



Oregon
Kate Brown, Governor

Water Resources Department
725 Summer St NE, Suite A
Salem, OR 97301
(503) 986-0900
Fax (503) 986-0904

11/8/2022

Lucia, Jo Allan, and Keenan Bartscher
827 Triller Ln
Grants Pass, OR 97527

Dear Applicant,

On 11-7-2022, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following files:

Application R-88405

The COBU included a report and map. In the future the Department will review your submittal. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

If you are interested in having your COBU reviewed sooner, you may pay to have your file processed immediately, using the Reimbursement Authority program, which is described at: <https://www.oregon.gov/owrd/programs/waterrights/ra/pages/default.aspx>.

Customer Service phone: (503) 986-0900

Enclosed is your receipt for the \$230.00 COBU recording fee.

If you sell the property, please contact the Department, or have the new owners contact the Department about the need to file an assignment.

Sincerely,
Dante Luongo

Cc: file

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #: R-88405	WRD Reviewer: Dante Luongo
Transfer #:	
Date Received: 11-7-2022	
CWRE Name: Rick Parsons	
Priority Date (s): 5-5-2017	

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 REC'D \$) _____

1983 TREASURY 4179 MISC CASH ACCT.

9407 COPIES _____
 OTHER (IDENTIFY) _____

0243 Instream Lease _____ 0244 Non Water Right Perm. _____ 0245 Cons. Water _____

1983 TREASURY 4276 MISC OPERATING ACCT.

MISCELLANEOUS **4611**

0407 COPY & TAPE FEES _____ \$ _____
 0410 RESEARCH FEES _____ \$ _____
 0408 MISC REVENUE (IDENTIFY) _____ \$ _____
 TC162 DEPOSIT LAB (IDENTIFY) _____ \$ _____
 0240 EXTENSION OF TIME _____ \$ _____

WATER RIGHTS

0201 SURFACE WATER _____ EXAM FEE _____ RECORD FEE _____
 0202 GROUND WATER _____ 0202 \$ _____
 0205 TRANSFER _____ 0204 \$ _____

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTION _____ EXAM FEE _____ RECORD FEE _____
 LANDOWNER'S PERMIT _____ 0219 \$ _____
 0202 OTHER (IDENTIFY) **COBU** \$ **200.00**

1987 TREASURY 0447 HYDROELECTRIC

0233 POWER LICENSE FEE (F/WWRD) _____ \$ _____
 0231 HYDRO LICENSE FEE (F/WWRD) _____ \$ _____

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

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.

Based on GPS measurements. GPS position corroborated by review of multiple aerial photos

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
- 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
- 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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- c. Was submittal of a letter from an engineer required prior to storage of water? YES NO
- d. Was submittal of a water management and conservation plan required? YES NO
- e. Other conditions? YES NO

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

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION

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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 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	10/25/2017		
BEGIN CONSTRUCTION (A)	10/25/2022	1982	POND EXCAVATED; DAM BUILT
COMPLETE CONSTRUCTION (B)	10/25/2022	1982	SPILLWAY EXCAVATED; OUTLET PIPES INSTALLED
COMPLETE APPLICATION OF WATER (C)	10/25/2022	1982, 2018-2021	STORED SEASONAL RUNOFF

* 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)?

YES NO

3. Measurement Conditions:

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

YES NO

4. Recording and reporting conditions

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

YES NO

5. Outlet Pipe

a. Is the water user required to install a minimum 8" outlet pipe/conduit?

YES NO

6. Fish Screening

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

YES NO

7. 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 NO

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

a. Was the water user required to restore the riparian area if it was disturbed?

YES NO

b. Was a fishway required?

