

**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.**

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>

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SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # S-87581	PERMIT # (IF APPLICABLE) S-54677	PERMIT AMENDMENT # (IF APPLICABLE)
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Scott Impehoven, CEO/Oregon Trail Council Inc		PHONE NO. 541-284-4385	ADDITIONAL CONTACT NO.
ADDRESS 2525 Martin Luther King Jr Blvd			
CITY Eugene	STATE OR	ZIP 97401	E-MAIL simpehoven@otcbsa.org

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 Oregon Trail Council Inc		
ADDRESS 2525 Martin Luther King Jr Blvd		
CITY Eugene	STATE OR	ZIP 97401

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

March 4, 2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Stan Anderson & Ann Anderson	8/5/2022	Camp Baker, Park Rangers
Jim Wiley	8/5/2022	Oregon Trail Council

6. County:

Lane

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 Oregon Trail Council Inc		
ADDRESS 2525 Martin Luther King Jr Blvd		
CITY Eugene	STATE OR	ZIP 97401

Add additional tables for owners of record as needed

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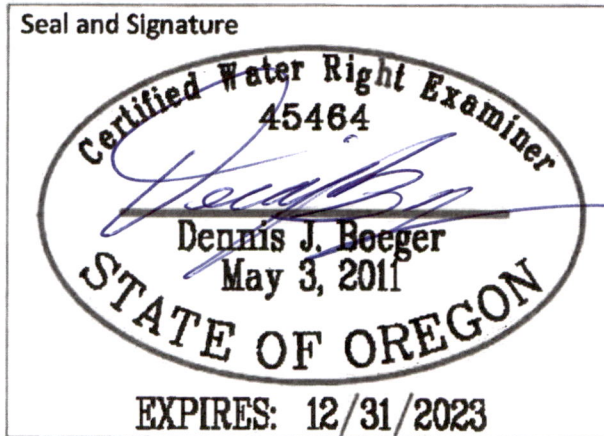
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SECTION 2
SIGNATURES

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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.



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CWRE NAME Dennis Boeger		PHONE NO. 541-302-4996	ADDITIONAL CONTACT NO.
ADDRESS 1011 S. Bertelsen			
CITY Eugene	STATE OR	ZIP 97402	E-MAIL dboeger@boegerassociates.com

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
	Scott Impehoven	CEO	10/7/22

SECTION 3
CLAIM DESCRIPTION

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

POD NAME OR NUMBER	SOURCE	TRIBUTARY
1	Siltcoos Lake	Siltcoos River

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)
1	Group Domestic	NA	YEAR ROUND	
Total Quantity of Water Used				

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:

A 6" perforated pipe embedded in a rock filled trench at the bottom of Siltcoos Lake feeds a 30 foot deep well located about 50 feet inland from the lake edge. Pump 1, a submersible pump in the well, pumps water thru a 2" PVC supply line to the Pumphouse where the water is treated and stored. Two centrifugal pumps within the Pumphouse (pump #3 = 2 HP, pump #4 = 5 HP) deliver water to the site thru 4" & 2" PVC distribution mains, & 1" distribution branches to each building & campsite as shown.

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
1	0.10 cfs			domestic	NA	160.92

**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple PODs?

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):

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

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Century/AO Smith	K48M2PA105	1F94	Centrifugal
Marathon Electric	FR-184JM	1VC184TCDR7011DR	Centrifugal

3. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
2	50	NA	10	
4	50	NA	10	

4. Provide pump calculations:

For the high end range of 50 psi: $Q \text{ Pump} = 2 \text{ hp} \times 6.61/127' = 46.6 \text{ gal/min}$

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)

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

6. Sprinkler Information: NA

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

7. Drip Emitter Information: NA

8. Drip Tape 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
PVC (3)	7,500 (2,500 EA)	ABOVE GROUND

3. Bulge in System / Reservoir: NA

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.

2. Complete the table: NA

3. Provide calculations: NA

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

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?

NO

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

F. Additional notes or comments related to the system:

[Empty box for additional notes or comments]

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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	10-29-2010		
BEGIN CONSTRUCTION (A)		6/1994	
COMPLETE CONSTRUCTION (B)		9/1994	
COMPLETE APPLICATION OF WATER (C)		6/2022	

* 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? YES

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
	2" Hersey	Model 572	Good	319662 (8/27/22)	

If a meter has been installed, items d through f relating to this section may be deleted.

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? YES NO

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e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

4. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **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? **NO**

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

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**

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**

b. Other conditions? **NO**

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

Camp staff did restore the riparian area soon after the intake was constructed.

**SECTION 6
ATTACHMENTS**

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

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ATTACHMENT NAME	DESCRIPTION

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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.

Tax maps, surveys, and Google Earth

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
- 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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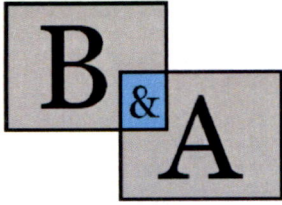
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Boeger & Associates, LLC
Civil and Environmental - Engineering and Planning

October 10, 2022

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Codi Holmes
Certificate Specialist
Oregon Water Resources
725 Summer St. NE, Suite A
Salem, OR 973012

RE: Camp Baker – Transmittal of Claim of Beneficial Use Application

Dear Codi,

This letter transmits the COBU Application package and the \$230 fee. I appreciate your patience as we confirmed site information and prepared the application and map to accurately reflect the camp's water system.

Please feel free to contact us if you have any further questions or comments.

Sincerely,

Dennis J. Boeger, PE, CWRE
Principal Engineer

Attachments: COBU Application and \$230 Permit Fee

c: Scott Impecoven, Scout Executive

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Oregon
Kate Brown, Governor

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

October 18, 2022

Scott Impehoven
2525 Martin Luther King Jr Blvd.
Eugene, OR 97401

RE: S-87581, Permit S-54677

Dear Permit Holder,

On October 14, 2022, the Department received the Claim of Beneficial Use that you submitted for the above referenced file.

The Department is returning your Claim at this time for the following reasons:

1. The Claim did not include the required map stamped and signed by the CWRE on polyester film. The Claim map is required to be submitted on polyester film. The map supplied with the Claim report is on paper.

Enclosed you will find your check in the amount of \$230.00, and your Claim materials. The Department has not retained a copy of the Claim.

If you have any additional questions, please feel free to contact me at 503-986-0811.

Sincerely,

Gerry Clark
Water Rights Specialist
Certificates

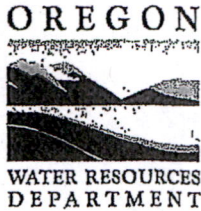
cc: file S-87581
Dennis Boeger, CWRE

Enclosures: Claim and Check #1582

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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Oregon Trail Council Inc.
2525 Martin Luther King Jr. Blvd, Eugene OR 97401

Transaction Type: Cobu

Fees Received: \$ 230.00

Cash

Check:

Check No. 138

Name(s) on Check: Dennis Bolger

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,

OWRD Customer Service Staff

Submission received by: Corie Lovvén
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.