat</b>	e (s):			
Fees Required	l:			
□ YES NO □	A fee of \$230 must accompany th 1987, or later.	is form for <u>permits</u>	with priority dates of	July 9,
□ YES NO □	A fee of \$230 must accompany th with a priority date of July 9, 198' Example – A transfer involves has a priority date of July 9, 19	7, or later. 5 rights and one of	the rights	Fill in App
Map Review:				Number
☐ Application & pe☐ Disclaimer (OAR☐ North arrow (OA☐ CWRE stamp and☐ Appropriate scale of the cou	film (OAR 690-014-0170(1) & 310-0050(1) rmit #; or transfer # (OAR 690-014-0100(1) 690-014-0170(5)) R 690-310-0050(2)(c)) I signature (OAR 690-014 & 310-0050) (1" = 1320', 1" = 400', or the original full-s nty assessor map) (014 & 310) section, and tax lot numbers (OAR 690-310)	ize scale	MONEY SLIP  DATE: RECEIPT #:  APPLICA  APPLICA  CASH CHECK # OTHER (DENTIFY)  CASH CHECK # OTHER	ER
Report Review	w:		0201 SURFACE WATER \$ 020 0203 GROUND WATER \$ 020 0205 TRANSFER \$	
☐ Application & pe	ed (OAR 690-014)	))	WELL CONSTRUCTION 218 WELL DRILL CONSTRUCTION 219 WELL DRILL CONSTRUCTION 210 OTHER (IDENTIFY) 0007 THEASURY 06607 THEASURY 06607 THEASURY 0467 HYDROCLECTRIC 02231 HYDRO LICENSE FEE (IYWWRD) HYDRO LICENSE FEE (IYWWRD) HYDRO APPLICATION SPECIAL INSTRUCTIONS:	\$ \$ 200.00
☐ CWRE stamp and	l signature (OAR 690-014-0100) l permittee of transfer holder (OAR 690-014	l-0100)	☐ RETURN TO APPLICANT LETTER ATTA	CHED
	quired (Priority Date prior to December 20, ed (Priority Date on or after December 20, 1 tted		pump test flyer w/acknow	ledgment letter

# CLAIM OF BENEFICIAL USE for Transfers Place of Use Only



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

A fee of \$200 must accompany this form for any <u>transfer final orders</u> including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights

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has a priority date of July 9, 1987, or later, the fee is required.

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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: <a href="https://www.oregon.gov/OWRD/Forms/Pages/default.aspx">https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</a>

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 7" 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 and ask for the Certificate Section.

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 <u>only</u> authorized change was a change in place of use.

YES

If additional changes were authorized, you will need to select a different form.

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1. File Information

<b>A.</b> 1 NO 1111 OT 1111	
APPLICATION #	
T-12882	

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Betty Wilson Lane Trust a Estate Trust	and George A Wilson Jr.	PHONE NO <b>916-708-</b>	
Address 2100 Northrup Avenue S	te. 500		
CITY	STATE	ZIP	E-Mail
Sacramento	<u>C</u> A	95825	alison@alisonturnercpa.com

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. <u>Each</u> 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 RECO	DRD		
ADDRESS 1283 S Walnut Street			
CITY	STATE	ZIP	
Canby	OR	97013	

4. Date of Site Inspection:

#### 9/24/2019 and 9/1/2020

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

NAME	DATE	Association with the Project
Sandy Wilson	9/1/2020	landowner

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			_
NA			
ADDRESS			
CITY	STATE	ZIP	

Add additional tables for owners of record as needed

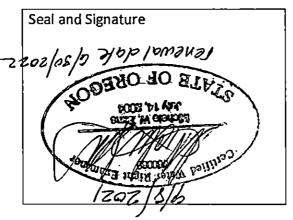
## SECTION 2 SIGNATURES

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#### **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	,	PHONE NO.	
Michele Wright Sims ADDRESS		541-408-4	4///
14865 Checkrein			
Сіту	STATE	ZIP	E-Mail
Sisters	OR	97759	sims.mw@gmail.com

#### **Transfer Holder of Record Signature or Acknowledgement**

**<u>Each</u>** 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	Tirue	DATE:
	Ation Turu	Thistee	9/3,121
,			



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The state of the state of

#### **SECTION 3**

SEP 1 3 2021

#### **EXTENT OF CHANGE COMPLETED**

1. Claim Summary:

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If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
68.6	68.6

