



Oregon
Kate Brown, Governor

Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

11/30/2022

Jacob Felten
1051 NE 6th St.
#731
Grants Pass, OR 97526

Dear Applicant,

On 10-27-2022, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following files:

Application T-8471

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

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 #:	WRD Reviewer:Dante Luongo
Transfer #:T-8471	
Date Received:10-27-2022	
CWRE Name:Gary L DeJarnat	
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))

MONEY SLIP

DATE:		RECEIPT #:	
RECEIVED FROM:		APPLICATION PERMIT TRANSFER:	
CASH	CHECK #	OTHER (IDENTIFY)	TOTAL REC'D IS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0181 TREASURY - 0178 BASIC CARRIAGECT.			
0027	OTHER	IDENTIFY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0243 INHABIT LINE - 0244 Reg. Trans. Maps Fee		0245 Code Meter	
0243 TREASURY - 0178 WHO OPERATING ACCT.			
MISCELLANEOUS			
0407	COPY & TAKE FEES	4611	
0410	RESEARCH FEES		
0408	MISC. REVENUE (IDENTIFY)		
1014	DEPOSIT LINE (IDENTIFY)		
0240	EXTENSION OF TIME		
WATER RIGHTS			
0201	SURFACE WATER	FEES PER	RECORD PER
0202	GROUND WATER		
0205	TRANSFER		
WELL CONSTRUCTION			
0218	WELL DRILL CONSTRUCTION	CLASSIFY	RECORD PER
0220	LANDSCAPE PERMIT		
0222	OTHER (IDENTIFY)	COBU	2022-20
0227 TREASURY - 0447 HYDROLOGICAL			
0223	POWER LICENSE PER (FURNISH)	AC. NUMBER	
0221	HYDRO LICENSE FOR (FURNISH)		
HYDRO APPLICATION			
SPECIAL INSTRUCTIONS:			

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)

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



Oregon

Kate Brown, Governor

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

July 27, 2022

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Jacob Felten
1051 NE 6th St., #731
Grants Pass, OR 97526

Dear Jacob,

Regarding OWRD water right transfer T-8471, thank you for working with us throughout the design and installation of the fish screen at your new point of diversion. ODFW is now satisfied that the fish screening requirement has been met, and has determined that a fish bypass device is not necessary. Thank you.

Sincerely,

Rich Kilbane
SW Field Coordinator
Fish Screening and Passage Program

(541) 857-2421

Cc: Bryce Withers



Pump Capacity Calculation Sheet		POD JACOB FELTEN					
using Department designed formula:							
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$							
Efficiency:							
Centrifugal = 6.61							
Turbine = 7.04							
Data Entry (fill in underlined blanks)							
HP =	<u>7</u>						
Efficiency =	<u>6.61</u>						
Lift =	<u>10</u>						
PSI =	<u>40</u>						
Results Calculated							
(hp)(efficiency) =	<u>46.27</u>						
Head based on psi =	<u>101.6</u>						
Total dynamic head =	<u>111.6</u>						
(head + lift)							
Pump Capacity =	0.41	cfs					

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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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b. Was a fishway required?

YES NO

c. Other conditions?

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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):

[Empty rectangular box for condition details]

SECTION 5

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
ODFW LETTER	FISH SCREEN LETTER
PUMP CALCS	OWRD PUMP CAPACITY CALCULATIONS
CBU MAP	CLAIM OF BENEFICIAL USE MAP

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.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of diversion, the original points must be identified the map 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.

ON-SITE DIRECT MEASUREMENT AND NAIP IMAGERY.

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.

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? **YES NO**

c. When was the fish screening installed?

DATE	BY WHOM
2005 (ORIGINAL) & 2022 (NEW SCREEN)	OWNER

Reminder: If the permit or transfer final order 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 and 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 YES NO**

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 or 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?

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 NO**

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

7. Other conditions required by the transfer final order or extension final order:

- a. Was the water user required to restore the riparian area if it was disturbed? **YES 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	4-18-2003	
COMPLETENESS DATE FROM ORDER (C)	10-1-2005	10-1-2005

* 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)? YES NO

If "NO", you may delete the following table.

If for a transfer extension order, provide the following information:

VOLUME	PAGE	DATE EXTENDED TO
62	68	10-1-2005

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 NO

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 NO

c. Meter Information

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD	DLJ	21-066730	WORKING	30	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 NO

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

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YES NO

Change #2

Change in Place of Use

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

If "NO", this Section can be deleted.

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
2.15	2.15

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? YES 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.")

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A. POD System Information

Provide the following information concerning the point of diversion. Information provided must describe the equipment used to appropriate water from the point of diversion.

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1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
HONDA	WB20X		CENTRIFUGAL	2"	2"

2. Motor Information

MANUFACTURER	HORSEPOWER
HONDA	7 HP

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
7 HP	40	7'	3'	0.41 CFS

4. Provide pump calculations:

SEE ATTACHED OWRD PUMP CALCULATIONS.

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)
N/A			

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

6. Additional notes or comments related to the system:

B. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the diversion involve a gravity flow pipe? YES NO

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

C. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Does the diversion involve a gravity flow ditch or canal? YES NO

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

SECTION 3
Changes Made

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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)

Did the transfer order authorize a change in the points of diversion or additional points of diversion? YES NO

If "NO", this Section can be deleted.

1. New or additional point of diversion name or number:

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)	SOURCE
POD	SUCKER CREEK

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? YES NO

If yes, describe below.

(e.g. "The order allowed three new/additional points of diversion. The water user only developed one of the points.")

3. Claim Summary:

NEW OR ADDITIONAL POD NAME OR #	MAXIMUM RATE AUTHORIZED IN ORDER	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
POD	0.026 CFS	0.41 CFS	N/A

System Description

Are there multiple new or additional Points of Diversion (POD)? YES NO

If "YES" you will need to copy and complete Sections A, B, or C in this Section for each POD.

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

POD

**SECTION 2
SIGNATURES**

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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	
PROJECT # 22051				
ADDRESS 2391 NW REDWOOD AVE				
CITY REDMOND	STATE OR	ZIP 97756	E-MAIL	

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
	Jacob Felten	Property Owner	10/25/22

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1. File Information

APPLICATION # T-8471

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME JACOB FELTEN		PHONE NO. 541-592-5066	ADDITIONAL CONTACT NO. 360-280-6604
ADDRESS 1051 NE 6TH ST #731			
CITY GRANTS PASS	STATE OR	ZIP 97526	E-MAIL jhawkmoon@yahoo.com

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 ALEXANDER & DEBORAH LEE SCHROEDER		
ADDRESS PO BOX 1286		
CITY CAVE JUNCTION	STATE OR	ZIP 97523

4. Date of Site Inspection:

9-8-2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
JACOB FELTEN	9-8-2022	OWNER

6. County:

JOSEPHINE

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 N/A		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**CLAIM OF
BENEFICIAL USE
for Transfer with Multiple
Changes – Surface Water**



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 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 8" 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 NO

Mark all that apply:

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> Change in POD(s) or Additional POD(s) | 2. <input checked="" type="checkbox"/> Change in Place of Use |
| 3. <input type="checkbox"/> Change in Character of Use | 4. <input type="checkbox"/> Change in Character of Use – Reservoir |

A separate section will be completed for each type of change authorized in the transfer final order.