

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #:	WRD Reviewer:
Transfer #:	
Date Received:	
CWRE Name:	
Priority Date (s):	

Fees Required:

- YES NO A fee of \$230 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES NO A fee of \$230 must accompany this form for any transfers 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 has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

MONEY SLIP

DATE: _____		RECEIPT #: _____	
RECEIVED FROM: _____		APPLICATION PERMIT TRANSFER	
CASH <input type="checkbox"/>	CHECK # _____	OTHER (IDENTIFY) _____	TOTAL RECD \$ _____
1083 TREASURY 4178 MISC CASH ACCT.			
0407 COPIES _____	OTHER: (IDENTIFY) _____	\$ _____	
0243 Instream Lease _____		0244 Muni Water Mgmt. Plan _____	0245 Cons. Water _____
1083 TREASURY 4270 WRD OPERATING ACCT.			
MISCELLANEOUS			
0407 COPY & TAPE FEES	4611	\$ _____	
0410 RESEARCH FEES		\$ _____	
0409 MISC REVENUE (IDENTIFY)		\$ _____	
TC162 DEPOSIT LIAB. (IDENTIFY)		\$ _____	
0240 EXTENSION OF TIME		\$ _____	
WATER RIGHTS			
0201 SURFACE WATER	EXAM FEE		RECORD FEE
0203 GROUND WATER	\$ _____	0202	\$ _____
0205 TRANSFER	\$ _____	0204	\$ _____
WELL CONSTRUCTION			
0218 WELL DRILL CONSTRUCTOR LANDOWNER'S PERMIT	EXAM FEE	0219	RECORD FEE
OTHER (IDENTIFY) _____	\$ _____	0220	\$ _____
0200 _____ COBU \$230.00			
0607 TREASURY 0487 HYDROELECTRIC			
		LIC NUMBER	
0233 POWER LICENSE FEE (FWWRD)		\$ _____	
0231 HYDRO LICENSE FEE (FWWRD)		\$ _____	
HYDRO APPLICATION			
\$ _____			
SPECIAL INSTRUCTIONS:			
<input type="checkbox"/> RETURN TO APPLICANT -- LETTER ATTACHED			

Groundwater File Review:

- Pump Test not required (Priority Date prior to December 20, 1988) *If no, include pump test flyer w/acknowledgment letter
- Pump Test required (Priority Date on or after December 20, 1988)
- Pump Test submitted
- Pump Test not submitted

**CLAIM OF
BENEFICIAL USE
for Transfer with Multiple
Changes – Surface Water and
Groundwater**



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

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A fee of \$230 must accompany this form for any Transfer final orders 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 has a priority date of July 9, 1987, or later, the fee is required.

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 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 503-979-9103.

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 involving multiple changes.

YES

Mark all that apply:

- | | |
|--|--|
| 1. <input type="checkbox"/> Change in POD(s) or Additional POD(s) | 4. <input type="checkbox"/> Change in Character of Use |
| 2. <input checked="" type="checkbox"/> Change in POA(s) or Additional POA(s) | 5. <input type="checkbox"/> Change in Character of Use – Reservoir |
| 3. <input checked="" type="checkbox"/> Change in Place of Use | |

A separate section will be completed for each type of change authorized in the transfer final order.

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1. File Information

APPLICATION # T-13279

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Randy and Laura Shepard		PHONE NO. 541-280-6204	ADDITIONAL CONTACT NO.	
ADDRESS POB 1087				
CITY Sisters	STATE OR	ZIP 97759	E-MAIL crookedhorseshoe@yahoo.com	

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. ***Each*** transfer holder of record must sign this form.

3. Transfer holder of record (this may, or may not, be the current property owner)

TRANSFER HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

9/14/2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Laura Shepard	9/14/2021	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

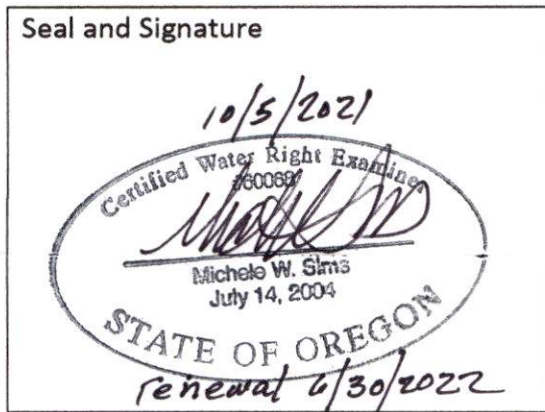
Add additional tables for owners of record as needed

