

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



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.**

This COBU is for a permit with a priority date of September 1, 1981; the \$230 fee is not applicable.

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

1. File Information:

APPLICATION #	PERMIT #	PERMIT AMENDMENT #
S-62429	S-46551	T-

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME David Leff		PHONE NO. 541-404-4262	ADDITIONAL CONTACT NO.
ADDRESS 87432 Cranberry Creek Lane			
CITY Bandon	STATE OR	ZIP 97411	E-MAIL twincreekranch@gmail.com

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

PERMIT HOLDER OF RECORD David Leff			
ADDRESS 87432 Cranberry Creek Lane			RECEIVED
CITY Bandon	STATE OR	ZIP 97411	JUL 03 2023

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ADDITIONAL PERMIT HOLDER OF RECORD N/A		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

Not applicable. This claim of beneficial use report is based on the water system that was in place and the water use that was occurring as of the completion date of the permit (10/1/1989), as per the notification received by OWRD on April 25, 1990 and subsequently acknowledged by OWRD on May 31, 1990 (see Attachment 3).

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
David Leff	March and April 2023	Owner

6. County:

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 N/A		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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 Theodore Ressler		PHONE NO. 503-967-7050 x204	ADDITIONAL CONTACT NO.
ADDRESS Summit Water Resources, LLC; PO Box 11268			
CITY Portland	STATE OR	ZIP 97211	E-MAIL tressler@summitwr.com

Permit Holder 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
	David R. Leff	owner	6-16-23

SECTION 3 CLAIM DESCRIPTION

1. Point of diversion name or number:

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)
POD 1

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2. Point of diversion source and tributary:

POD NAME OR NUMBER	SOURCE	TRIBUTARY
POD 1	Lower Two Mile Creek	South Two Mile Creek

3. 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 1	Irrigation	Pasture, hay, and blueberries	Irrigation season	754 gpm (1.68 cfs)
Total Quantity of Water Used				754 gpm (1.68 cfs)

4. 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:

Water is diverted for use using a combination of pumps, including a 20-HP bankside pump, a portable 5.5-HP pump, and a trailer mounted 3.5-HP pump. Water diverted by the bankside pump is conveyed by buried mainline to the place of use and applied to irrigation using sprinklers. Water diverted by the portable 5.5-HP pump is conveyed by above ground flex hose and applied to irrigation using a big gun. Water diverted by the trailer mounted 3.5-HP pump is transported to the place of use on the trailer and applied to irrigation using an irrigation sprayer attached to the trailer.

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).

5. Variations:

Was the use developed differently from what was authorized by the permit, or permit amendment final order? If yes, describe below.

YES

(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.")

Place of Use. The permittee developed only a portion of the acreage allowed under the permit (see Section 3, Item #6). In addition, the distribution of acres by quarter-quarter differs slightly from that stated on the permit, which was due to the crops selected for production and the suitability of the land for development. The land developed is within the boundaries of the property at the time the permit was issued, and according to information provided by the permittee, the lands developed and irrigated as documented in this COBU have been continually in use since the date that the permittee submitted notice to OWRD of complete development of water use under the permit (on April 25, 1990) – see also Attachment 3.

Point of Diversion. The location of the point of diversion has been re-described slightly from that stated on the permit to accurately locate the point of diversion for this permit. The difference in the location appears to be the result of the placement of the PLSS grid on the permit application map.

6. Claim Summary:

POD NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POD 1	10.5 cfs ^A	754 gpm (1.68 cfs) ^B	Not measured	IR	70.0	48.0
				TC	70.0	57.5

^A 10.5 cfs, being 10.5 cfs for temperature control, 1.75 cfs for irrigation, and 3.5 cfs for flood harvest.

^B Based on system pumping capacity; total sprinkler capacity exceeds pumping capacity.

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple PODs?

YES

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):

POD 1

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A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

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TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
29 S	15 W	WM	24	SESE	--	--	IR	3.6	--
29 S	15 W	WM	24	SESE	--	--	TC	11.1	--
29 S	15 W	WM	24	SWSE	--	--	IR, TC	28.0	--
29 S	15 W	WM	25	NENE	--	--	IR, TC	16.4	--
29 S	15 W	WM	25	NENE	--	--	TC	2.0	--
Total Acres Irrigated								57.5	N/A

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 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 6 may be deleted.

