

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



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

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**A fee of \$200 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

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).

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 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>

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SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-17565	G-17171	NA

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Francis Duane Lee		PHONE NO. 503-913-6098	ADDITIONAL CONTACT NO.	
ADDRESS POB 1657				
CITY Sisters	STATE OR	ZIP 97759	E-MAIL	

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	RECEIVED	RECEIVED
			AUG 22 2022	SEP 02 2022

ADDITIONAL PERMIT HOLDER OF RECORD NA				
ADDRESS				
CITY	STATE	ZIP	OWRD	OWRD

4. Date of Site Inspection:

9/12/2017

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Duane Lee	9/12/2017	landowner

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 NA				
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.



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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	

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
<i>F. Duane Lee</i>	F. Duane Lee	owner/trustee	8/29/22

SECTION 3

CLAIM DESCRIPTION

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1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well	DESC 942	Not found

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	irrigation	pasture	3/1 through 10-31	0.025 cfs
Total Quantity of Water Used				0.025 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 the well into a pond. Water is pumped from the pond into the irrigation system.

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

NA

5. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well	0.02 cfs	0.065 cfs	NA	irrigation	2.0	2.0

SECTION 4

SYSTEM DESCRIPTION

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Are there multiple POAs?

NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

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

AUG 22 2022

Well

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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, 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

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:

Top of well. Airline installed May 2019.

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
See log						

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.

See log

C. Groundwater Source Information (Sump)

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

NO

D. Appropriation and Delivery System Information

Provide the following information concerning the appropriation 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

2. Pump Information: (WELL)

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Aeromotor	A+ stainless steel	unknown	submersible

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)
2 hp	60	62.7'	1'	0.065 cfs

4. Provide pump calculations:

$$Q = \frac{(2hp)(7.04)}{62.7'+1'+152.4'} = 0.065 \text{ cfs}$$

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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.

2. Pump Information: (POND)

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Gould	GT30	241113M	centrifugal

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)
3 hp	55	3'	4'	0.14 cfs

4. Provide pump calculations:

$$Q = \frac{(3hp)(6.61)}{7'+139.7'} = 0.14 \text{ cfs}$$

6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Falcon	35	4.2 gpm	86	12	0.11 cfs

Reminder: For sprinkler output determination use the reference information at the end of this document.

7. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
NA					

8. 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
NA					

E. Storage

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

YES

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

NO

YES

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Pond	NA (excavated)	0.35 ac-ft

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?

NO

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?

NO

H. Additional notes or comments related to the system:

NA

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SECTION 5
CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	8/9/2013		
BEGIN CONSTRUCTION (A)			
COMPLETE CONSTRUCTION (B)			
COMPLETE APPLICATION OF WATER (C)	8/9/2018		Meter installed, static water levels measured, reported. Mitigation credits purchased, water applied. Water use reported.

* 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)? **NO**

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? **YES**

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**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? **YES**

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**

d. If "YES", were those measurements submitted to the Department? **YES**

5. Pump Test:

a. Is a pump test required? YES

Ground water permits with priority dates on or after December 20, 1988, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

b. Has the pump test been previously submitted to the Department? NO

c. Is the pump test attached to this claim? YES

d. Has the pump test been approved by the Department? NO

e. Has a pump test exemption been approved by the Department? 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

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~~ Alea

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	unknown	unknown	working	5426100	2013

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? YES

b. Have the reports been submitted? YES

8. Other conditions required by permit, permit amendment 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. Was a Well Identification Number (Well ID tag) assigned and attached to the well? NO

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WELL ID #	DATE ATTACHED TO WELL

- d. Other conditions? YES
- e. If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

(8.d) Purchase 3.6 mitigation credits in the Whychus Creek ZOI. Water user has purchased credits for each irrigation season.

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well log	DESC 942
COBU map	

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SECTION 7

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 poly 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.

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.

Well located and irrigated area mapped with Bad Elf Surveyor GPS unit. Also used GoogleEarth aerial photo dated 5/26/2017.

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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- 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
- 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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STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.785)

DESC 942

AMENDED
DESC 942 DEPTH
 11-27-12

155/10E/4 bc
 (START CARD) # **33232**

(1) OWNER: Well Number: _____
 Name Gordon Stangland
 Address 2580 Coldsprings Rd
 City Placerville State Ca. Zip 95667

(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 95' ft.
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
12	0 20	Bentonite	0 20	12 Sacks	
7 7/8	20 95				

How was seal placed: Method A B C D E
 Other Poured in 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"	+1	20	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-5	95	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of sheets: _____

(7) PERFORATIONS/SCREENS:

Perforations Method factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
55	95	1/8x3	5/2			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 60 Drawdown 0 Drill stem at 90 Time 1 hr.

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 Desch Latitude _____ Longitude _____
 Township 15 N or S, Range 10 E or W, WM.
 Section 4 SW 1/4 NW 1/4
 Tax Lot 310 Lot 6 Block 2 Subdivision _____
 Street Address of Well (or nearest address) Trapper Point

(10) STATIC WATER LEVEL:
65 ft. below land surface. Date 6-20-9
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 65

From	To	Estimated Flow Rate	SWI
65	95	60	6'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWI
Sand & small Gravel	0	4	
Brown sand	4	15	
lava	15	23	
Sand & small Gravel	23	37	
Tan Clay Stone Congl	37	65	
course black sand	65	95	

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 DEC 05 2012 WATER RESOURCES DEPT
 SALEM, OREGON
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 SALEM, OR
 SEP 02 2022
 OWRD
 Date started 6-20-91 Completed 6-20-91

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, 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.
 WWC Number _____
 Signed _____ Date _____

(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. 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.
 WWC Number 125
 Signed William D. Allen Date _____