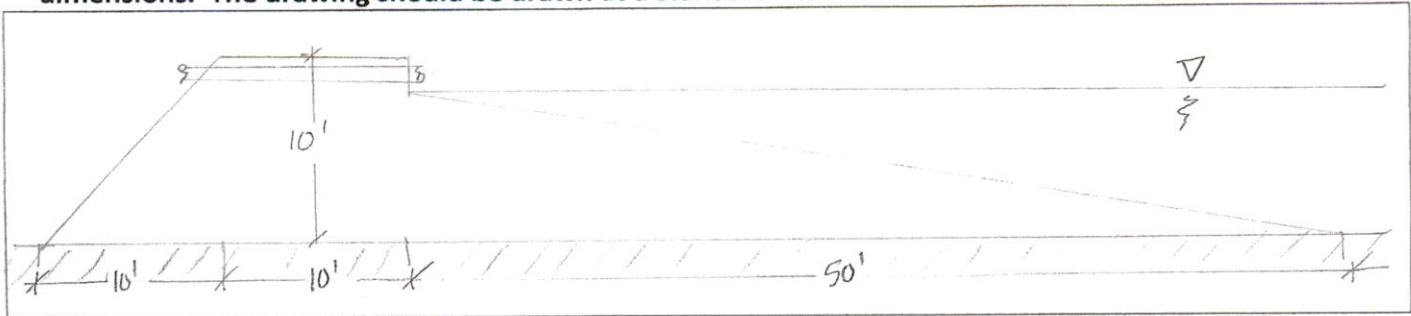
YES NO

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6. Provide a drawing showing the cross section of the dam at the maximum section indicating details and dimensions. The drawing should be drawn at a standard even scale.

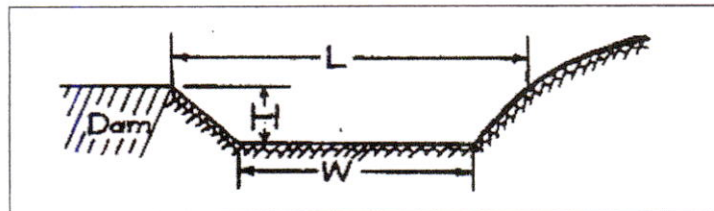


7. Describe the outlet works (size and type of the outlet conduit and location):

TWO 8" CULVERTS LOCATED ABOVE ONE 12" CULVERT IN APPROXIMATELY V-FORMATION; ENCASED IN CONCRETE ON NORTH SIDE OF DAM APPROXIMATELY ONE FOOT BELOW DAM CREST

8. Describe the emergency spillway (dimensions and location):

BOTTOM WIDTH (W)	TOP WIDTH (L)	SPILLWAY DEPTH (H)
4'	6'	1/2'



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E. Reservoir

1. Does the reservoir require the submittal of as-built plans and specifications?

YES **NO**

If "YES", answer item 2; items 3 through 8 relating to this section may be deleted.
 If "NO", skip items 2; answer items 3 through 8.

2. Complete the table:

HAVE THE DOCUMENTS BEEN SUBMITTED? YES OR NO	WHEN WERE THE DOCUMENTS SUBMITTED?	HAVE THEY BEEN APPROVED BY THE DEPARTMENT?	NUMBER OF ACRE FEET STORED

3. If the reservoir stores less than 9.2 acre-feet of water or if the dam is less than 10 feet in height, and as-built plans and specifications are not required, complete the table and items 4 through 8.

MAXIMUM DEPTH	AVERAGE DEPTH	SURFACE AREA (IN ACRES)	VOLUME (IN ACRE FEET)
8' ESTIMATE	~4'	0.24	0.96

4. Provide reservoir volume calculations:

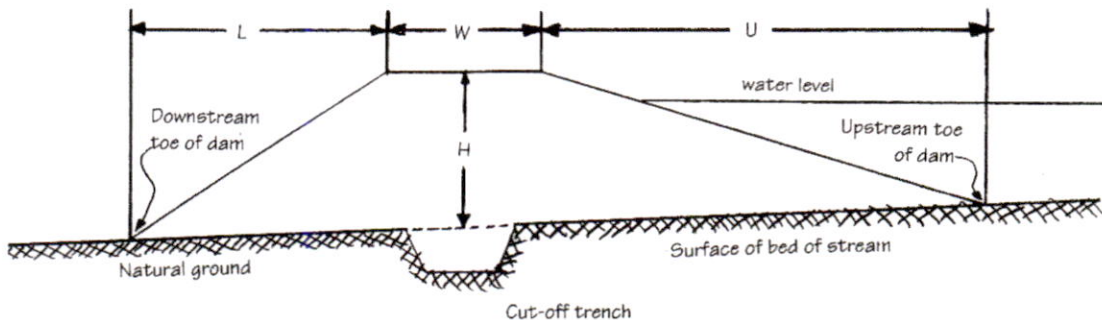
MAJORITY OF POND IS VERY SHALLOW AND OCCUPIED BY CATTAILS AND SIMILAR VEGETATION

AVERAGE DEPTH BASED ON ANECDOTAL INFORMATION PROVIDED BY APPLICANT, WHICH COINCIDES WITH ESTIMATED ~11000 SF SURFACE AREA ABLE TO STORE ~0.96 AF

5. Provide the following information concerning the physical characteristics of the dam:

CREST WIDTH (W)	DAM HEIGHT AT CENTERLINE (H)	DISTANCE FROM DOWNSTREAM TOP OF DAM TO DOWNSTREAM TOE (L)	DISTANCE FROM UPSTREAM TOP OF DAM TO UPSTREAM TOE (U)	WATER LEVEL AT INSPECTION	DOWN-STREAM SLOPE	UP-STREAM SLOPE
10'	10'	10'	50'	5' ESTIMATE	45%	11%

Example Dam Profile *This box may be deleted from the form*



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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple reservoirs?

