CLAIM OF BENEFICIAL USE for Surface Water Permits claiming more than 0.1 cfs



O R E G O N 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 <u>permits</u> with priority dates of July 9, 1987, or later.

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A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx

Go to "Resources for Water Right Examiners (CWRE)" Page https://www.oregon.gov/OWRD/programs/WaterRights/COBU/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 503-979-9103.

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

1. File Information:

APPLICATION #	PERMIT#	PERMIT AMENDMENT #
S-88392	S-55072	NA

2. Property Owner (current owner information):		
APPLICANT/BUSINESS NAME	PHONE No.	Additional Contact No.
loy McEwen	541-415-5472	541-415-5171
ADDRESS		

PO Box 291 **STATE** ZIP E-MAIL CITY

joy@digginlivin.com 97523 OR **Cave Junction**

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. <u>Each</u> permit holder of record must sign this form.

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

PERMIT HOLDER OF RECORD		
Joy McEwen		
ADDRESS		
PO Box 291		
Сіту	STATE	ZIP
Cave Junction	OR	97523

Additional Permit Holder of Record				
NA NA				
Address				
	-			
CITY	STATE	ZIP		

4. Date of Site Inspection:

July 20, 2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT		
Eric McEwen	7/20/22	Water System Manager		

6. County:

Josephine

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)):

report, racitary and outries of recor	a ioi tilat propert	, (0.10 00) 120 (0),	
Owner of Record			
NA			ĺ
Address			
CITY	STATE	ZIP	

Add additional tables for owners of record as needed

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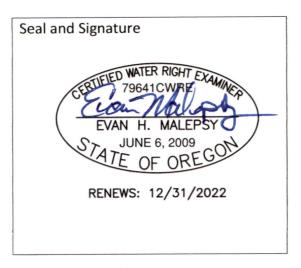


SECTION 2 SIGNATURES

CWRE Statement, Seal and Signature

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



CWRE NAME		PHONE No.		Additional Contact No.
Evan Malepsy		541-621-2	868	None
ADDRESS				
52 Pineridge Lane				
Сіту	STATE	ZIP	E-MAIL	
Eagle Point	OR	97524	emalepsy@	roguecivil.com

Permit Holder of Record Signature or Acknowledgement

<u>Each</u> 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
Joy M. Sunan	Joy McEwen	Owner & Permit Holder	9/29/22

SECTION 3

CLAIM DESCRIPTION

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1. Point of diversion name or number:

	POINT OF DIVERSION
	(POD) NAME OR NUMBER
	(CORRESPOND TO MAP)
POD 1	

2. Point of diversion source and tributary:

POD Name or Number	Source	TRIBUTARY
POD 1	Diggs Reservoir	East Fork Illinois River

3. Developed use(s), period of use, and rate for each use:

POD 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)	
POD 1	Nursery	Grass	Jan 1 – Dec 31	224 GPM	
Total Quantity of Water Used 224 GPM					

4. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of diversion to the place of use:

The source of water is the Diggs Reservoir. A 15HP pump is located at the point of diversion. Water is pumped from the reservoir via underground mainlines and above ground portable pipes. The water is applied to the place of use with "big gun" type sprinklers that are moved to cover the entire area.

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).

5. Variations:

Was the use developed differently from what was authorized by the permit, or permit amendment final order? If yes, describe below.

YES

(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.")

The permit allowed 37.0 acres of nursery use. The water user only developed 20.1 acres.

6. Claim Summary:

POD NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POD 1	27.5 acre-feet (1/40 CFS per acre)	224 GPM	None	Nursery	37.0	20.1

SECTION 4

SYSTEM DESCRIPTION

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Are there multiple PODs?

NO

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

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

POD 1	

A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	Mer	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	If Irrigation, # Supplemental Acres
40 S	8 W	WM	27	NE/SE			Nursery	1.9	0.0
40 S	8 W	WM	27	SE/SE			Nursery	18.2	0.0
Total A	otal Acres Irrigated						20.1	0.0	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

B. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport <u>and</u> apply the water from the point of diversion to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	Type (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Berkeley	B2-1/2TPMS	37F784L867G1	Centrifugal	3"	2.5"

3. Motor Information:

MANUFACTURER	Horsepower
Baldor	15

4. Theoretical Pump Capacity:

Horsepower	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
15	70	5	15	0.50

5. Provide pump calculations:

See attached calculation.