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

DESC 942

155/10E/4 bc

(START CARD) # 33232

(1) **OWNER:** Well Number: _____
 Name Gordan Stangland
 Address 2580 Cold Springs Rd
 City Placerville State Ca. Zip 95167

(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 95' ft.
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	To	Material	From	To	sacks or pounds
<u>12</u>	<u>0</u>	<u>Bentonite</u>	<u>0</u>	<u>12</u>	<u>12 Sacks</u>
<u>7 7/8</u>	<u>20</u>				
	<u>95</u>				

How was seal placed: Method A B C D E
 Other Poured in 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: <u>8"</u>	<u>+1</u>	<u>20</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: <u>6"</u>	<u>-5</u>	<u>95</u>	<u>188</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of sheets: _____

(7) **PERFORATIONS/SCREENS:**
 Perforations Method factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>55</u>	<u>95</u>	<u>1/8 x 3</u>	<u>512</u>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min 60 Drawdown 0 Drill stem at 90 Time 1 hr.

Temperature of water 56 Depth Artesian Flow Found _____
 Were 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 Desch Latitude _____ Longitude _____
 Township 15 Nor S. Range 10 E or W. WM. _____
 Section 4 SW 1/4 NW 1/4
 Tax Lot 310 Lot 6 Block 2 Subdivision _____
 Street Address of Well (or nearest address) Trapper Point

(10) **STATIC WATER LEVEL:**
65 ft. below land surface. Date 6-20-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 65

From	To	Estimated Flow Rate	SWL
<u>65</u>	<u>95</u>	<u>60</u>	<u>65</u>

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
<u>Sand & small Gravel</u>	<u>0</u>	<u>4</u>	
<u>Brown sand</u>	<u>4</u>	<u>15</u>	
<u>lava</u>	<u>15</u>	<u>23</u>	
<u>Sand & small Gravel</u>	<u>23</u>	<u>37</u>	
<u>Tan Clay stone congl</u>	<u>37</u>	<u>65</u>	
<u>Course black Sand</u>	<u>65</u>	<u>95</u>	

Date started 6-20-91 Completed 6-20-91

(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 _____ WWC Number _____ Date _____

(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 William D. [Signature] WWC Number 1255 Date _____



Oregon

Kate Brown, Governor

Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

August 23, 2022

Francis Duane Lee
PO Box 1657
Sisters, OR 97759

RE: Application G-17565, Permit C

Dear Francis,

On August 22, 2022, the Department received your
above referenced file.

The Department is returning your Claim at this time for the following reason:

1. The Claim was not signed by all the permit holders of record. The permit is currently in the name of Francis Duane Lee. Our rules require that all permit holders of record sign the Claim form. Please have Francis sign the Claim form and return to our office.

Enclosed you will find your Claim materials.

If you have any additional questions, please feel free to contact me at 503-986-0810.

Sincerely,

Corie Lovrien
Customer Service Representative
Water Right Services Division

cc: File G-17565
Michele Sims, CWRE

Enclosures: Claim and Check

8/30/22
Corie
Sorry about my oversight. Thanks for your help.
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SEP 02 2022
Francis Duane Lee
OWRD

submitted for the

RECEIVED

SEP 02 2022

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F. Duane Lee, P. E. Retired

15665 Trapper Point Road

P. O. Box 1657

Sisters, OR 97759-1657

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August 19, 2022

Oregon Water Resource Department
North Mall Office Building
725 Summer St. NE, Ste. A
Salem, Oregon 97301

Attn. Codi Holmes:

This letter is the submittal of my CLAIM OF BENEFICIAL USE for a Ground Water Permit. This is in reference to Application #17565, Permit # G17171.

During our telephone conversation this morning we discussed many issues related to this permit. Primarily we discussed matters related to the delay in filing the Claim Of Beneficial Use. The delay is primarily related to the Covid 19 Pandemic. I have attempted many times to contact people at the Deschutes River Conservancy and the Water Resource Department. The paperwork was prepared by Michele Sim and was completed on or about June 30, 2020. However, I was to complete the "pump test" prior to submitting the paperwork. The pandemic got in the way, and I was unable to find a qualified party to do the work. In addition, my oldest son died in Vietnam in early October 2020. I put the paperwork aside.

Per your request I am submitting the CLAIM OF BENEFICIAL USE now and requesting that the requirement for the pump test be exempted. I understand that the CLAIM OF BENEFICIAL USE may not be reviewed until a determination is made as to whether or not the exemption is allowed. The reason for the request for an exemption includes, but may not be limited to:

1. The Trapper Point Development where the well is located is now fully developed. It was not when we entered into agreement with the Deschutes River Conservancy and the Water Resource Department. There are now seventeen wells in the immediate area. It will be difficult to perform a meaningful pump test that is not affected by some of the other wells. One well is within 110 feet and another that is within 250 feet, more or less.
2. The city of Sisters has taken title to a well about a half mile to the southeast that may or may not be affecting my well and others nearby.

3. The water level in my well has dropped about 39 feet from April 2015 to February 2021. Many of us in Trapper Point are concerned that we may all be looking to having to lower our pumps or drilling new wells.
4. I have already spent over \$30,000 to develop a system to irrigate just 2.0 acres. This includes about \$800 to adjudicate the abandonment of part of an old, abandoned water right. (That sounds like double talk, but???)

I have also hoped that the Deschutes River Conservancy would have found a permanent water right that I could purchase by now, but that is now unlikely

Enclosed is a check in the amount of \$230.00 for the submittal of the CLAIM OF BENEFICIAL USE.

I would be happy to meet with the panel that will decide on the exemption, if that would be appropriate. Please call at 503-913-6098 if there are other issues we need to discuss.

Sincerely,

F. Duane Lee

F. Duane Lee, PE, Retired

Enc.

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