If the use(s) was not irrigation or nursery:

WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER?	ı
(INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)	

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? NO If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

w	ш
	~

YES

#### **SECTION 4**

#### **CONDITIONS**

All conditions contained in the transfer, 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	DATE THE AUTHORIZED CHANGE WAS COMPLETED		
TRANSFER		*This Date Must Fall Between The "Issuance Date" And The		
		"COMPLETENESS DATE"		
ISSUANCE DATE	2/20/2020			
COMPLETENESS DATE	10/1/2021	9/1/2020 Flow meter installed, water applied		
FROM ORDER (C)				

<sup>\*</sup> 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

- 3. Measurement Conditions:
- a. Does the transfer final order require the installation of a meter or approved measuring device?

YES

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 diversion or appropriation.

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YES

b. Has a meter been installed?

c. Meter Information

POD/POA	MANUFACTURER	SERIAL#	CONDITION	CURRENT METER	DATE INSTALLED
NAME OR #	WIANOMONEM		(WORKING OR NOT)	READING	
Well	Sparling	281518	Battery dead*	Could not read*	9/2019
	<u></u>		*See note below*		

- 4. Other conditions required by the transfer final order:
  - a. 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):

Battery was dead when I was on-site in 2020. Battery was replaced by beginning of 2021 season, but I was not able to visit in order to read flow totals. Landowner sent me picture of screen; did not include total flow to date.

#### **SECTION 5**

#### **ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well log	

#### **SECTION 6**

#### **CLAIM OF BENEFICIAL USE MAP**

A 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 must identify the developed new place of use. The existing point(s) of diversion or point(s) of appropriation are required to be included on the Claim map, based on the locations described in the transfer final order.

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.

Site improvements were mapped with Bad Elf Surveyor GPS unit. Additional mapping using GoogleEarth aerial photo dated 7/27/2018.

#### **Map Checklist**

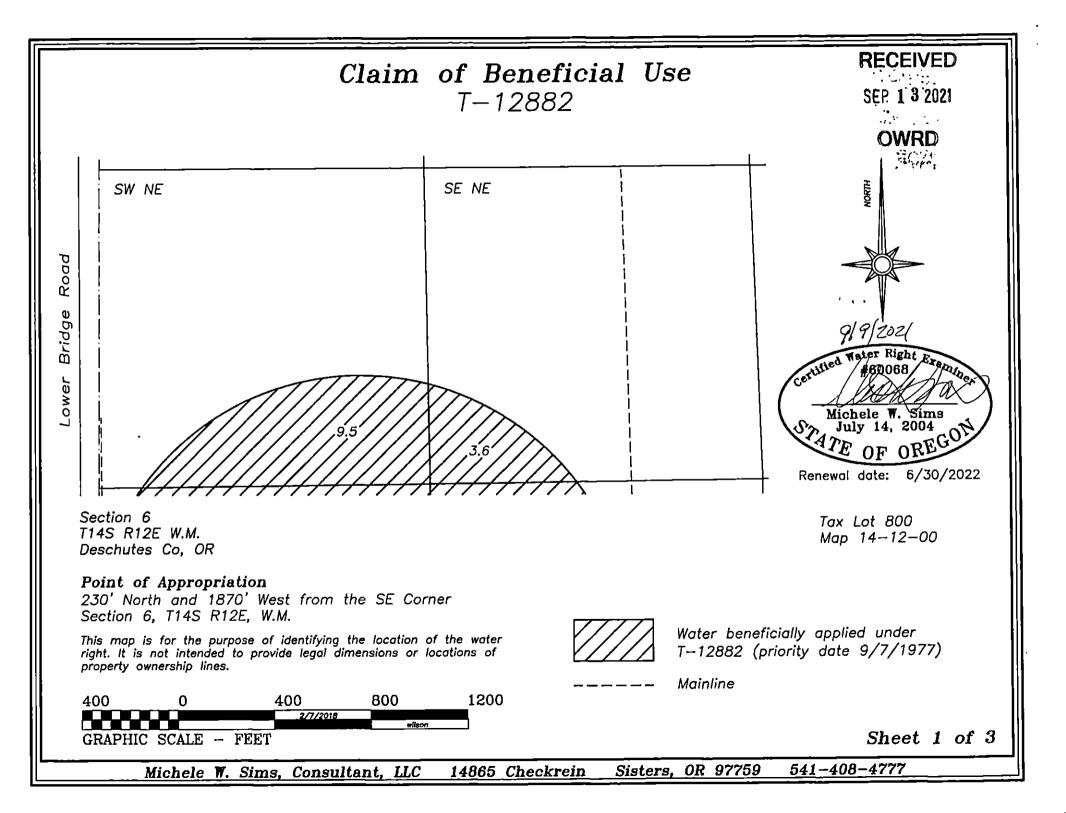
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Please be sure that the map you submit includes ALL the items listed below. (Reminder: Incomplete maps and/or claims may be returned.)

