

**CLAIM OF  
BENEFICIAL USE  
for Ground 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](http://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>

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>

(See Certificate Resources)

**SECTION 1  
GENERAL INFORMATION**

**1. File Information:**

| APPLICATION #  | PERMIT # (IF APPLICABLE) | PERMIT AMENDMENT # (IF APPLICABLE) |
|----------------|--------------------------|------------------------------------|
| <b>G-18353</b> | <b>G-17851</b>           |                                    |

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**2. Property Owner (current owner information):**

|                                                   |                    |                                  |                                       |
|---------------------------------------------------|--------------------|----------------------------------|---------------------------------------|
| APPLICANT/BUSINESS NAME<br><b>SHAD A. VAUGHAN</b> |                    | PHONE NO.<br><b>541-890-2143</b> | ADDITIONAL CONTACT NO.                |
| ADDRESS<br><b>9500 BUTTE FALLS HWY</b>            |                    |                                  |                                       |
| CITY<br><b>EAGLE POINT</b>                        | STATE<br><b>OR</b> | ZIP<br><b>97524-4523</b>         | E-MAIL<br><b>patriotfab@gmail.com</b> |

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<br><b>SAME</b> |       |     |
| ADDRESS                                |       |     |
| CITY                                   | STATE | ZIP |

|                                                  |       |     |
|--------------------------------------------------|-------|-----|
| ADDITIONAL PERMIT HOLDER OF RECORD<br><b>N/A</b> |       |     |
| ADDRESS                                          |       |     |
| CITY                                             | STATE | ZIP |

**4. Date of Site Inspection:**

|                  |
|------------------|
| <b>5/11/2023</b> |
|------------------|

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

| NAME                | DATE             | ASSOCIATION WITH THE PROJECT |
|---------------------|------------------|------------------------------|
| <b>SHAD VAUGHAN</b> | <b>5/11/2023</b> | <b>OWNER</b>                 |
|                     |                  |                              |

**6. County:**

|                |
|----------------|
| <b>JACKSON</b> |
|----------------|

**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 |       |     |
| ADDRESS         |       |     |
| CITY            | STATE | ZIP |

## 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.



|                                       |                        |                     |                                                          |
|---------------------------------------|------------------------|---------------------|----------------------------------------------------------|
| CWRE NAME<br><b>GARY L. DEJARNATT</b> | PROJECT # <b>23025</b> | PHONE No.           | ADDITIONAL CONTACT No.<br><b>John Short 541-389-2837</b> |
| ADDRESS<br><b>2391 NW REDWOOD AVE</b> |                        |                     |                                                          |
| CITY<br><b>REDMOND</b>                | STATE<br><b>OR</b>     | ZIP<br><b>97756</b> | E-MAIL                                                   |

### 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             |
|-----------|--------------------------------------------------------|---------------|------------------|
|           | <b>Shad A Vaughan</b><br><del>T-10-20</del> <i>car</i> | <b>Owner.</b> | <b>7-18-2023</b> |

## SECTION 3

### CLAIM DESCRIPTION

**1. Point(s) of Appropriation (POA):**

| POA NAME OR NUMBER<br>(CORRESPOND TO MAP) | WELL LOG ID #<br>FOR ALL WORK PERFORMED ON THE WELL<br>(IF APPLICABLE) | WELL TAG #<br>(IF APPLICABLE) |
|-------------------------------------------|------------------------------------------------------------------------|-------------------------------|
| <b>WELL</b>                               | <b>JACK 32784</b>                                                      | <b>L-94564</b>                |
|                                           |                                                                        |                               |
|                                           |                                                                        |                               |
|                                           |                                                                        |                               |

