

# 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  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 EXAM FEE RECORD FEE

0201 SURFACE WATER \$ \_\_\_\_\_ 0202 \$ \_\_\_\_\_

0203 GROUND WATER \$ \_\_\_\_\_ 0204 \$ \_\_\_\_\_

0205 TRANSFER \$ \_\_\_\_\_

WELL CONSTRUCTION EXAM FEE RECORD FEE

0218 WELL DRILL CONSTRUCTOR \$ \_\_\_\_\_ 0219 \$ \_\_\_\_\_

LANDOWNER'S PERMIT \$ \_\_\_\_\_ 0220 \$ \_\_\_\_\_

OTHER (IDENTIFY) COBU \$ 230.00

0607 TREASURY 0487 HYDROELECTRIC

0233 POWER LICENSE FEE (FWWRD) LIC NUMBER \_\_\_\_\_ \$ \_\_\_\_\_

0231 HYDRO LICENSE FEE (FWWRD) \_\_\_\_\_ \$ \_\_\_\_\_

HYDRO APPLICATION \$ \_\_\_\_\_

SPECIAL INSTRUCTIONS:

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](http://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 # <b>T-12401</b>
---------------------------------

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME <b>Jim and Kelly Lanzarotta</b>		PHONE NO. <b>541-520-9976</b>	ADDITIONAL CONTACT NO.	
ADDRESS <b>POB 2042</b>				
CITY <b>Sisters</b>	STATE <b>OR</b>	ZIP <b>97759</b>	E-MAIL <b>jim.lanzarotta@gmail.com</b>	

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

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

TRANSFER HOLDER OF RECORD <b>Same</b>		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

<b>9/14/2021</b>
------------------

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Jim and Kelly Lanzarotta</b>	<b>9/14/2021</b>	<b>landowners</b>

6. County:

<b>Deschutes</b>
------------------

7. If any property described in the place of use of the transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD <b>NA</b>		
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.



CWRE NAME <b>Michele Wright Sims</b>		PHONE NO. <b>541-408-4777</b>	ADDITIONAL CONTACT NO.	
ADDRESS <b>14865 Checkrein</b>				
CITY <b>Sisters</b>	STATE <b>OR</b>	ZIP <b>97759</b>	E-MAIL <b>sims.mw@gmail.com</b>	

Transfer Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>James C. Lanzetta</i>	JAMES C LANZETTA		10/8/21
<i>Kelly Lanzetta</i>	Kelly Lanzetta		10/8/21

**SECTION 3**  
**Changes Made**

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

**Change #1**

**New or Additional Point of Diversion**  
**Change in POD(s) or Additional POD(s)**

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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 3222	L-117602	Deep Canyon 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	0.1 cfs	0.2 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
Gould	65L15		submersible		3"

2. Motor Information

MANUFACTURER	HORSEPOWER
Franklin	15 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 hp	60 psi	365'	level	0.20 cfs

4. Provide pump calculations:

$$Q = \frac{(15\text{hp})(7.04)}{356' + 152.4} = 0.20 \text{ cfs}$$

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
8.0	8.0

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
	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

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**Change #4**

**Change in Character of Use**

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

**NO**

**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	5/24/2017	
COMPLETENESS DATE FROM ORDER (C)	10/1/2022	9/14/2021: meter installed, water applied

\* 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**

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c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	Seametrics	0920170 02358	working	6250700	Jan. 2021

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 3222

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## SECTION 6

### CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on polyester film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

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 areas and well location mapped with Bad Elf Surveyor GPS unit.

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## 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.)

- 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

**WATER WELL REPORT**  
STATE OF OREGON

DESC 3222

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AUG 24 1981

State Well No.

15511E-5 ca

WATER RESOURCES DEPT Permit No.  
SALEM, OREGON

L-117602

DESC  
3222

**(1) OWNER:**

Name C and J Properties  
Address STAR RT  
City Redmond State Oregon

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

New Well  Deepening  Reconditioning  Abandon   
If abandonment, describe material and procedure in Item 12.

**(3) TYPE OF WELL:**

Rotary Air  Driven   
Mud  Dug   
 Bored

**(4) PROPOSED USE (check):**

Domestic  Industrial  Municipal   
Irrigation  Test Well  Other   
Thermal: Withdrawal  ReInjection

**(5) CASING INSTALLED:**

Steel  Plastic   
Threaded  Welded

8" Diam. from 1 ft. to 20.3 ft. Gauge 250  
" Diam. from ft. to ft. Gauge

**LINER INSTALLED:**

" Diam. from ft. to ft. Gauge

**(6) PERFORATIONS:**

Perforated?  Yes  No

Type of perforator used  
Size of perforations in. by in.  
perforations from ft. to ft.  
perforations from ft. to ft.  
perforations from ft. to ft.