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 Michele Wright Sims		PHONE No. 541-408-4777	ADDITIONAL CONTACT No.
ADDRESS 14865 Checkrein			
CITY Sisters	STATE OR	ZIP 97759	E-MAIL sims.mw@gmail.com

Transfer Holder of Record Signature or Acknowledgement

Each transfer holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>Laura J. Sheppard</i>	Laura J. Sheppard	Landowner	9/28/21
<i>Randall W. Shepard</i>	RANDALL W. SHEPARD	" "	9/28/21

Signature: _____ Title: _____

I warrant that the above-cited information is true and correct to the best of my knowledge.

If the facts contained in this memorandum are false and known to be false by the signatory, the signatory shall be held liable for perjury.

Each transfer holder of record must sign this form in the space provided below.

Transfer holder of record 2/04 or 2/05:

NAME			
ADDRESS			
CARE PHONE			

15 November 2004
 [Handwritten signatures and notes]

see attached

The facts contained in this memorandum are true and correct to the best of my knowledge.

GW-MW Memorandum 2/04 and 2/05

SIGNATURES
 ADDRESSES

SECTION 3
Changes Made

Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

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New or Additional Point of Diversion

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Change in POD(s) or Additional POD(s)

Did the transfer order authorize a change in the points of diversion or additional points of diversion? **NO**

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Change #2

Change in POA(s) or Additional POA(s)

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation? **YES**

1. New or additional point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well	DESC 52803	L-38108	Deschutes River Basin

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepening)

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
See log						

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.

NA

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? **NO**

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

NA

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well	0.029 cfs	0.23 cfs	NA

System Description

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

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

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

Well

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A. POA System Information

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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
			submersible		3"

2. Motor Information

MANUFACTURER	HORSEPOWER
Franklin	10 hp

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
15	60	323'	-15'	0.23 cfs

4. Provide pump calculations:

$$Q = \frac{(15hp)(7.04)}{152.4' + 323' - 15'} = 0.23 \text{ cfs}$$

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)
NA			

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

B. Groundwater Source Information (Well and Sump)

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

NO

C. Additional notes or comments related to the system:

None

Change #3

Change in Place of Use

Did the transfer order authorize a change in the place of use?

YES

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
2.31	2.31

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

NEW USE(s)	WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
NA	YES NO NA
	YES NO NA

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.")

NA

Change #4

Change in Character of Use

Did the transfer order authorize a change in character of use?

NO

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Change #5

Change in Character of Use – Reservoir

Did the transfer order authorize a change in character of use for a reservoir?

NO

SECTION 4

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 AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	9/27/2020	
COMPLETENESS DATE FROM ORDER (C)	10/1/2021	Meter installed and water applied September 2021

* 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, or any extension final order require the installation of a meter or other 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 appropriation.

b. Has a meter been installed?

YES

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	Subdrive controller (totalizing meter included)		working	No reading-system was off and winterized at visit	9/2021

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? **NO**

5. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? **NO**

6. By-pass Devices

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? **NO**

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

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

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

c. Other conditions? **NO**

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

NA

SECTION 5

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well log	DESC 52803

SECTION 6

CLAIM OF BENEFICIAL USE MAP

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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.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped 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.

Irrigated area surveyed with Bad Elf Surveyor GPS unit.

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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
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- NA Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- NA 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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DESC 52803

JAN 10 2000

STATE OF OREGON WATER SUPPLY WELL REPORT

WELL I.D. # 38108 START CARD # 127859

WATER RESOURCES DEPT. SALEM, OREGON

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

(1) OWNER: Name Pat Warner, Address P.O. Box 402, City Sisters, State Ore, Zip 97759

(9) LOCATION OF WELL by legal description: County Deschutes, Township 16 N or S Range 11 W. WM, Section 7 SE 1/4 NE 1/4, Tax Lot 300, Street Address 66280 Jericho Bend, Ore.