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

**2. Developed use(s), period of use, and rate for each use:**

| POA<br>NAME OR<br>NUMBER            | USES                                                                                            | IF IRRIGATION,<br>LIST CROP TYPE      | SEASON OR MONTHS<br>WHEN WATER<br>WAS USED | ACTUAL RATE OR<br>VOLUME<br>USED<br>(CFS, GPM, OR AF) |
|-------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <b>WELL</b>                         | <b>IRRIGATION</b>                                                                               | <b>PASTURE AND<br/>TREE SEEDLINGS</b> | <b>APR 1 – OCT 31</b>                      | <b>0.06 CFS</b>                                       |
| <b>WELL</b>                         | <b>POND<br/>MAINTENANCE &amp;<br/>STORAGE FOR FISH<br/>LIFE, WILDLIFE, &amp;<br/>RECREATION</b> |                                       | <b>YEAR-ROUND</b>                          | <b>0.06 CFS</b>                                       |
| <b>Total Quantity of Water Used</b> |                                                                                                 |                                       |                                            | <b>0.06 CFS</b>                                       |

**3. Provide a general narrative description of the distribution works.** This description must trace the water system from each point of appropriation to the place of use:

**WATER IS PUMPED FROM THE WELL AND PIPED TO VAUGHAN RESERVOIR FOR POND MAINTENANCE, STORAGE, AND AS A BULGE-IN-SYSTEM FOR THE IRRIGATION SYSTEM. WATER IS ALSO PUMPED DIRECTLY FROM THE WELL TO A WATER TRUCK AND DELIVERED TO 5 STORAGE TANKS LOCATED THROUGHOUT THE PROPERTY. IRRIGATION IS COMPLETED WITH AN EXTENSIVE DRIP IRRIGATION SYSTEM THROUGHOUT THE PROPERTY TO IRRIGATE TREE SEEDLINGS AND PASTURE GRASSES, ALL GRAVITY FED. SPRINKLERS ARE ALSO USED.**

**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.

YES    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.")

**THE PERMIT ALLOWED FOR 40.0 ACRES OF IRRIGATION, THE WATER USER DEVELOPED 38.6 ACRES.**

**5. Claim Summary:**

| POD / POA<br>NAME OR # | MAXIMUM RATE<br>AUTHORIZED | CALCULATED<br>THEORETICAL RATE<br>BASED ON SYSTEM | AMOUNT OF<br>WATER<br>MEASURED | USE                                                    | # OF<br>ACRES<br>ALLOWED | # OF ACRES<br>DEVELOPED |
|------------------------|----------------------------|---------------------------------------------------|--------------------------------|--------------------------------------------------------|--------------------------|-------------------------|
| WELL                   | 0.11 CFS                   | 0.06 CFS                                          | N/A                            | IRRIGATION &<br>POND<br>MAINTENANCE                    | 40.0                     | 38.6                    |
| WELL                   | N/A                        | N/A                                               | 1.0 AF                         | STORAGE FOR<br>FISH LIFE,<br>WILDLIFE, &<br>RECREATION | N/A                      | N/A                     |

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**SECTION 4**  
**SYSTEM DESCRIPTION**

Are there multiple POAs?

YES NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

POA Name or Number this section describes (only needed if there is more than one):

WELL (JACK 32784 / L-94564)

**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. Groundwater Source Information (Well)**

1. Is the appropriation from a well?

YES NO

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

2. Describe the access port (type and location) or other means to measure the water level in the well:

3/4" CAPPED PVC IN TOP OF CASING

3. If well logs are not available, provide as much of the following information as possible:

| CASING<br>DIAMETER | CASING<br>DEPTH | TOTAL<br>DEPTH | COMPLETION<br>DATE OF<br>ORIGINAL WELL | COMPLETION<br>DATES OF<br>ALTERATIONS | WHO THE WELL<br>WAS DRILLED FOR | WELL DRILLED<br>BY |
|--------------------|-----------------|----------------|----------------------------------------|---------------------------------------|---------------------------------|--------------------|
| <u>N/A</u>         |                 |                |                                        |                                       |                                 |                    |
|                    |                 |                |                                        |                                       |                                 |                    |

