

**CLAIM OF
BENEFICIAL USE
for Transfers changing
Character of Use of a
Reservoir Only**



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 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 6" 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 where the only authorized change was a change character of use of a reservoir.

If additional changes were authorized, you will need to select a different form.

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YES

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1. File Information:

APPLICATION # T-8038

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Dexter and Marilyn Meadows		PHONE NO. 626-318-4502	ADDITIONAL CONTACT NO.
ADDRESS 175 Hogan Road			
CITY Oakland	STATE OR	ZIP 97462	E-MAIL

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 Marilyn Meadows		
ADDRESS 175 Hogan Road		
CITY Oakland	STATE OR	ZIP 97462

4. Date of Site Inspection:

March 16, 2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Dexter Meadows	Mar. 16, 2023	Owner

6. County:

Douglas

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)):

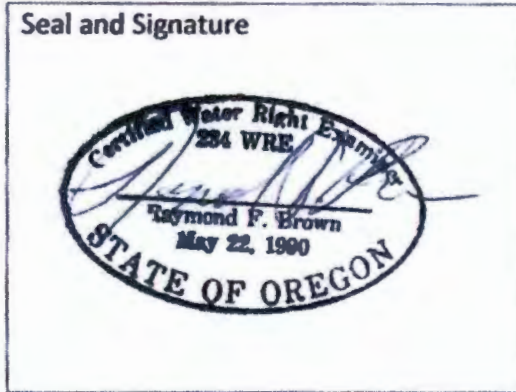
OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

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.



Renews 12/31/2023

CWRE NAME Raymond F. Brown		PHONE NO. 541-839-6185	ADDITIONAL CONTACT NO. 541-680-8950
ADDRESS P.O. Box 539			
CITY Canyonville	STATE OR	ZIP 97417	E-MAIL Survey97417@gmail.com

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
	Dexter Meadows	Owner	5/16/2023
	Marilyn Meadows	Owner	5/16/2023

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**SECTION 3
CONDITIONS**

All conditions contained in the transfer, 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 STORAGE MADE THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "FULL USE MADE DATE"
ISSUANCE DATE	Mar. 12, 1999	
FULL USE MADE (C)	Oct. 01, 2000	April 01, 1999

* 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)?

NO

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

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

VOLUME	PAGE	DATE EXTENDED TO

3. Measurement Conditions:

a. Does the transfer final order require the installation of a meter or approved measuring device?

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 or appropriation.

b. Has a meter been installed?

NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED

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?

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. Other conditions required by the transfer final order:

a. 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):

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SECTION 4

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
FINAL PROOF MAP	FINAL PROOF MAP
SCALE REQUEST	COPY OF APPROVED CHANGE IN SCALE

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SECTION 5

CLAIM OF BENEFICIAL USE MAP

A 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 reservoir does not require a new survey of the reservoir. The reservoir location identified on the Claim map should be based on the original right of record at the time the transfer final order was issued.

If the transfer final order did not require the installation of a meter/measuring device or fish protection devices, it may be possible to obtain a waiver, under OAR 690-014-0170(7), from providing a new map with the Claim. Any request for a mapping waiver must be in writing in the form of an e-mail or a letter.

Area of use was surveyed in using a total station. Found monuments per Survey Map File Number M82-53, Douglas County Surveyor's Office controlled the work. Tie to the South 1/4 corner of Section 15 was that of record. Existing reservoir shows no signs of water leaving the dam at time of visit., and the small ditch leaving the reservoir is dry.

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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.)

- X Map on polyester film.
- X Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- X Township, Range, Section, Donation Land Claims, and Government Lots
- NA Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- NA Locations of meters and/or measuring devices in relationship to point of diversion
- NA Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) ***Not required for this type of Claim of Beneficial Use**
- X Point(s) of diversion or appropriation (illustrated and coordinates)
- X Tax lot boundaries and numbers
- X Source illustrated if surface water
- X Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- X Transfer application number
- X North arrow
- X Legend
- X CWRE stamp and signature

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Raymond Brown <survey97417@gmail.com>

T-8038

2 messages

Raymond Brown <survey97417@gmail.com>

Tue, May 9, 2023 at 7:59 AM

To: CLARK Gerald E * WRD <Gerald.E.CLARK@water.oregon.gov>

Gerry,

I'm preparing the final proof map for Dexter Meadows and would like permission to use the scale of 1" = 1000', as it fits the 8-1/2" by 11" very well.

Thank you,

Raymond Brown - C.W.R.E. 234

CLARK Gerald E * WRD <Gerald.E.CLARK@water.oregon.gov>

Tue, May 9, 2023 at 8:03 AM

To: Raymond Brown <survey97417@gmail.com>

Good Morning,

Your request for a map scale waiver is approved as requested. Please attach a copy of this approval to the Claim form when submitted.

Please let me know if you have any additional questions. Have a great day!

Gerry

-
Gerry Clark

He/Him/Mis

Oregon Water Resources Department

Program Analyst, Certificate Section, Water Right Services Division

725 Summer Street NE, Suite A Salem, OR 97301 | Phone 503-979-9103

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