YES

NO

If "YES" you will need to copy and complete Sections A through E for each reservoir.

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

A. Reservoir Location

1. Is the reservoir on-channel?

YES

NO

2. Provide dam outlet location and/or point of diversion(s).

TWP	RNG	MER	SEC	QQ	GLOT	DLC	MEASURED DISTANCES
37 S	5 W	WM	18	NW NW			865' W 80' N OF CENTER OF NW CORNER SECTION 18

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLOT), and Quarter-Quarters (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 the water from the point(s) of diversion to the reservoir.

1. Is a pump used?

YES

NO

If "NO" items 2 through item 5 may be deleted.

6. Additional notes or comments related to the system:

WATER OUTSIDE OF STORAGE SEASON COULD BE PASSED VIA PUMP. INTERMITTENT STREAM UPON WHICH POND IS LOCATED IS NOT WET ABOVE POND OR FOR THE ~0.6 MILES DOWN TO WHERE IT OCCASSIONALLY REACHES SKUNK CREEK DURING THE STORAGE SEASON.

C. 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?

YES

NO

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

D. 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?

YES

NO

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

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**SECTION 3
CLAIM DESCRIPTION**

1. Reservoir source and, if from surface water, the tributary:

RESERVOIR NAME OR NUMBER	SOURCE	TRIBUTARY
BENSON MEMORIAL POND	RUNOFF	SKUNK CREEK, APPLGATE RIVER

2. Developed use(s), period of use, and acre foot (af) for each use:

RESERVOIR NAME OR NUMBER	USES	SEASON OR MONTHS WHEN WATER WAS APPROPRIATED FOR STORAGE	VOLUME STORED (AF)
BENSON MEMORIAL POND	MULTIPLE PURPOSE	DEC – MAY	0.96 AF
Total Quantity of Water Stored			0.96 AF

3. Provide a general narrative description of the distribution works. This description must trace the water system from each point of diversion to the reservoir:

WATER FROM UNNAMED TRIBUTARY FLOWS INTO EXCAVATED POND WITH 10' EARTHEN DAM

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.

YES

NO

(e.g. "The permit allowed the development of three reservoirs. The permit holder only developed one of the reservoirs." or "The permit allowed for the storage of 9 acre feet of water. The reservoir was developed to hold 5.2 acre feet.")

5. Claim Summary:

RESERVOIR NAME OR #	MAXIMUM STORAGE AUTHORIZED BY PERMIT (AF)	MAXIMUM STORAGE DEVELOPED (AF)
BENSON MEMORIAL POND	0.96 AF	0.96 AF

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**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 RICK PARSONS		PHONE NO. 541.499.0257	ADDITIONAL CONTACT NO. 303.667.5067
ADDRESS 1619 MINEAR RD			
CITY MEDFORD	STATE OR	ZIP 97501	E-MAIL RICK.PARSONS@PARSONSWATER.COM

Permit Holder's of Record Signature or Acknowledgement

Each permit or 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
	Lucia Bartscher		10/12/2022
	Jo Allan		10/12/2022
	Keenan Bartscher		10.12.2022

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME JO ALLAN, KEENAN BARTSCHER, LUCIA BARTSCHER		PHONE NO. 541.450.7020	ADDITIONAL CONTACT NO.
ADDRESS 827 TRILLER LANE			
CITY GRANTS PASS	STATE OR	ZIP 97527	E-MAIL JOALLAN56@GMAIL.COM

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		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

OCTOBER 19, 2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
JO ALLAN	10/19/2022	PERMIT HOLDER
KEENAN BARTSCHER	10/19/2022	PERMIT HOLDER

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)):

OWNER OF RECORD N/A		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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**CLAIM OF
BENEFICIAL USE
for Reservoir Permits by
CWRE's (not self-certified)**



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

**A fee of \$230 must accompany this form for permits
with priority dates of July 9, 1987, or later.**
Claims received without the correct fee of \$200 will be returned.

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 503-979-9103.

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 # R-88405	PERMIT # (IF APPLICABLE) R-15259	PERMIT AMENDMENT # (IF APPLICABLE)
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