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

N/A

**C. Groundwater Source Information (Sump)**

1. Is the appropriation from a dug well (sump)?

YES NO

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

**D. Appropriation and Delivery System Information**

Provide the following information concerning the appropriation and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES NO

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

**2. Pump Information:**

| MANUFACTURER | MODEL      | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) |
|--------------|------------|---------------|--------------------------------------------|
| FRANKLIN     | 2801054915 |               | SUBMERSIBLE                                |

**3. Theoretical Pump Capacity:**

| HORSEPOWER | OPERATING PSI | LIFT FROM SOURCE TO PUMP<br>*If a well, the water level<br>during pumping | LIFT FROM PUMP TO<br>PLACE OF USE | TOTAL PUMP<br>OUTPUT<br>(IN CFS) |
|------------|---------------|---------------------------------------------------------------------------|-----------------------------------|----------------------------------|
| 0.5        | 5             | 70'                                                                       | -20'                              | 0.06'                            |

**4. Provide pump calculations:**

|                                      |
|--------------------------------------|
| SEE ATTACHED OWRD PUMP CALCULATIONS. |
|--------------------------------------|

**5. Measured Pump Capacity (using meter if meter was present and system was operating):**

| INITIAL METER READING | ENDING METER READING | DURATION OF TIME<br>OBSERVED | TOTAL PUMP OUTPUT<br>(IN CFS) |
|-----------------------|----------------------|------------------------------|-------------------------------|
| N/A                   |                      |                              |                               |

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

**6. Sprinkler Information:**

| SIZE  | OPERATING<br>PSI | SPRINKLER<br>OUTPUT<br>(GPM) | TOTAL NUMBER<br>OF SPRINKLERS | MAXIMUM<br>NUMBER USED | TOTAL SPRINKLER OUTPUT<br>(CFS) |
|-------|------------------|------------------------------|-------------------------------|------------------------|---------------------------------|
| 9/64" | 40               | 3.4 GPM                      | 3                             | 3                      | 0.02 CFS                        |
|       |                  |                              |                               |                        |                                 |
|       |                  |                              |                               |                        |                                 |

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

**7. Drip Emitter Information:**

| SIZE | OPERATING<br>PSI | EMITTER<br>OUTPUT<br>(GPM) | TOTAL NUMBER<br>OF EMITTERS | MAXIMUM<br>NUMBER USED | TOTAL EMITTER OUTPUT<br>(CFS) |
|------|------------------|----------------------------|-----------------------------|------------------------|-------------------------------|
|      |                  |                            |                             |                        |                               |
|      |                  |                            |                             |                        |                               |
|      |                  |                            |                             |                        |                               |

**8. Drip Tape Information:**

| DRIPPER<br>SPACING IN<br>INCHES | GPM PER<br>100 FEET | TOTAL<br>LENGTH OF<br>TAPE | MAXIMUM<br>LENGTH OF TAPE<br>USED | TOTAL TAPE<br>OUTPUT<br>(CFS) | ADDITIONAL INFORMATION |
|---------------------------------|---------------------|----------------------------|-----------------------------------|-------------------------------|------------------------|
| 12"                             | 0.069 GPM           | 24,000'                    | 24,000'                           | 0.04 CFS                      |                        |
|                                 |                     |                            |                                   |                               |                        |
|                                 |                     |                            |                                   |                               |                        |

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### E. Storage

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

**YES**      **NO**

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

If "YES" is it a:

- Storage Tank
- Bulge in System / Reservoir

|            |    |
|------------|----|
| <u>YES</u> | NO |
| <u>YES</u> | NO |

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

## 2. Storage Tank:

| MATERIAL<br>(CONCRETE, FIBERGLASS, METAL, ETC.) | CAPACITY<br>(IN GALLONS)  | ABOVE GROUND OR BURIED |
|-------------------------------------------------|---------------------------|------------------------|
| HDPE                                            | 5 @ 2000 GAL = 10,000 GAL | ABOVE GROUND AND FLUSH |