2. Pump Information:

ID	MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Pump 1	Berkeley	B2.5ZPL	8051397	Centrifugal	3	2
Pump 2	Honda	WB30XT	5115271	Centrifugal	3	3
Pump 3	Amico	AHD-20	Not available	Centrifugal	3	3

3. Motor Information:

ID	MANUFACTURER	HORSEPOWER
Pump 1	Baldor	20
Pump 2	Honda	5.5
Pump 3	Amico	3.5

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4. Theoretical Pump Capacity:

ID	HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
Pump 1	20	80	10	0*	0.62 cfs (278 gpm)
Pump 2	5.5	20	5	0*	0.65 cfs (292 gpm)
Pump 3	3.5	20	5	0*	0.41 cfs (184 gpm)

5. Provide pump calculations:

$$Q_{\text{pump}} = \frac{(\text{Hp})(\text{conversion factor})}{(\text{lift} + \text{pressure}) \text{ total head in feet}} = \text{cfs}$$

Conversion factor:

$$\text{Centrifugal Pumps, 75\% eff. } \frac{(550 \text{ ft lb/sec/Hp})(.75)}{(62.4 \text{ lb/cu ft})} = 6.61 \text{ ft}^4/\text{sec/Hp}$$

Pump 1

$$Q_{\text{pump}} = \frac{(20)(6.61)}{[10 + (80 \times 2.54)]} = \underline{0.62 \text{ cfs}} = 278 \text{ gpm}$$

Pump 2

$$Q_{\text{pump}} = \frac{(5.5)(6.61)}{[5 + (20 \times 2.54)]} = \underline{0.65 \text{ cfs}} = 292 \text{ gpm}$$

Pump 3

$$Q_{\text{pump}} = \frac{(3.5)(6.61)}{[5 + (20 \times 2.54)]} = \underline{0.41 \text{ cfs}} = 184 \text{ gpm}$$

Total combined output of pumps = 1.68 cfs = 754 gpm

Note: Frictional losses in the pump and suction line (upstream of the pressure measurement) assumed to be accounted for by the 2.54 ft/psi conversion factor (versus 2.31 ft/psi). Frictional losses in the transmission pipeline and additional lift downstream of the pump are a component of the pressure measurement.

6. 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 measured			

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

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YES

7. Is the distribution system piped?*If "NO" items 8 through item 13 may be deleted.*

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8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
5-inch	750 ft	PVC	Buried
4-inch	3720 ft	PVC	Buried
3-inch	195 ft	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3-inch	2,400 ft	steel	Above ground
2-inch	300 ft	poly	Above ground

10. Sprinkler Information: (Refer to supporting documentation of beneficial use)

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (cfs)
R2000	60	3.54	130	78	276 gpm (0.615 cfs)
R33LP	50	4.1	60	60	246 gpm (0.548 cfs)
1-3/16	50	300	1	1	300 gpm (0.668 cfs)

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (cfs)
------	---------------	----------------------	--------------------------	---------------------	----------------------------

N/A – drip emitters are not used

12. 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
---------------------------	------------------	----------------------	-----------------------------	-------------------------	------------------------

N/A – drip tape is not used

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (cfs)
--------------	-----------------------	---------------	--------------------------	--------------------------

N/A – pivots are not used

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

NO

Bulge in System / Reservoir

NO

Complete appropriate table(s), unused table may be deleted.

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?

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

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:

Pump 2 and Pump 3 are portable pump systems that are operated independent of Pump 1. The rate of beneficial of Pump 2 and Pump 3 are additive to the rate of beneficial use from Pump 1. Pump 2 is used to supply handlines and the big gun; Pump 3 supplies an irrigation sprayer mounted on a mobile irrigation trailer.

Refer to the statement of use in Attachment 3 that provides the information available regarding the beneficial use of water at the time the permit holder notified the Department that complete beneficial use of water had occurred.

SECTION 5 CONDITIONS

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 permit extension of time:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	5/25/1982		
BEGIN CONSTRUCTION (A)	5/25/1983	Prior to 5/25/1983	Purchase of materials and construction of the point of diversion.
COMPLETE CONSTRUCTION (B)	10/1/1989	Prior to 10/1/1989	Permit holder notice of completed construction (Form B) received by the Department on 4/26/1990.
COMPLETE APPLICATION OF WATER (C)	10/1/1989	Prior to 10/1/1989	Permit holder notice of completed use of water (Form C) received by the Department on 4/26/1990.

