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

RECEIVED

JAN 1 2 2023

A fee of \$230 must accompany this form for <u>permits</u> with priority dates of July 9, 1987, or later.

OWRD

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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)	
S-88744	S-55246	NA	

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2	Duamantas	A			information)	
Z.	Property	Owner	current	owner	information)	•

APPLICANT/BUSINESS NAME		PHONE NO.		ADDITIONAL CONTACT NO.	
Tom & Charlotte Miller	1-530-518-7245		NA		
Address					
5265 Upper Olalla Rd					
Сіту	STATE	ZIP	E-MAIL		
Winston	OR	97496	mightymille	er@sbcglobal.net	

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

PERMIT HOLDER OF RECORD						
Tom & Charlotte Miller						
ADDRESS	Address					
5265 Upper Olalla Rd						
CITY STATE ZIP						
Winston	OR	97496				

ADDITIONAL PERMIT HOLI	DER OF RECORD	RECEIVED		
NA		14.		
ADDRESS		JAN 1 & 2023		
		OWRD		
CITY	STATE	ZIP		

4. Date of Site Inspection:

11-16-2022

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

Name	DATE	ASSOCIATION WITH THE PROJECT
Charlotte Miller	11-16-2022	Landowner

6. County:

Douglas

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)):

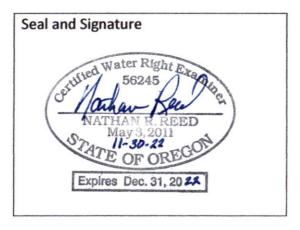
OWNER OF RECORD		
NA		
ADDRESS		
Сіту	STATE	ZIP

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.



JAN 12 2023 OWRD

CWRE NAME		PHONE NO	ADDITIONAL CONTACT NO.
Nathan Reed		541-784-	7191 NA
ADDRESS			
157 West Bodie Street			
Сіту	STATE	ZIP	E-MAIL
Roseburg	OR	97471	nreed68@hotmail.com

Permit Holder's 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
Dour Sills	Tom Miller	OU OAF	11-16-22
	70/17 / 1/1//6	owner	11-16
Charlotto Mille	Charlotte Miller	QUHER	11-16-2022

SECTION 3

MECHANED

CLAIM DESCRIPTION

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

POD NAME OR NUMBER	Source	TRIBUTARY
POD	Ben Irving Reservoir (R-8444)	Berry Creek

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	Dom. Exp 1 Hse	Lawn & Garden	Year Round	2.0 AF
Total Quantity of	Water Used			2.0 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 place of use:

Re-diversion of Ben Irving Reservoir on Olalla Creek with a 0.5 Hp submersible pump, out one-inch buried PVC to a flow meter and on to a buried concrete vault. Where a secondary pump pumps to the household water 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.")

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	0.01 cfs	0.01 cfs	Not meas	Dom Exp 1	0.50	0.50

SECTION 4

SYSTEM DESCRIPTION

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):	
	HECKINET,
A. Place of Use	JAN 1 2 2023
Attach Claim of Beneficial Use map.	OWRD

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 <u>and</u> apply the water from the point of diversion to the place of use.

Is a pump used?

YES

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Grundfos	MS402	Unknown	Submersible

3. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	*IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
0.50	40	2 feet	60 feet	0.22

4. Provide pump calculations:

40 psi = 101.6 feet; Q = (Hp x eff.)/(Sum Total Head) = (0.50x7.04)/(101.6+2+60) = 0.22 cfs

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)
Not operating at the	time of inspection		

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

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6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
oscillators	40	3.5	1	1	0.01
	7.0				

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					

C. Storage

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

YES

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

If "YES" is it a:

Storage Tank

YES

Bulge in System / Reservoir

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
Concrete	3200	buried

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.

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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

F. Additional notes or comments related to the system:

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SECTION 5 CONDITIONS

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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	1-8-2020		
BEGIN CONSTRUCTION (A)		1-8-2020	System pre-existing with home
COMPLETE CONSTRUCTION (B)		1-8-2020	
COMPLETE APPLICATION OF	1-8-2025	1-8-2020	Beneficially using water for one
WATER (C)			household.

^{*} 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. 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

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c. Meter Information

POD NAME OR#	MANUFACTURER	SERIAL#	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD	Rockwell	1110355	working	66604 AF	Unknown

4. Recording and reporting conditions:

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

NO

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?

YES

c. When was the fish screening installed?

DATE	Ву Wном
Prior to 1-8-2020	Previous Owners

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

JAN 1,8 2023

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- 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):
 - 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?
 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?

NO



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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?

NO

b. Other conditions?

YES

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

7.b. Use of water under this right is subject to the terms and conditions of contract No. 393, or a satisfactory replacement, between LOWCD and permittee.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
ODFW Letter	Fish Screen Approval
CBU Map	Final Proof Survey

JAN 1 2 2023 OWRD

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.

A Garmin 650 Rino, handheld GPS, used to locate coordinates of pertinent features. Along with the use of Douglas County GIS with ultra-high imagery.

		RECEIVED
Мар	Checklist	JAN 1 2 2023
Please be sure that the map you submit includes ALL the items listed below. (Reminder: Incomplete maps and/or claims may be returned.)		OWRD
\boxtimes	Map on polyester film.	
\boxtimes	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of assessor map)	the county
\boxtimes	Township, Range, Section, Donation Land Claims, and Government Lots	
\boxtimes	If irrigation, number of acres irrigated within each projected Donation Land Clair Government Lots, Quarter-Quarters	ms,
\boxtimes	Locations of fish screens and/or fish by-pass devices in relationship to point of o	liversion
\boxtimes	Locations of meters and/or measuring devices in relationship to point of diversi	on
\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 ownership lines")	f property
\boxtimes	Application and permit number or transfer number	
\boxtimes	North arrow	
\boxtimes	Legend	
\boxtimes	CWRE stamp and signature	

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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



November 22, 2022

Tom Miller 5265 Upper Olalla Rd. Winston, Oregon 97496 JAN 1 2 2023 OWRD

Dear Tom,

Regarding OWRD water right Permit S-55246 (Appl. # 88744), ODFW has determined that the fish screen at the pump point-of-diversion meets current fish protection criteria, and fish bypass devices are not necessary. Thank you.

Sincerely,

Josh Kelsey

Senior Fish Screen Technician

Fish Screening and Passage Program

(541) 826-8774 ext. 240

Cc: Nathan Reed, CWRE

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Checklist for Claims of Beneficial Use Received at CSG Counter

Application #:S-88744	WRD Reviewer:Dante Luongo
Transfer #:	
Date Received:11-12-2023	
CWRE Name: Nathan Reed	
Priority Date (s):9-23-2019	
- 4	

Fees Required:

☑ YES	$NO \square$	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 <u>transfers</u> 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.

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 #: RECENT # PROME | PROME |

RETURN TO APPLICANT - LETTER ATTACHES

Fill in App

or Transfer

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



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

1/13/2023

Tom and Charlotte Miller 5265 Upper Olalla Rd. Winston, OR 97496

Dear Applicant,

On 1-12-2023, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following files:

Application S-88744

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