### 3. Bulge in System / Reservoir:

| RESERVOIR NAME OR NUMBER<br>(CORRESPOND TO MAP) | APPROXIMATE DAM HEIGHT | APPROXIMATE CAPACITY (IN<br>ACRE FEET) |
|-------------------------------------------------|------------------------|----------------------------------------|
| SEE ATTACHED RESERVOIR INFORMATION              |                        |                                        |

### F. 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?**

YES NO

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

### G. 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?**

YES NO

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

**H. Additional notes or comments related to the system:**

|  |
|--|
|  |
|--|

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## 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 extension final order:

|                                   | DATE FROM PERMIT | DATE ACCOMPLISHED* | DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS |
|-----------------------------------|------------------|--------------------|---------------------------------------------------------------------------|
| ISSUANCE DATE                     | 9/29/2017        |                    |                                                                           |
| BEGIN CONSTRUCTION (A)            | 9/29/2022        | 9/29/2017          | WELL CONSTRUCTION COMPLETE                                                |
| COMPLETE CONSTRUCTION (B)         | N/A              | N/A                | SYSTEM COMPLETE                                                           |
| COMPLETE APPLICATION OF WATER (C) | 9/29/2022        | 9/29/2022          | COMPLETE APPLICATION OF WATER TO BENEFICIAL USE                           |

\* 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 NO

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

### 3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? YES NO

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

b. What month was the initial measurement to be taken in?

MARCH

c. Was the measurement submitted to the Department? YES NO

d. If the initial measurement was not submitted, provide that measurement now, if available:

| DATE OF MEASUREMENT | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|---------------------|---------------------|--------|-------------|
|                     |                     |        |             |

### 4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? YES NO

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

b. Provide the month, or months, in which the static water level measurement(s) were to be made:

**MARCH**

c. Were the static water level measurements taken in the month(s) required? **YES** **NO**

d. If "YES", were those measurements submitted to the Department? **YES** **NO**

e. If the annual measurements were not submitted, provide the measurements now:

| DATE OF MEASUREMENT | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|---------------------|---------------------|--------|-------------|
|                     |                     |        |             |
|                     |                     |        |             |

#### 5. Pump Test:

a. Is a pump test required? **YES** **NO**

Ground water permits with priority dates on or after December 20, 1988, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

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

b. Has the pump test been previously submitted to the Department? **YES** **NO**

c. Is the pump test attached to this claim? **YES** **NO**

d. Has the pump test been approved by the Department? **YES** **NO**

e. Has a pump test exemption been approved by the Department? **YES** **NO**

**\*\*The Claim will not be reviewed until a pump test or exemption has been approved by the Department.**

#### 6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **YES** **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 appropriation.**

b. Has a meter been installed? **YES** **NO**

c. Meter Information

| POA NAME OR # | MANUFACTURER | SERIAL #        | CONDITION (WORKING OR NOT) | CURRENT METER READING | DATE INSTALLED |
|---------------|--------------|-----------------|----------------------------|-----------------------|----------------|
| <b>WELL</b>   | <b>DJ</b>    | <b>17041837</b> | <b>WORKING</b>             | <b>220921</b>         | <b>2017</b>    |

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

**7. Recording and reporting conditions:**

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

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

**8. Other conditions required by permit, permit amendment final order, or extension final order:**

- a. Were there special well construction standards? YES NO  
b. Was submittal of a ground water monitoring plan required? YES NO  
c. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO

| WELL ID # | DATE ATTACHED TO WELL |
|-----------|-----------------------|
| L-94564   | 2022                  |
|           |                       |

- d. Other conditions? YES NO

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

|  |
|--|
|  |
|--|

**SECTION 6  
ATTACHMENTS**

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

| ATTACHMENT NAME       | DESCRIPTION                     |
|-----------------------|---------------------------------|
| CBU MAP               | CLAIM OF BENEFICIAL USE MAP     |
| PUMP CALCS            | OWRD PUMP CAPACITY CALCULATIONS |
| RESERVOIR INFORMATION | RESERVOIR INFORMATION           |

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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.