* 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)?

YES

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

a. Did the Extension Final Order require the submittal of Progress Reports?

NO

If "NO", item 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?

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.

4. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department?
water use required only for water used for temperature control

Reporting of

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

b. Have the reports been submitted?

NO

If the reports have not been submitted, attach a copy of the reports if available.

Attachment 4

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? **NO**
b. Was a fishway required? **NO**
c. Was submittal of a water management and conservation plan required? **NO**
d. 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):

N/A

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Attachment 1	Claim of Beneficial Use Map
Attachment 2	Water Right Information
Attachment 3	Statement of Water Use
Attachment 4	Water Used for Temperature Control

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SECTION 7

CLAIM OF BENEFICIAL USE MAP

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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.

The location of the points of diversion, the system components, and the place of use shown on the claim of beneficial use map are based on information provided by the permit holder (and water user), which are representative of the water system that was in place and the water use that was occurring prior to the completion date of the permit. The map was created using Geographic Information System (GIS) software and spatial datasets obtained from the United States Bureau of Land Management (BLM), Oregon Water Resources Department (OWRD), United States Geological Survey (USGS), and Coos County.

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
- N/A Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- N/A 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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Attachment 1

Claim of Beneficial Use Map

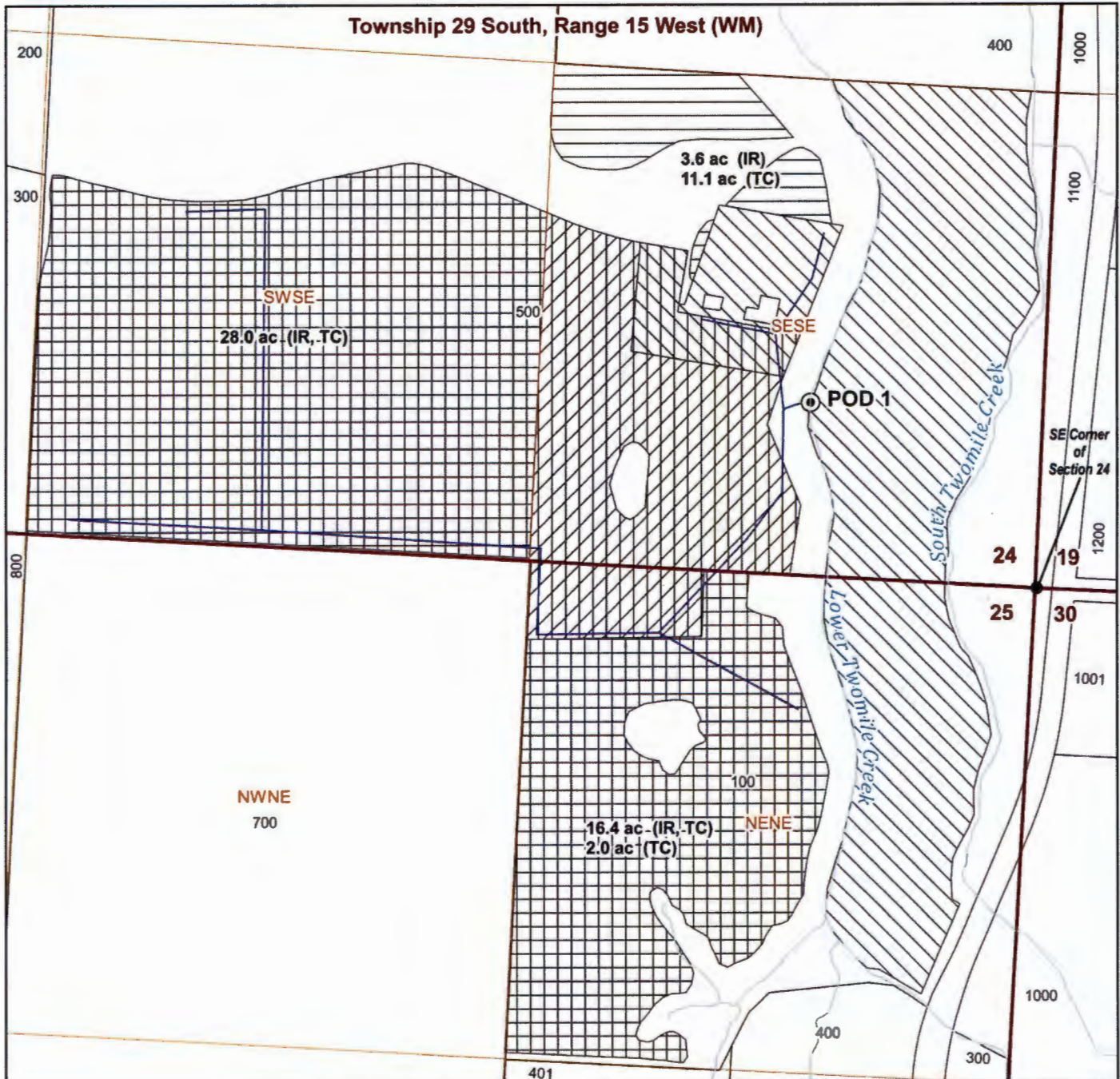
Claim of Beneficial Use
Permit S-46551, Application S-62429