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6. Measured Pump Capacity (using meter if meter was present and system was operating):

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not measured	NA	NA	NA

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

7. Is the distribution system piped?

YES

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	Buried or Above Ground
4"	360'	PVC	Buried
3"	810'	PVC	Buried
0			

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	Type of Pipe	Buried or Above Ground
3"	2,300'	Galvanized Metal	Above Ground
2"	300'	Polyethylene	Above Ground

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
18mm	70	137	2	2	0.61

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
None					
			N		

12. 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
None					

13. Pivot Information:

Manufacturer	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
None				

C. Storage

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

NO

If "NO", item 2 and 3 relating to this section may be deleted.

Complete appropriate table(s), unused table may be deleted.

D. 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

If "NO", items 2 through 4 relating to this section may be deleted.

E. 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

If "NO", items 2 through 4 relating to this section may be deleted.

F. Additional notes or comments related to the system:

Water use began recently and therefor no reports have been prepared or submitted yet. The reports are required to be submitted annually; this will be done after a year of use.

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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 permit extension of time:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	7/20/2017		
Begin construction (A)	7/20/2022	3/10/2022	Installation of pump and motor, power supply and mainlines
COMPLETE CONSTRUCTION (B)	Not listed	NA	NA
COMPLETE APPLICATION OF WATER (C)	7/20/2022	7/15/2022	Applied water to entire place of use

^{*} MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)?

NO

If "NO", items a and b relating to this section may be deleted.

3. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device?

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 diversion.

b. Has a meter been installed?

YES

c. Meter Information

POD NAME OR#	MANUFACTURER	SERIAL#	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED	
POD 1	McCrometer	22-04042-04	Working	143,600 gal	6/12/2022	

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?

YES

If "NO", item b relating to this section may be deleted.

b. Have the reports been submitted?

If the reports have not been submitted, attach a copy of the reports if available.

5. Fish Screening:

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion?

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

Reminder: If fish screening devices were required, the COBU map must indicate their location in relation to the point of diversion.

b. Has the fish screening been installed?

NO

c. When was the fish screening installed?

DATE	Ву Wном
NA	NA

Reminder: If the permit was issued on or after February 1, 2011, the fish screen is required to be approved by the Oregon Department of Fish and Wildlife regardless of the rate of diversion.

- d. If the diversion **involves a pump** <u>and</u> the **total** diversion rate of all rights at the point of diversion is less than 225 gpm (0.5 cfs) and the permit was issued prior to February 1, 2011:
 - Has the self-certification form previously been submitted to the Department? NA

If not, go to https://www.oregon.gov/OWRD/Forms/Pages/default.aspx complete and attach a copy of the 'ODFW Small Pump Screen Self Certification' form to this claim, and send a copy of it to the Oregon Department of Fish and Wildlife (ODFW).

Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable determination. The ODFW self certification form needs to have been previously submitted or be attached to this form.

- e. If the diversion does **not involve a pump <u>or</u>** the **total** diversion rate of all rights at the point of diversion is 225 gpm (0.5 cfs) or greater:
 - Has the ODFW approval been previously submitted?

NA

If not, contact and work with ODFW to ensure compliance. To demonstrate compliance, provide signed documentation from ODFW. A form is available at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx

Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable determination. In order to receive a favorable approval, the ODFW/WRD "Fish Screen Inspection" form needs to have been previously submitted or be attached to this form.

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?

YES

If "NO", items b and c relating to this section may be deleted.

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Reminder: If by-pass devices were required, the COBU map must indicate their location in relation to the point of diversion.

b. Have by-pass devices been installed?

NO

c. Describe the diversion works as related to whether a by-pass device is installed or unnecessary:

(Provide a letter from ODFW indicating the device is approved or is unnecessary. If there is no letter from ODFW,

explain whether or not a by-pass device is necessary.)

DESCRIPTION	IF INSTALLED	IF INSTALLED, BY WHOM
(E.G. "ODFW HAS APPROVED THE BY-PASS DEVICE" OR "NO BY-PASS	(DATE)	
DEVICE IS NECESSARY BECAUSE THERE IS A DIRECT DIVERSION FROM THE		
STREAM VIA A PUMP ON RIVER LEFT STREAM BANK WITH FOOT VALVE		
DESCENDING DIRECTLY INTO NATURAL POOL.") IN ADDITION, YOU MAY		
ATTACH PHOTOS TO THIS CLAIM.		
ODFW has determined that no fish screening or passage		
devices are required. See attached letter.	2	

7. Other conditions required by permit, permit amendment final order, or extension final order:

a.	Was the water	user required	to restore tl	ne riparian area	if it was disturbed?	YES
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b. Was a fishway required?

c. Was submittal of a water management and conservation plan required?

d. Other conditions?