**ON-SITE DIRECT MEASUREMENT AND NAIP IMAGERY.**

### 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
- ☒ 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

## Reservoir Information

1. Does the reservoir require the submittal of as-built plans and specifications? YES NO

If "YES", answer item 2; items 3 through 8 relating to this section may be deleted.

If "NO", skip items 2; answer items 3 through 8.

2. Complete the table:

| HAVE THE DOCUMENTS BEEN SUBMITTED?<br>YES OR NO | WHEN WERE THE DOCUMENTS SUBMITTED? | HAVE THEY BEEN APPROVED BY THE DEPARTMENT? | NUMBER OF ACRE FEET STORED |
|-------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------|
| N/A                                             | N/A                                | N/A                                        | N/A                        |

3. If the reservoir stores less than 9.2 acre-feet of water or if the dam is less than 10 feet in height, and as-built plans and specifications are not required, complete the table and items 4 through 8.

| MAXIMUM DEPTH | AVERAGE DEPTH | SURFACE AREA<br>(IN ACRES) | VOLUME<br>(IN ACRE FEET) |
|---------------|---------------|----------------------------|--------------------------|
| 13'           | 2.5'          | 0.4 AC                     | 1.0 AF                   |

4. Provide reservoir volume calculations:

0.4 AC X 2.5' AVG DEPTH = 1.0 AF

5. Provide the following information concerning the physical characteristics of the dam:

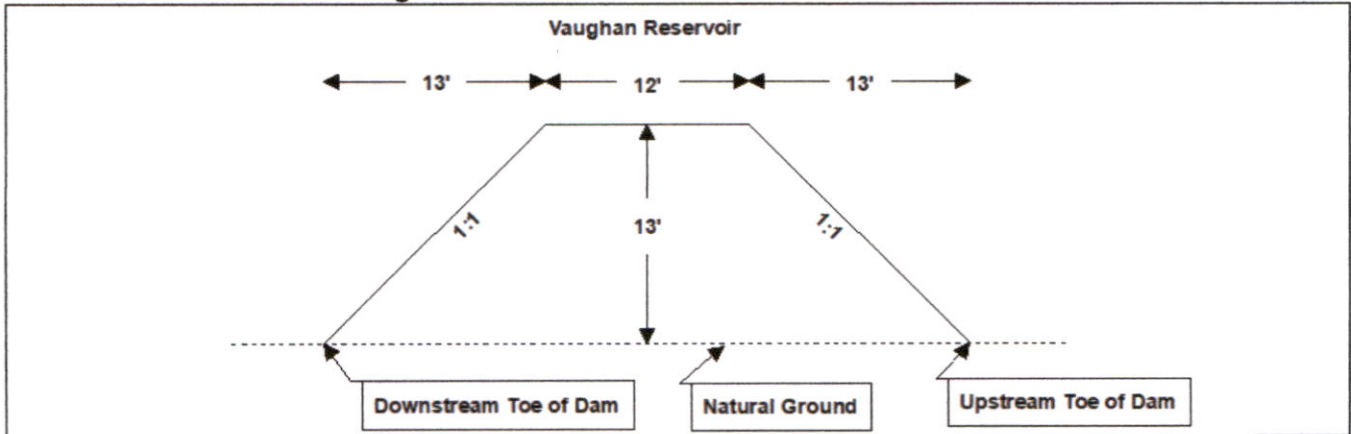
| CREST WIDTH (W) | DAM HEIGHT AT CENTERLINE (H) | DISTANCE FROM DOWNSTREAM TOP OF DAM TO DOWNSTREAM TOE (L) | DISTANCE FROM UPSTREAM TOP OF DAM TO UPSTREAM TOE (U) | WATER LEVEL AT INSPECTION | DOWN-STREAM SLOPE | UP-STREAM SLOPE |
|-----------------|------------------------------|-----------------------------------------------------------|-------------------------------------------------------|---------------------------|-------------------|-----------------|
| 12'             | 13'                          | 13'                                                       | 13'                                                   | 12'                       | 1:1               | 1:1             |