A Water Right held by David Leff
Coos County

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LEGEND

- Point of Diversion (POD)
- Place of Use (POU), Permit S-46551 (IR)
- POU, Permit S-46551 (TC)
- POU, Permit S-46551 (IR, TC)
- POU, Certificate 50470
- POU, Certificate 21883
- Property Lines
- Streams
- Conveyance Mains

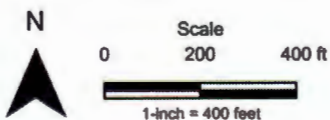
POA Location Description

POD 1
Located 450 feet North and 600 feet West from SE corner of Section 24 (SESE), Township 29 South, Range 15 West, WM



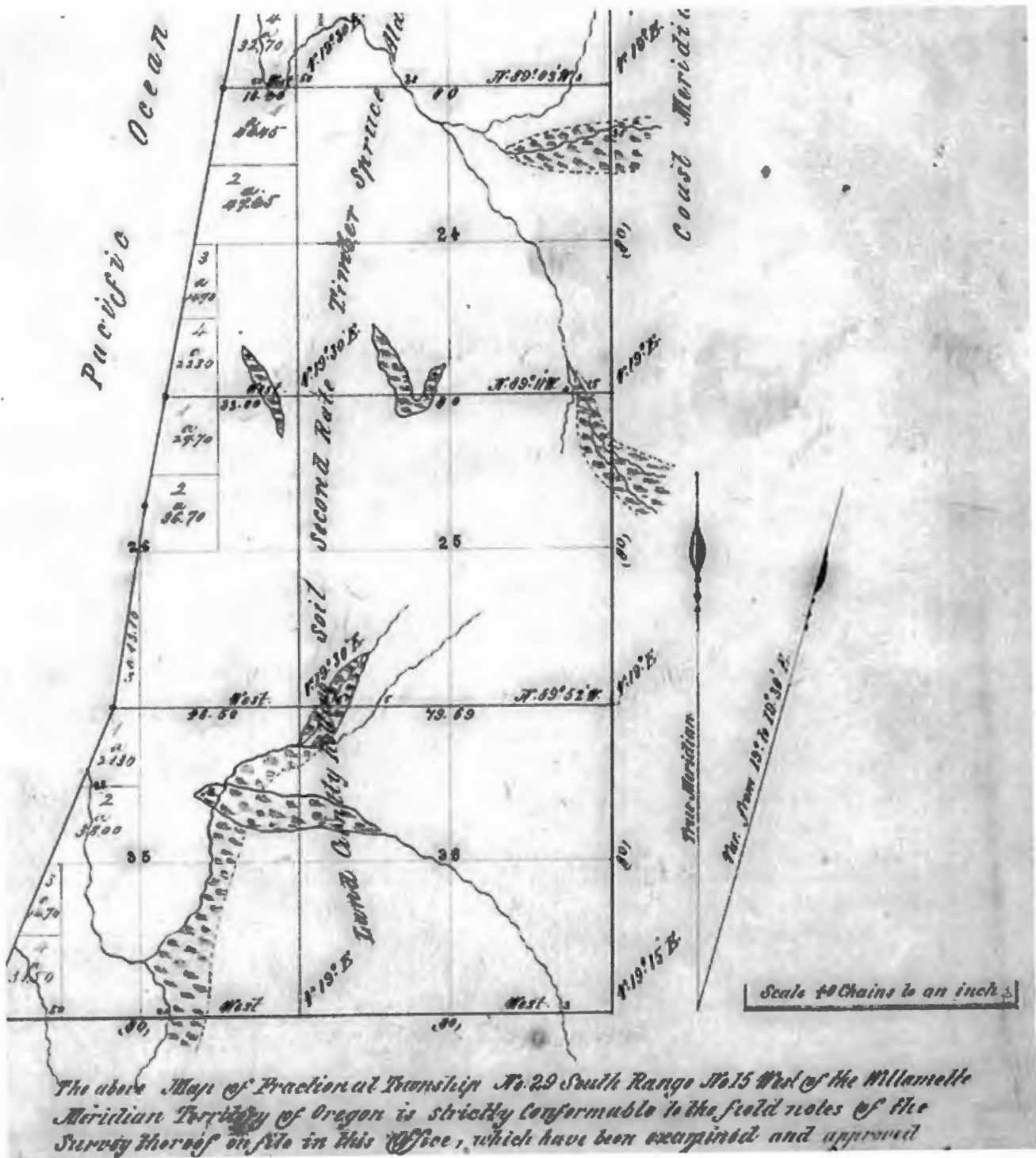
RENEWS: 12-31-2024

CWRE Seal and Signature



Date: 6/2/2023
Data Sources: BLM, OWRD, USGS, Coos County.
Disclaimer: This map is not intended to provide legal dimensions or property ownership lines.





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Attachment 2

Water Right Information

COPY

**Request for Assignment
By Proof of Ownership
(If Water Right Holder is Not Available)**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/owrd

If the Department determines that the application is incomplete, fees have not been paid, or the required documents are not acceptable, the application and all fees submitted will be returned to the applicant.
If for multiple rights, a separate form and fee for each right will be required.

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I, David Leff

(Name of Party Requesting Assignment)

87432 Cranberry Creek Lane

(Mailing Address)

Bandon, OR 97411

(City) (State) (Zip)

541-404-4262

(Phone #)

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- ☒ hereby request assignment of an entire application/permit/transfer order /limited license/groundwater statement;
☐ hereby request assignment of a portion of application/permit/transfer order/limited license/groundwater statement;
(You must include a map showing the portion of the application/permit/ transfer order /limited license/groundwater statement to be assigned.)