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$\boxtimes$	Map on polyester film.
$\boxtimes$	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
$\boxtimes$	Township, Range, Section, Donation Land Claims, and Government Lots
□NA	Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
$\boxtimes$	Locations of meters and/or measuring devices in relationship to point of diversion
□NA	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) *Not required for this type of Claim of Beneficial Use
$\boxtimes$	Point(s) of diversion or appropriation (illustrated and coordinates)
$\boxtimes$	Tax lot boundaries and numbers
□NA	Source illustrated if surface water
$\boxtimes$	Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
$\boxtimes$	Transfer application number
$\boxtimes$	North arrow
$\boxtimes$	Legend
$\boxtimes$	CWRE stamp and signature

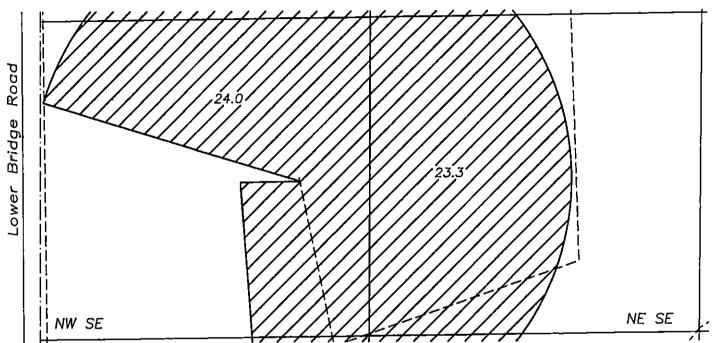
NOTICE TO WATER WELL CONTRACTOR		_		
The original and first copy of this report are to be filed with the	A REPORT	14	-10-	- 1-40
state of	OREGON State Well No.	173	1126	2-40C
within 30 days from the date AUG 15 1977 (Please type	e or print) State Permit N	. G-	-78	PC
TECHNICES DEPT WATER	hove this line) State Permit N	u <u>-</u>		
(1) OWNER: SALEM CEECON				<del></del>
	(10) LOCATION OF WELL:  County Deschutes Driller's well m			
('4			· - <u></u>	
Address Rt #1 Box 247 548-2942  Terrebonne Or 97760	SW 14 SE 14 Section 6 T. 14S			W.M
(2) TYPE OF WORK (check):	Bearing and distance from section or subdivisit			<u>o'                                     </u>
New Well ☐ Deepening ☐ Reconditioning ☐ Abandon ☐	w and 180° north of the SE section 6	armer.	. OI	
If abandonment, describe material and procedure in Item 12.		11		<del></del>
(3) TYPE OF WELL: (4) PROPOSED USE (check):	(11) WATER LEVEL: Completed w			.,
Potawy P Deiron D	Depth at which water was first found	<u> 368</u>	7/	10 /22 ·
Cable	Static level 368ft. below land s			19/11
The state of the s	Artesian pressure - lbs. per squar	e inch.	Date .	
CASING INSTALLED: Threaded   Welded   12   14   15   16   17   17   17   17   17   17   17	(12) WELL LOG: Diameter of well b		1	211
Diam. fromft. to19ft. Gage10	Depth drilled 428 ft. Depth of comple			ft,
Diam. fromft. toft. Gage	Formation: Describe color, texture, grain size a			
"Diam. fromft. toft. Gage	and show thickness and nature of each stratum	n and ac	quifer pe	netrated.
PERFORATIONS: Perforated? Yes 1 No.	with at least one entry for each change of format position of Static Water Level and indicate prince	ion. Kep cipal wat	ort each ( ter-beart)	change in ng strata.
Type of perforator used	MATERIAL	From	To	SWL
Size of perforations in, by in,	brown sandy soil	0	1	- · ·
perforations fromft. toft.	soft red rock	1	12	- <del></del>
perforations from ft. to ft.	brown conglomerate	12	37	· •
perforations from ft. to ft.	gray conglomerate	37	5 <b>7</b>	
(7) SCREENS: Well screen installed?   Yes  No	hard gray rock	_57	113	
Manufacturer's Name	hard black rock	113	132	
Type Model No	hard gray rock	132	208	
Diam Slot size Set from ft. to ft	broken gray rock med - hard hard gray rock	208 221	221 304	
Diam. Slot size Set from ft. to ft.	broken gray rock	304	366	-
(8) WELL TESTS: Drawdown is amount water level is lowered below static level	broken brown rock	366	426	
lowered below static level	hard gray rock RECEIVE	426	428	368_
Was a pump test made? Tyes No If yes, by whom?	- RECEIVE			<del></del> .
ld: gal/min. with ft. drawdown after hrs.	3EP 1 3 202			<del></del> .
, , , , , , , , , , , , , , , , , , , ,				
" " " " " " " " " " " " " " " " " " "			-	
Bailer test 5 gal./min. with 0 ft. drawdown after 1 hrs.	OWRD			<del></del>
Artesian flow g.p.m.				
nperature of water 52 Depth artesian flow encountered ft.	Work started 7/12 19 77 Complete	a 7/1	9	1977
(9) CONSTRUCTION:	Date well drilling machine moved off of well 7	122		1977
Well seal—Material usedcement	Drilling Machine Operator's Certification:			<del></del>
Well scaled from land surface toft.	This well was constructed under my	direct	super	vision.
Diameter of well bore to bottom of sealm	Materials used and information reported best knowledge and belief	angve a	ire true	to my
Diameter of well bore below seal 12 in	[Signed] Ille Mujor	ate8	/6	. 19.7.7.
Number of sacks of cement used in well seal 11 sacks	(Drilling Machine Operator)  Drilling Machine Operator's License No.		_	,
Number of sacks of bentonite used in well seal sacks  Brand name of bentonite	Drining Machine Operator's Intense 140		<u> </u>	
Number of pounds of bentonite per 100 gallons	Water Well Contractor's Certification:			
of water Ibs./100 gals.	This well was drilled under my jurisdic	tion an	d this re	eport is
Was a drive shoe used? 🗆 Yes 🖥 No Plugs Size: location ft.	true to the best of my knowledge and beli- Name CRAWFORD WELL DRILLING	eı.		· <u>-</u>
Did any strata contain unusable water? [] Yes [] No	(Person, firm or corporation)	(Ty)	pe or prin	it)
Type of water? depth of strata	Address BOX 17 TERREBONNE	и 977	(60	************
Method of sealing strata off	[Signed]	/ ser	<i></i>	
Was well gravel packed? [] Yes Mo Size of gravel:	. (Water Well Contra	-	·	-
Gravel placed from ft. to ft.	Contractor's License No. 451 Date 8/	6		, <sub>19</sub> 77
(USE ADDITIONAL SH				