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

The riparian	area was	not o	disturbed	during	constructi	on.
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SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION	
COBU Map	Claim of Beneficial Use Map	
Pump Calculation	Calculation used to determine pump capacity	
Skipper	Sprinkler flow chart from manufacturer	
ODFW Letter	ODFW letter regarding fish screening and bypass	

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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.

	On-site inspection along with Google Earth aerial photo dated July 2, 2016 were used to prepare the					
map.	lap Checklist ease be sure that the map you submit includes ALL the items listed below. eminder: 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 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					
Map (Checklist					
\boxtimes	Map on polyester film					
\boxtimes						
\boxtimes	Township, Range, Section, Donation Land Claims, and Government Lots					
\boxtimes						
	Locations of fish screens and/or fish by-pass devices in relationship to point of diversion					
\boxtimes						
\boxtimes	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)					
\boxtimes	Point(s) of diversion or appropriation (illustrated and coordinates)					
\boxtimes	Tax lot boundaries and numbers					
\boxtimes	Source illustrated if surface water					
\boxtimes	Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")					
\boxtimes	Application and permit number or transfer number					
\boxtimes	North arrow					
\boxtimes	Legend					
\boxtimes	CWRE stamp and signature					

Pump Capacity Calculation Sheet

using Department designed formula:

(hp)(efficiency) / (lift + psi head) = capacity in cfs

Efficiency:

Centrifugal = 6.61 Turbine = 7.04

Data Entry (fill in underlined blanks)

Results Calculated

(hp)(efficiency) = 99.15 Head based on psi = 177.8 Total dynamic head = 197.8 (head + lift)

Pump Capacity =

0.50 feet per second

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Nozzles	Pres	sure	Radius	Flo)W	Applicat	ion Rate
mm (inches)	kg/am²	PSI	Feet	LPS	GPM	mm/hr	in/hr
	2	29	72	2.65	42	6.2	0.24
12 x 6 mm	3	44	82	3.23	51	5.9	0.23
(15/32 x 15/64)	4	56	92	3.73	59	5.4	0.21
(15,52 × 15,01)	5	70	102	4.20	66	5.0	0.20
	2	29	79	3.25	51	6.5	0.26
14 x 6 mm	3	44	89	4.18	66	6.5	0.26
(9/16 x 15/64)	4	56	98	4.83	76	6.2	0.24
(3) 10 x 13,01)	5	70	108	5.40	85	5.7	0.22
	2	29	85	4.28	68	7.2	0.28
16 x 6 mm	3	44	95	5.25	83	7.1	0.28
(5/8 x 15/64)	4	56	105	6.07	96	6.8	0.27
(5/07/15/04/	5	70	115	6.77	107	6.3	0.25
	2	29	92	5.30	84	7.7	0.30
18 x 6 mm	3	44	102	6.73	106	8.0	0.31
(45/64 x 15/64)	4	56	112	7.85	124	7.8	0.31
(15/01X 15/01)	5	70	121	8.68	137	7.3	0.29
	2	29	98	5.90	93	7.5	0.30
20 x 6 mm	3	44	108	8.17	129	8.6	0.34
(25/32 x 15/64)	4	56	121	9.52	151	8.0	0.31
(25/52 X 15/04)	5	70	135	10.28	163	7.0	0.28



Department of Fish and Wildlife

Rogue Watershed District Office 1495 East Gregory Road Central Point, OR 97502 (541) 826-8774 Fax: (541) 826-8776 www.odfw.com



August 11, 2022

Joy McEwen PO Box 291 Cave Junction, OR 97523

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Dear Joy,

Regarding OWRD water right permits R-15209 and S-55072 (applications R-88215 and S-88392 respectively), ODFW has determined that no dam or artificial obstruction to fish passage exists, and that fish screening and passage devices are not required at this time. Thank you.

Sincerely,

Rich Kilbane

RIKL

SW Field Coordinator

Fish Screening and Passage Program

(541) 857-2421

Cc: Evan Malepsy, CWRE