Application # S-62429 ; Permit # S-46551 ; Transfer Order # _____ ;

Limited License # _____ ; Groundwater Statement # _____ ;

Martin and David Leff

(Name of Current Holder of Record)

Route 1 Box 1024

(Mailing Address)

Bandon, OR 97411

(City) (State) (Zip)

541-404-4262

(Phone #)

Note: Write the initials (first letters) of your first and last names at the spots indicated below _____.

- 1) X I certify that I am the current owner of the property described in this application, permit, transfer order, limited license, or groundwater statement. I have attached proof of ownership that may include but not be limited to: a copy of the deed to the land, a copy of a land sales contract, a court order or decree, documentation of survivorship of property held jointly. The Department cannot accept a copy of a tax statement.
- 2) _____ I have the legal right to request assignment under OAR 690-310-0280 and 690-320-0060.
- 3) _____ I have not been able to contact the owner(s) of record for the above referenced transaction. I have attached proof acceptable to the Department that notice of the assignment has been given or attempted for each identified property owner not a party to the assignment. ORS 537.220(2) Failure to submit this proof will result in the return of your request. (Proof may include but not be limited to: a copy of returned certified mailing, copy of a Death Certificate, or a court order.)
- 4) _____ I further certify that the information provided herein is true and correct to the best of my knowledge.

Witness my hand this 13 day of June, 2023.
(Day) (Month) (Year)

Signature of Party Requesting Assignment David R. Leff

Failure to provide any of the required information will result in the return of your application.

DO NOT WRITE IN THIS BOX



The completed "Request for Assignment" form must be submitted to the Department along with the recording fee of \$120.