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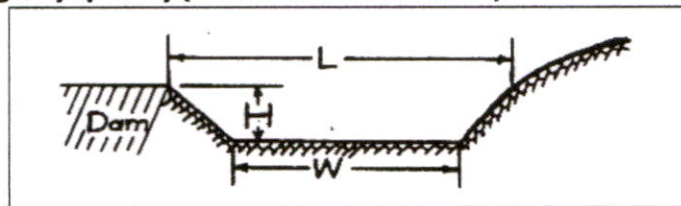
6. Provide a drawing showing the cross section of the dam at the maximum section indicating details and dimensions. The drawing should be drawn at a standard even scale.



7. Describe the outlet works (size and type of the outlet conduit and location):

**THERE IS A GATED 8" DIAMETER STEEL OUTLET PIPE LOCATED AT THE NE CORNER OF THE DAM, ALLOWING FOR DRAINAGE OF THE RESERVOIR AND PASSAGE OF LIVE FLOW.**

8. Describe the emergency spillway (dimensions and location):



| BOTTOM WIDTH (W) | TOP WIDTH (L) | SPILLWAY DEPTH (H) |
|------------------|---------------|--------------------|
| 20"              | 30"           | 8"                 |

**THE SPILLWAY IS LINED WITH SMOOTH COBBLED RIVER ROCK AND IS LOCATED AT THE NW CORNER OF THE DAM AND FLOWS BACK TO THE NATURAL CHANNEL.**

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|                                                        |             |            |                                               |  |  |  |  |
|--------------------------------------------------------|-------------|------------|-----------------------------------------------|--|--|--|--|
| <b>Pump Capacity Calculation Sheet</b>                 |             |            | <b><u>SHAD VAUGHAN L-94564 JACK 32784</u></b> |  |  |  |  |
| using Department designed formula:                     |             |            |                                               |  |  |  |  |
| (hp)(efficiency) / (lift + psi head) = capacity in cfs |             |            |                                               |  |  |  |  |
| Efficiency:                                            |             |            |                                               |  |  |  |  |
| Centrifugal = 6.61                                     |             |            |                                               |  |  |  |  |
| Turbine = 7.04                                         |             |            |                                               |  |  |  |  |
| <b>Data Entry (fill in underlined blanks)</b>          |             |            |                                               |  |  |  |  |
|                                                        |             |            |                                               |  |  |  |  |
| HP =                                                   | <u>0.5</u>  |            |                                               |  |  |  |  |
| Efficiency =                                           | <u>7.04</u> |            |                                               |  |  |  |  |
| Lift =                                                 | <u>45</u>   |            |                                               |  |  |  |  |
| PSI =                                                  | <u>5</u>    |            |                                               |  |  |  |  |
| <b>Results Calculated</b>                              |             |            |                                               |  |  |  |  |
|                                                        |             |            |                                               |  |  |  |  |
| (hp)(efficiency) =                                     | <u>3.52</u> |            |                                               |  |  |  |  |
| Head based on psi =                                    | <u>12.7</u> |            |                                               |  |  |  |  |
| Total dynamic head =                                   | <u>57.7</u> |            |                                               |  |  |  |  |
| (head + lift)                                          |             |            |                                               |  |  |  |  |
|                                                        |             |            |                                               |  |  |  |  |
| <b>Pump Capacity =</b>                                 | <b>0.06</b> | <b>cfs</b> |                                               |  |  |  |  |
|                                                        |             |            |                                               |  |  |  |  |

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