**(7) SCREENS:**

Well screen installed?  Yes  No

Manufacturer's Name  
Type Model No.  
Diam. Slot Size Set from ft. to ft.  
Diam. Slot Size Set from ft. to ft.

**(8) WELL TESTS:**

Drawdown is amount water level is lowered below static level

a pump test made?  Yes  No If yes, by whom? Irrigation & Pump Ser.  
i: 61 gal/min with 0 ft. drawdown after 4 hrs.  
Air test 125 gal/min with drill stem at 435 ft. 1 hrs.  
Bailer test gal/min with ft. drawdown after hrs.  
g.p.m.  
perature of water 51 Depth artesian flow encountered ft.

**(9) CONSTRUCTION:**

Special standards: Yes  No

Well seal—Material used Cement  
Well sealed from land surface to 20 ft.  
Diameter of well bore to bottom of seal 12 in.  
Diameter of well bore below seal 8 in.  
Number of sacks of cement used in well seal 12 sacks  
How was cement grout placed? Pressure grouted with pipe on outside of casing  
Was pump installed? Yes Type 548 HP 35 Depth 430 ft.  
Was a drive shoe used?  Yes  No Plugs Size: location ft.  
Did any strata contain unusable water?  Yes  No  
Type of Water? depth of strata  
Method of sealing strata off  
Was well gravel packed?  Yes  No Size of gravel: ft.  
Gravel placed from ft. to ft.

**(10) LOCATION OF WELL:**

County Deschutes Driller's well number  
N.E. 1/4 S.W. 1/4 Section 5 T. 155 R. 11E W.M.  
Tax Lot # Lot Blk Subdivision  
Address at well location: Holmes Rd. Sisters, Oregon

**(11) WATER LEVEL: Completed well.**

Depth at which water was first found 414 ft.  
Static level 365 ft. below land surface. Date 3-27-81  
Artesian pressure lbs. per square inch. Date

**(12) WELL LOG:**

Diameter of well below casing 8"

Depth drilled 450 ft. Depth of completed well 440 ft.  
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Cong. - Gray	0	12	
lava	12	34	
SANDSTONE	34	59	
BASALT	59	89	
SANDSTONE - Red	89	129	
SANDSTONE - BR	129	196	
SANDSTONE & Cong. Br.	196	265	
lava	265	345	
SANDSTONE - BR	345	390	365
SANDSTONE - Red	390	414	
water-bearing - BASALT	414	440	

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Work started 3-18 1981 Completed 3-27 1981  
Date well drilling machine moved off of well 3-28 1981

**Drilling Machine Operator's Certification:**

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.  
[Signed] M. Gordon Davidson Date 5-11, 1981  
(Drilling Machine Operator)  
Drilling Machine Operator's License No. 685

**Water Well Contractor's Certification:**

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  
Name DAVIDSON Smith Drilling Co.  
(Person, firm or corporation) (Type or print)  
Address P.O. Box 315 Redmond, Ore.  
[Signed] Gordon Davidson  
(Water Well Contractor)  
Contractor's License No. 548 Date 5-11, 1981

NOTICE TO WATER WELL CONTRACTOR  
The original and first copy of this report are to be filed with the

WATER RESOURCES DEPARTMENT,  
SALEM, OREGON 97310  
within 30 days from the date of well completion.

SP\*12658-690

1. The first part of the document  
describes the general situation  
of the country and the  
state of the economy.

### 2. The second part of the document

describes the situation in the  
different regions of the country.  
It also discusses the  
social and cultural aspects  
of the country.

The third part of the document  
describes the situation in the  
different regions of the country.  
It also discusses the  
social and cultural aspects  
of the country.

The fourth part of the document  
describes the situation in the  
different regions of the country.  
It also discusses the  
social and cultural aspects  
of the country.

The fifth part of the document  
describes the situation in the  
different regions of the country.  
It also discusses the  
social and cultural aspects  
of the country.