COPY

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

574980
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (Include AKA, if any)		First		Middle		Last		Suffix		2. Death Date (MM/DD/YYYY)	
Israel		Martin		Leff						December 17, 2010	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number		6. County of Death					
Male	79	Months	Days	Hours	Minutes	106-22-2968		Coos			
7. Birthdate (MM/DD/YYYY)		8a. Birthplace (City/Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education					
July 1, 1931		Bronx		New York		11th grade; no diploma					
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify)				11. Decedent's Race(s)				12. Was Decedent Ever in U.S. Armed Forces?			
No				White				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13. Residence: Number and Street (e.g., 834 SE 8th Street, Apt. No. 8)						14. City/Town					
87432 Cranberry Creek Lane						Bandon					
15. Residence County		16. State or Foreign Country		17. Zip Code + 4		18. Inside City Limits?					
Coos		Oregon		97411		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. Marital Status at Time of Death				20. Spouse's Name (If married or widowed, give name prior to first marriage.)							
Divorced				Not applicable							
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.")				22. Kind of Business/Industry (DO NOT USE COMPANY NAME.)							
Owner				Antique store							
23. Father's Name (First, Middle, Last, Suffix)				24. Mother's Name Prior to First Marriage (First, Middle, Last)							
Solomon Leff				Sophie Feinman							
25. Informant's Name		26. Telephone Number		27. Relation to Decedent		28. Mailing Address (Number & Street, City/Town, State, Zip + 4)					
David R. Leff		541-347-4262		Son		87432 Cranberry Creek Lane Bandon, OR 97411					
29. Place of Death				30. Facility Name							
Decedent's residence				Not applicable							
31. Location of Death (Give address.)				32. City/Town or Location of Death				33. State		34. Zip Code + 4	
87432 Cranberry Creek Lane				Bandon				OR		97411	
35. Method of Disposition		36. Place of Disposition (Name of cemetery, crematory, or other place)		37. Location							
Burial		Sunset Memorial Park		Coos Bay, OR 97420							
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4)				63060 Millington Frontage Rd.							
Coos Bay Chapel 685 Anderson Ave. Coos Bay, OR 97420											
39. Date of Disposition (MM/DD/YYYY)		40. Funeral Director's Signature		41. OR License Number		42. Registrar's Signature					
Dec. 21, 2010		[Signature]		CO-3504		[Signature]					
43. Date Received (MM/DD/YYYY)		44. Local File Number		45. Record Amendment							
Dec. 28, 2010		10778									
46. Was case referred to Medical Examiner?				47. Autopsy?				48. Were autopsy findings available to complete the cause of death?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
49. Time of Death				50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.							
11:20 AM											
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:				52. Manner of Death							
COPD, HTN				<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending							
53. If Female				54. Did tobacco use contribute to death?				55. Date of Injury (MM/DD/YYYY)			
<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown				56. Time of Injury			
57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				58. Injury at Work?				59. Location of Injury (Number & Street, City/Town, State, Zip + 4)			
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
60. Describe how injury occurred.				61. If transportation injury, specify.				62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4)			
				<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				Jeffrey Scott 110 10th St. SE Bandon, OR 97411			
63. Name and Title of Attending Physician (Other than Certifier)				64. Title of Certifier				65. License Number			
				D.O.				D023306			
66. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				68. Date Signed (MM/DD/YYYY)			
				Jeffrey Scott D.O.				12/22/2010			
69. Record Amendment											

ORIGINAL - VITAL RECORDS COPY

45-2 (06/06)

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OWRD

Frances Hall Smith
FRANCES HALL SMITH
COUNTY REGISTRAR
COOS COUNTY, OREGON

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE COOS COUNTY REGISTRAR.

DATE ISSUED: DEC 28 2010

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





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STATE OF OREGON

COOS COUNTY

ASSIGNED. See Misc. Rec., Vol. 7 Page 2073+2074**PERMIT TO APPROPRIATE THE PUBLIC WATERS**

This is to certify that I have examined APPLICATION 62429 and do hereby grant the same SUBJECT TO EXISTING RIGHTS INCLUDING THE APPROPRIATE MINIMUM FLOW POLICIES ESTABLISHED BY THE WATER POLICY REVIEW BOARD and the following limitations and conditions:

This permit is issued to Reinhard and Carol A. Schoepel of Route 1, Box 1024, Bandon, Oregon 97411-0029, phone 347-9897, for the use of the waters of Lower Two Mile Creek, a tributary of South Two Mile Creek, for the PURPOSE of irrigation of cranberries, temperature control, and flood harvesting, being 1.75 cubic feet per second of water for irrigation, 10.5 cfs for temperature control, and 3.5 cfs for flood harvest; that the PRIORITY OF THE RIGHT dates from September 1, 1981, and is limited to the amount of water which can be applied to beneficial use and shall not exceed 10.5 cfs measured at the point of diversion from the stream, or its equivalent in case of rotation with other water users.