### Claim of Beneficial Use

T-12882

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Michele W. Sims
July 14, 2004
Renewal date: 6/30/2022

Section 6 T14S R12E W.M. Deschutes Co, OR

Point of Appropriation

230' North and 1870' West from the SE Corner Section 6, T14S R12E, W.M.

This map is for the purpose of identifying the location of the water right. It is not intended to provide legal dimensions or locations of property ownership lines.

400 0 400 800 1200

GRAPHIC SCALE — FEET

Tax Lot 800 Map 14-12-00

Water beneficially applied under T-12882 (priority date 9/7/1977)

..... Mainline

Sheet 2 of 3

## T - 12882Claim of Beneficial Use

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Renewal date: 6/30/2022 STATE OF OREGOT Michele W. Sims July 14, 2004 Ceruited #80068 Examine OMYD

Map 14-12-00 Tax Lot 800

T-12882 (priority date 9/7/1977)

Water beneficially applied under

Deschutes Co, OR T14S R12E W.M. Section 6 NW SE

Lower

Bridge

Роод

Point of Appropriation

Section 6, T14S R12E, W.M. 230' North and 1870' West from the SE Corner

property ownership lines. right. It is not intended to provide legal dimensions or locations of This map is for the purpose of identifying the location of the water

NE SE

Mainline

2/7/2018 400 0 400 800 1200

GRAPHIC SCALE - FEET

Sheet 2 of 3

Michele W. Sims, Consultant, LLC 14865 Checkrein Sisters, OR 97759 <u>541-408-4777</u>