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

Application for Well ID Number

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FEB 11 2015

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): CHRISTINE MILLER
Mailing Address: PO BOX 1372
City, State, Zip: SISTERS, OR 97759
Mail Well ID Tag to: [X] 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: 11 E (East / West) Section: 5
Tax Lot: 100 County DESCHUTES NE 1/4 SW 1/4
GPS Coordinates:
Street Address of Well, City: 69025 HOLMES RD, SISTERS OR 97759
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): DOMESTIC
Date Well Constructed (or property built): 3/28/1981 Total Well Depth: 440 Casing Diameter: 8"
Owner at time the well was constructed (if known): C & L PROPERTIES, REDMOND OR
Other Information: DRILLED BY: DAVIDSON SMITH DRILLING #548

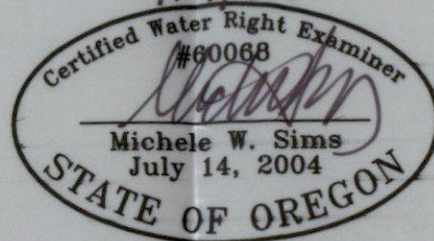
SUBMITTED BY (please print): CHRISTINE MILLER
PHONE: 541-280-1771 EMAIL &/or FAX:

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.

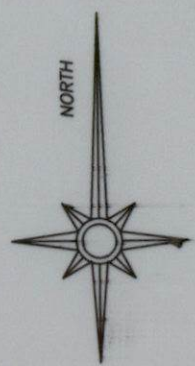
For Official Use Only by the Oregon Water Resources Department:
Received Date: 2-11-15
Well Log Number: DESC 3222
Well Identification #: L-117602

# Claim of Beneficial Use T-12401

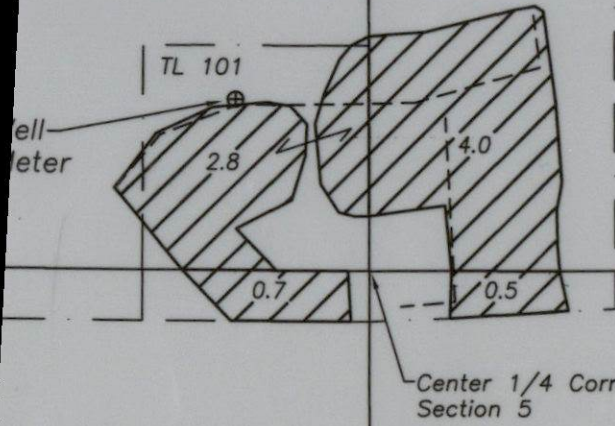
9/29/2021



Renewal date: 6/30/2022






Tax Lots 100 and 101  
Map 15-11-05



SW NE  
NW SE

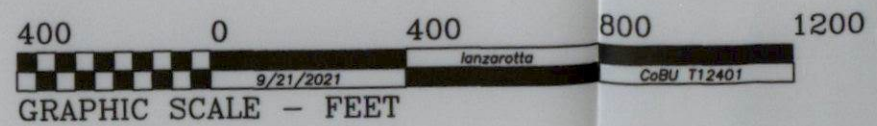
### Legend

-  8.0 acres beneficially used as T-12401 (priority date 3/4/1980)
-  Property line
-  Mainline

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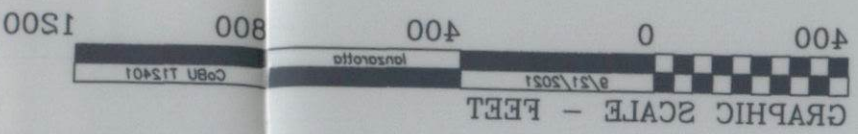
### Point of Appropriation

355 feet north and 276 feet west from the Center 1/4 Corner of Section 5



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.

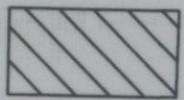
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Corner of Section 5  
355 feet north and 276 feet west from the Center 1/4

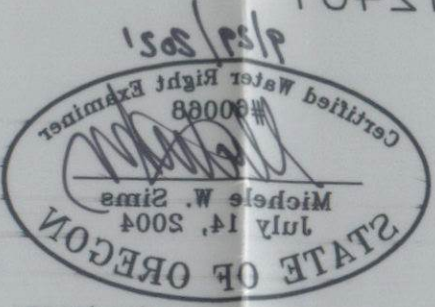
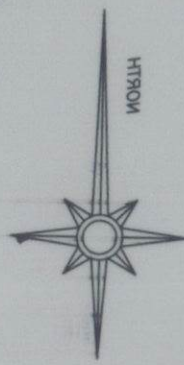
Point of Appropriation

----- Mainline  
----- Property line



8.0 acres beneficially used as T-12401  
(priority date 3/4/1980)

Legend



Renewal date: 6/30/2022

Claim of Beneficial Use  
T-12401

6/30/2022

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