The POINT OF DIVERSION is to be LOCATED: 610 feet North and 550 feet West from the Southeast Corner of Section 24, being within the SE 1/4 SE 1/4 of Section 24, Township 29 South, Range 15 West, WM, in the County of Coos.

A description of the PLACE OF USE under the permit, and to which such right is appurtenant, is as follows:

Township 29 South	Range 15 West, WM	Section 24	NW 1/4 SE 1/4	35.0 acres cranberry irrigation, temperature control, flood harvest
			SW 1/4 SE 1/4	35.0 acres cranberry irrigation, temperature control, flood harvest

If for irrigation, this appropriation shall be limited to 1/40 of one cubic foot per second of its equivalent for each acre irrigated and shall be further limited to a diversion of not to exceed 3.0 acre-feet per acre for each acre irrigated during the irrigation season of each year, for cranberries. If for the irrigation of any other crop, this appropriation shall be limited to 1/80 of one cubic foot per second or its equivalent for each acre irrigated and shall be further limited to a diversion of not to exceed 2.5 acre-feet per acre for each acre irrigated during the irrigation season of each year, and shall conform to such reasonable rotation system as may be ordered by the proper state officer.

The permittee shall record and submit annually to the Water Resources Department all pertinent data pertaining to use of water for temperature control (frost protection) on forms furnished.

Actual construction work shall begin on or before May 25, 1983 and shall thereafter be prosecuted with reasonable diligence and be completed on or before October 1, 1984. Extended to October 1987

Extended to October 1, 1989

Complete application of the water to the proposed use shall be made on or before October 1, 1985. Extended to October 1987 Extended to October 1, 1989

WITNESS my hand this 25th day of May, 1982.

/s/ JAMES E. SEXSON
WATER RESOURCES DIRECTOR

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Attachment 3

Statement of Water Use

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**AFFIDAVIT ATTESTING TO USE OF WATER UNDER
PERMIT S-46551, APPLICATION S-62429**

State of Oregon

)

) SS

County of Coos

I, David Leff, in my capacity as owner of Twin Creek Ranch., mailing address

87432 Cranberry Creek Lane, Bandon, OR 97411, telephone number 541-404-4262,

being first duly sworn depose and say:

1. I was a co-owner and operator of the ranch with my father, Martin Leff, who prepared and submitted a letter dated April 25, 1990 to the Oregon Water Resources Department stating that water was being used under the permit for irrigation (Exhibit 1). The Oregon Water Resources Department acknowledged receipt of the letter as notice that complete application of water had been made under the permit and that a representative of the Department would make an inspection and survey of the project (Exhibit 1).
2. My knowledge of the use of the water under Permit S-46551 is based on personal observation and use of water from the water systems associated with the permit.
3. The water system described in the Claim of Beneficial Use report is representative of the water system that was in place and used for irrigation under Permit S-46551 prior to October 1, 1989.
4. The water use described in the Claim of Beneficial Use report is representative of the water use that was occurring prior to October 1, 1989.
5. Water was used under Permit S-46551 for irrigation of the lands shown on Exhibit 2.

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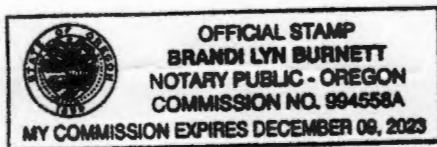
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David R. Laff
Signature of Affiant

6-16-23
Date

Signed and sworn to (or affirmed) before me this 16 day of June, 2023.



Brandi Lyn Burnett
Notary Public for Oregon

My Commission Expires: 12/08/2023

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Exhibit 1
Notice of Complete Application of Water



Water Resources Department

3850 PORTLAND ROAD NE, SALEM, OREGON 97310

PHONE 378-3739

May 31, 1990

MARTIN & DAVID LEFF
RT 1 BOX 1024
BANDON OR 97411

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Reference File: 62429

We have received your notice that complete application of water has been made under permit 46551.

At a later date, a representative of this office will make an inspection and survey of your project.

You will be mailed a proposed certificate of water right covering the actual use of water as found by our Inspector. Any use described in the permit that was not made will not be included in the certificate.

