# **CLAIM OF BENEFICIAL USE** for Surface Water Permits claiming more than 0.1 cfs



OREGON 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.

#### 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

Go to "Resources for Water Right Examiners (CWRE)" Page https://www.oregon.gov/OWRD/programs/WaterRights/COBU/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

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#### 1. File Information:

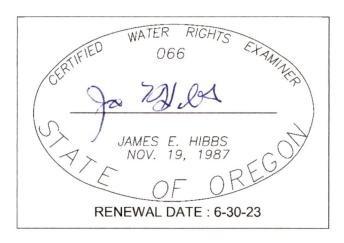
OWRD **APPLICATION #** PERMIT AMENDMENT #

PERMIT# S-86522 S-54365

# **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.



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CWRE NAME		PHONE NO.	Additional Contact No.
JAMES E. HIBBS		541-772-2	782
ADDRESS			
PO BOX 1947			
CITY	STATE	ZIP	E-Mail
PHOENIX OR		97535	ljfriarandassociates@charter.net

# Permit Holder 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
1/1/9/	DAVE REED	OWNER	11-16-22
» ·			
the control of the co		5.4	

#### **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):					

#### A. Place of Use

#### 1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	Mer	SEC	QQ	GLOT	DLC	Use	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
365	3W	WM	1	NW-SW			IRRIG	1.6	
365	3W	WM	1	SW-SW	2		IRRIG	2.4	
<b>36S</b>	3W	WM	2	NE-SE			IRRIG	0.3	
365	3W	WM	2	SE-SE	1		IRRIG	6.8	
Total A	Total Acres Irrigated							11.1	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, 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.

## 1. Is a pump used?

YES

If "NO" items 2 through item 6 may be deleted.

#### 2. Pump Information:

Manufacturer	MODEL	SERIAL NUMBER	Type (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
CENTURY	6-330021-01	X.	CENTRIFUGAL	6"	6"

#### 3. Motor Information:

MANUFACTURER	Horsepower		
CENTURY	30		

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11. Drip Emitter Information:

Size	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
0.12"	50	0.01	12000	6300	0.14

12. Drip Tape Information:

DRIPPER	GPM PER	TOTAL	Махімим	TOTAL TAPE	ADDITIONAL INFORMATION
SPACING IN	100 FEET	LENGTH OF	LENGTH OF TAPE	Оитрит	
INCHES		TAPE	USED	(CFS)	

#### 13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED	OPERATING	TOTAL PIVOT	TOTAL PIVOT
	RADIUS	PSI	Оитрит (дрм)	OUTPUT (CFS)
				10

#### C. Storage

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

NO

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

If "YES" is it a:

Storage Tank

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N/A

Bulge in System / Reservoir

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N/A

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# **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

### 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:

THE SOURCE OF WATER BEING USED IS FROM LOST CREEK RESERVOIR UNDER B.O.R. CONTRACT #069E101536 (AMENDED 03/26/2018).

4. Recording and reporting conditions:

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

NO

5. Fish Screening:

1 2000

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
<b>APRIL 2007</b>	DAVE REED

Reminder: If the permit 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.

- 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) and the permit was issued prior to February 1, 2011:
  - Has the self-certification form previously been submitted to the Department? NO

If not, go to <a href="https://www.oregon.gov/OWRD/Forms/Pages/default.aspx">https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</a> 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?

**ODFW APPROVAL ATTACHED.** 

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.

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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.

USED TRIMBLE R10 GPS RECEIVERS TO TIE THE PLSS CORNERS, POD 1, MAIN LINE AND PLACES OF USE.

Map (	Checklist				
	be sure that the map you submit includes ALL the items listed be der: Incomplete maps and/or claims may be returned.)	elow.			
$\boxtimes$	Map on polyester film				
$\boxtimes$	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original assessor map)	full-size scale of the county			
$\boxtimes$	Township, Range, Section, Donation Land Claims, and Government Lots				
	If irrigation, number of acres irrigated within each projected Do Government Lots, Quarter-Quarters	nation Land Claims,			
$\boxtimes$	Locations of fish screens and/or fish by-pass devices in relationship to point of diversion				
$\boxtimes$	Locations of meters and/or measuring devices in relationship to appropriation	point of diversion or			
$\boxtimes$	Conveyance structures illustrated (pumps, reservoirs, pipelines	, ditches, etc.)			
$\boxtimes$	Point(s) of diversion or appropriation (illustrated and coordinate	res)			
$\boxtimes$	Tax lot boundaries and numbers				
$\boxtimes$	Source illustrated if surface water				
	Disclaimer ("This map is not intended to provide legal dimension ownership lines")	ons or locations of property			
$\boxtimes$	Application and permit number or transfer number	RECEIVED			
$\boxtimes$	North arrow	APR 06 2023			
$\boxtimes$	Legend	014/00			

**OWRD** 

CWRE stamp and signature

X

described, we will provide copies of this amendment to the appropriate State and Federal offices. If you have any questions, please contact Mr. Bill Parks, Economist, at the above address or by telephone at 208-378-5344.

Sincerely,

E gail Mcgary 9-23-2018

APR 06 2023

	E. Gail McGarry
	Program Manager
	Reclamation Law Administration
In Triplicate  Concur:  By:  David Reed  Gayle Reed	Date 4-9-18  Date  Date
ACKNO	OWLEDGEMENT:
STATE OF ): ss County of Jackson)	
On this 9 day of April appeared David Reed Caule, Reed known to	, 2018, before me, a notary public, personally and o me to be the persons that executed the within and ne that they executed said Amendment of Contract as
IN WITNESS WHEREOF, I have he day and year first above written.  OFFICIAL STAMP AMANDA LYNN BAILEY NOTARY PUBLIC-OREGON COMMISSION NO. 939126 MY COMMISSION EXPIRES MAY 17, 2019	Notary Public in and for the State of
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# OREGON Hsh & Wilder

# OREGON DEPARTMENT of FISH and WILDLIFE

# FISH SCREENING PROGRAM

# SMALL PUMP SCREEN SELF CERTIFICATION

# FOR PERMITS OR TRANSFERS ISSUED PRIOR TO FEBRUARY 1, 2011

As evidence of having met fish screen installation requirements, please provide the information requested below, sign the certification, and send copies to: Pete Baki Oregon Water Resources Department, Oregon Dept. Fish and Wildlife Water Rights Section, 4034 Fairview Industrial Drive SE 725 Summer Street NE, Suite A, Salem, OR 97302 Salem, OR 97301-1271 Amount of water diverted: 0.14 CFS Water right permit/certificate number: S-54365 Tributary to: PACIFIC OCEAN Stream: ROGUE RIVER Location (GPS if available): 42°27'45"N 123°00'49"W (GOOGLE EARTH Screen Diameter: 19 " Screen Length: If screen is not a cylinder shape, please provide a diagram and measurements. Certification: I certify that my permit or transfer final order was issued prior to February 1, 2011. I certify that my small pumped diversion of less than 225 gpm meets fish screening criteria, and that I will maintain it to comply with regulatory/criteria I also understand that should fish screening standards change, I may be required to modify my installation to meet applicable standards. Date 2 - 14-2 ZWRD File #: S-54365 Applicant Signature:

Printed Name and Address: DAVE REED; 39 SAMS CREEK RD.: GOLD HILL, OR 97525

Pumpeers (04.18.2014).dec

Phone: (541) 821-0630

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