

**CLAIM OF
BENEFICIAL USE
for Surface 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 \$230 must accompany this form for permits
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>

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 # S-85266	PERMIT # (IF APPLICABLE) S-53937	PERMIT AMENDMENT # (IF APPLICABLE)
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME STEVEN G. SOGGE & LINDA J. SOGGE (TL 500)		PHONE NO. 541-225-7423	ADDITIONAL CONTACT NO. RECEIVED
ADDRESS 36230 ENTERPRISE RD			AUG 24 2022
CITY CRESWELL	STATE OR	ZIP 97426	E-MAIL OWRD

APPLICANT/BUSINESS NAME PATRICIA K. BAUMGARTNER (TL 1001)		PHONE NO. 707-291-5756	ADDITIONAL CONTACT NO.
ADDRESS PO BOX 93			
CITY LAKESIDE	STATE OR	ZIP 97449	E-MAIL pamoaktreelodge@comcast.net

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 TUI PELETI 949-235-6171		
ADDRESS 8 CAMINO BARCELONA PL		
CITY HENDERSON	STATE NV	ZIP 89011

ADDITIONAL PERMIT HOLDER OF RECORD JOHN ATKINSON		
ADDRESS 191 RACHEL LYNN WAY		
CITY ROSEBURG	STATE OR	ZIP 97470

4. Date of Site Inspection:

6-13-2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
TUI PELETI	6-13-2022	PERMIT HOLDER

6. County:

COOS

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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**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 GARY L. DEJARNATT		PHONE No.	ADDITIONAL CONTACT No. John Short 541-389-2837	
ADDRESS 2391 NW REDWOOD AVE				
CITY REDMOND	STATE OR	ZIP 97756	EMAIL	

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>Tui Peleti</i>	Tui Peleti		Aug. 20, 2022

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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.

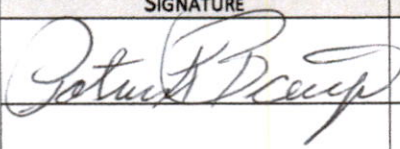
Seal and Signature
Renewal Date: 12-31-2023

CWRE NAME GARY L. DEJARNATT PROJECT # 22018		PHONE NO.	ADDITIONAL CONTACT NO. John Short 541-389-2837	
ADDRESS 2391 NW REDWOOD AVE				
CITY REDMOND	STATE OR	ZIP 97756	EMAIL	

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
	PATRICIA BAUMGARD		8/9/22

SECTION 3
CLAIM DESCRIPTION

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

POD NAME OR NUMBER	SOURCE	TRIBUTARY
POD - SPRING	A SPRING	TENMILE LAKE

2. 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	HC	N/A	YEAR-ROUND	0.01 CFS
Total Quantity of Water Used				0.01 CFS

3. 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:

WATER IS PIPED FROM SPRING TO 2500 GALLON ABOVE – GROUND PLASTIC STORAGE TANK, THEN IS GRAVITY FED THROUGH PIPING TO TWO HOUSEHOLDS.

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 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.")

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
POD - SPRING	0.01 CFS	0.16 CFS	0.01 CFS	HC	N/A	N/A

**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple PODs?

YES 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):

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POD - SPRING

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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. Diversion and Delivery System Information

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

1. Is a pump used?

YES NO

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

C. Storage

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

YES NO

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

If "YES" is it a:

Storage Tank

YES NO

Bulge in System / Reservoir

YES NO

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
PLASTIC	2500	ABOVE

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
n/a		

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?

YES NO

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

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)
2"	ABS	150	30'	317'	0.095	0.16 CFS

3. Provide calculations:

SEE ATTACHED OWRD PIPE CAPACITY CALCULATIONS.

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)
N/A			

Attach measurement notes.

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?

YES NO

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

F. Additional notes or comments related to the system:

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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	6/27/2003		
BEGIN CONSTRUCTION (A)	N/A	N/A	N/A
COMPLETE CONSTRUCTION (B)	N/A	N/A	N/A
COMPLETE APPLICATION OF WATER (C)	10/1/2007	10/1/2007	COMPLETE APPLICATION OF WATER TO BENEFICIAL 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)? YES 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? YES NO

If "NO", items b 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 NO

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

5. Fish Screening:

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

If "NO", items b through e relating to this section may be deleted.
Department of Fish and Wildlife (ODFW).

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 NO

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

7. 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. 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):

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**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
CBU Map	Claim of Beneficial Use Map
Assignment Forms	Peleti to Sogge Request for Assignment; Atkinson to Baumgartner Request for Assignment by Proof of Ownership
Gravity Pipe Calcs	OWRD Gravity Pipe Capacity Calculations

SECTION 7

CLAIM OF BENEFICIAL USE MAP

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The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on 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 DIRECT MEASUREMENT AND NAIP IMAGERY.

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
- N/A If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- N/A Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- N/A Locations of meters and/or measuring devices in relationship to point of diversion
- 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

Pipe Capacity Calculator				
for pipes flowing full, using the Hazen-Williams Formula				
Data Entry (fill in underlined blanks)				
Interior Diameter =	<u>2</u>	inches, or	<u>0.16666666</u>	feet
Roughness Coefficient (C) =	<u>150</u>			
Fall =	<u>30</u>	feet	per	<u>317</u> feet of distance
Grade =	<u>0.094637223</u>	, or	<u>9.5%</u>	
Results calculated				
Area of cross-section =	<u>0.021816</u>	square feet		
Wetted Perimeter =	<u>0.523598</u>	feet		
Hydraulic Radius =	<u>0.041666</u>			
Velocity =	<u>7.473896</u>	feet per second		
Pipe Capacity =	<u>0.163</u>	cubic feet per second		