In the meantime, the permit you hold is valid evidence of your right so long as you continue to use the water.

If you have any questions, please contact the Mapping Unit at 378-3739.

5/17
WHL?

Twin Creek Ranch
RT1 Box 1024
Banden Or 97411
April 25 1990

OK for
B&C

Water Resources Department
3850 Portland Road N.E.
Salem Oregon 97310

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APR 26 1990

WATER RESOURCES DEPT.
SALEM, OREGON

Dear Mr. Applegate:

As per our phone conversation on Wednesday April 25th I am writing you to inform your department that we have been using water to irrigate approximately 100 acres of land for the purpose of growing grass on our pasture land.

File reference # 62429 Permit #46551.

We have used the irrigation in dry spells since this permit was issued.

If I can be of any further help please let me know.

Thank you very much for your past kindness.

Very Truly Yours
Martin Liff

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Exhibit 2
Map Showing Extent of Water Use

Claim of Beneficial Use
Permit S-46551, Application S-62429

A Water Right held by Martin and David Leff
Coos County

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LEGEND

- Point of Diversion (POD)
- ▨ Place of Use (POU), Permit S-46551
- ▨ POU, Certificate 50470
- ▨ POU, Certificate 21883
- Property Lines
- Streams
- Conveyance Mains

POA Location Description

POD 1
Located 450 feet North and 600 feet West from SE corner of
Section 24 (SESE), Township 29 South, Range 15 West, WM

Aerial photo date: July 19, 1986



Scale
0 200 400 ft
1-inch = 400 feet

Date: 4/16/2023
Data Sources: BLM, OWRD, USGS, Coos County.
Disclaimer: This map is not intended to provide legal dimensions
or property ownership lines.



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Attachment 4

Water Used for Temperature Control

Water Used for Temperature Control, Permit S-46551***Twin Creek Ranch***

Date	Duration (hr)	Water Volume (gal)	Temperature Condition
9/12/1988	8	110,448	Heat control, temperature > 78F
9/13/1988	8	110,448	Heat control, temperature > 78F
9/21/1990	8	110,448	Heat control, temperature > 78F
9/22/1990	8	110,448	Heat control, temperature > 78F
9/23/1990	8	110,448	Heat control, temperature > 78F
9/24/1990	8	110,448	Heat control, temperature > 78F
7/15/1992	8	110,448	Heat control, temperature > 78F
8/26/1992	8	110,448	Heat control, temperature > 78F
9/21/1992	8	110,448	Heat control, temperature > 78F
7/21/1994	8	110,448	Heat control, temperature > 78F
9/21/1994	8	110,448	Heat control, temperature > 78F
6/22/1995	8	110,448	Heat control, temperature > 78F
9/6/1995	8	110,448	Heat control, temperature > 78F
9/20/1997	8	110,448	Heat control, temperature > 78F
9/21/1997	8	110,448	Heat control, temperature > 78F
6/1/2004	8	110,448	Heat control, temperature > 78F
6/15/2004	8	110,448	Heat control, temperature > 78F
6/16/2004	8	110,448	Heat control, temperature > 78F
9/23/2006	8	110,448	Heat control, temperature > 78F
9/21/2009	8	110,448	Heat control, temperature > 78F
6/26/2011	8	110,448	Heat control, temperature > 78F
6/30/2013	8	110,448	Heat control, temperature > 78F
5/1/2016	8	110,448	Heat control, temperature > 78F
5/2/2016	8	110,448	Heat control, temperature > 78F
8/26/2016	8	110,448	Heat control, temperature > 78F
9/28/2017	8	110,448	Heat control, temperature > 78F
5/10/2019	8	110,448	Heat control, temperature > 78F
8/14/2020	8	110,448	Heat control, temperature > 78F
8/15/2020	8	110,448	Heat control, temperature > 78F
8/16/2020	8	110,448	Heat control, temperature > 78F
9/2/2020	8	110,448	Heat control, temperature > 78F
9/9/2020	8	110,448	Heat control, temperature > 78F
9/10/2020	8	110,448	Heat control, temperature > 78F
9/29/2020	8	110,448	Heat control, temperature > 78F
6/25/2022	8	110,448	Heat control, temperature > 78F
6/27/2022	8	110,448	Heat control, temperature > 78F
9/10/2022	8	110,448	Heat control, temperature > 78F