(2) TYPE OF WORK: [X] New Well, [] Deepening, [] Alteration, [] Abandonment

(3) DRILL METHOD: [X] Rotary Air, [] Rotary Mud, [] Cable, [] Auger, [] Other

(4) PROPOSED USE: [X] Domestic, [] Community, [] Industrial, [] Irrigation, [] Thermal, [] Injection, [] Livestock, [] Other

(10) STATIC WATER LEVEL: 323 ft. below land surface, Date 1-5-00, Artesian pressure lb. per square inch, Date

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No, Depth of Completed Well 420 ft., Explosives used [] Yes [X] No

(11) WATER BEARING ZONES: Depth at which water was first found 359

Table with columns: HOLE Diameter, SEAL Material, From, To, Sacks or pounds. Row 1: 12" 0' 35' Bentonite 0' 35' 19. Row 2: 8" 35' 420'

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 359, 420, 50+, 323

How was seal placed: Method [] A [] B [] C [] D [] E, [] Other Poured in Dry

(12) WELL LOG: Ground Elevation

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 8" +15' 35' 250' [X] [] [X] []. Liner: 6" -20' 420' 180' [X] [] [X] []

Table with columns: Material, From, To, SWL. Rows: Top soil (0-1), Course Gravel (1-4), Sand + Gravel (4-30), Brown Sandstone (30-109), Brown Clay Concl. (109-201), Brown Sandstone (201-261), Brown Clay Stone (261-359), W.A. Brecken Basalt (359-420)

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Method Factory, Material [] Screens, Type [] Slot, From 380 To 420, Number 16, Diameter 4 5/8, Casing [] Liner [X]

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

Date started 1-4-00 Completed 1-5-00

Table with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time. Row 1: 50+, 0, 415, 1 hr

(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 water supply well construction standards. Signed Jeff Pardoll, WWC Number, Date 1-5-00

Temperature of water 49, 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:

(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. Signed Doug Selton, WWC Number 1255, Date 1-5-00

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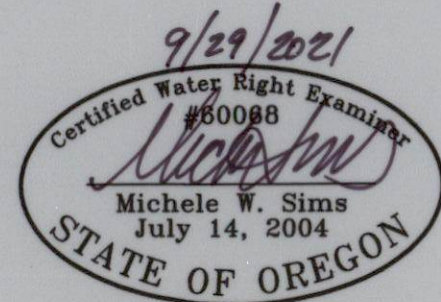
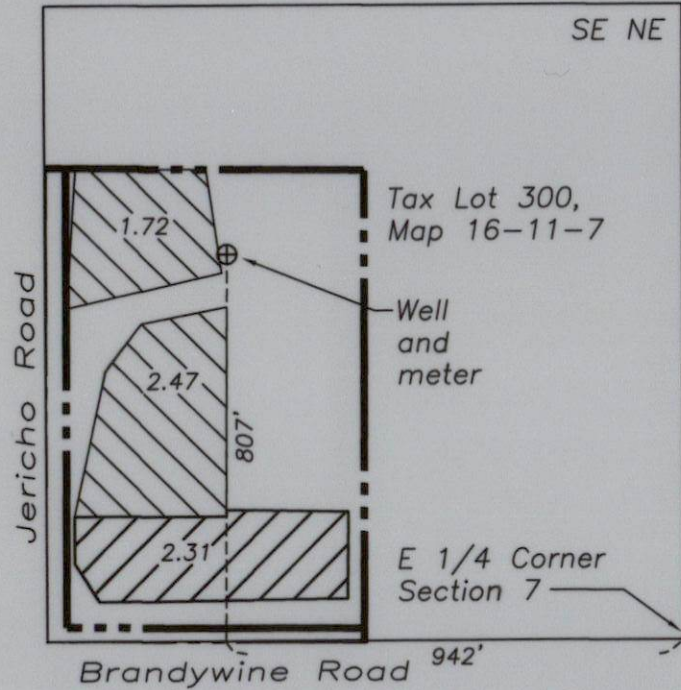
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Claim of Beneficial Use Transfer T-13279

Sec. 7 T16S R11E W.M.
Deschutes Co., OR



Renewal date: 6/30/2022



Water beneficially used under T-13279
(priority date 8/11/1993)



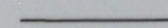
Water of record: Certificate 87232
(priority date 8/11/1993)



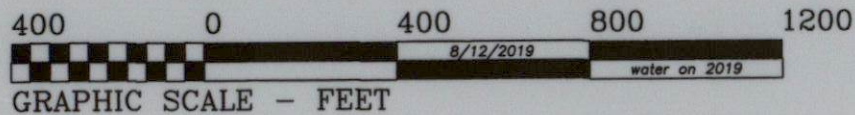
Tax lot boundary



Well



1/16 Section lines



Point of Appropriation

807' North and 942' West from East 1/4 Corner of Section 7

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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.