# CLAIM OF BENEFICIAL USE for Surface Water Permits claiming 0.1 cfs or less



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

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A fee of \$230 must accompany this form for <u>permits</u> with priority dates of July 9, 1987, or later.

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## 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: <a href="https://www.oregon.gov/OWRD/Forms/Pages/default.aspx">https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</a>

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 # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
S-87385	S-54820	N/A

		-			
3	Droporty	OWNOR	Curront	OWINGE	information):
4.	Property	Owner	(current	OWITE	IIII OI III ationj.

APPLICANT/BUSINESS NAME  Wichael Hart and Karin S. Hart		PHONE NO 818-489-	
ADDRESS 2090 East Lakeshore D	Prive		
CITY	STATE	ZIP	E-MAIL
Agoura	CA	91301	

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. <u>Each</u> 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 RECOM Michael Hart and Kari			
ADDRESS 2090 East Shore Drive			
CITY	STATE	ZIP	
Agoura	CA	91301	

ADDITIONAL PERMIT HOLD	RECEIVED		
ADDRESS			SEP 0 1 2023
CITY	STATE	ZIP	OWRD

# 4. Date of Site Inspection:

August 23, 2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
James Debo	8/23/2023	Neighbor – Property Caretaker

#### 6. County:

Jackson

# 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)): N/A

OWNER OF RECORD			
Address			
Сіту	STATE	ZIP	

Add additional tables for owners of record as needed

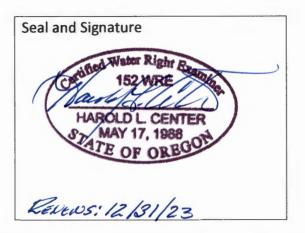
# SECTION 2 SIGNATURES

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# **CWRE Statement, Seal and Signature**

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The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME		PHONE NO	
Harold L. Center		541-535-	6108
Address			
2604 David Lane			
CITY	STATE	ZIP	E-MAIL
Medford	OR	97504	Center1071@gmail.com

# Permit Holder's of Record Signature or Acknowledgement

**Each** permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

Michael Hart	Owner	8/30/2023
Karin S. Hart	Owner	8/30/23

#### **SECTION 3**

# **CLAIM DESCRIPTION**

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

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POD Name or Number	Source	TRIBUTARY
POD 1	Appelgate Reservoir	Applegate River

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

POD NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, or AF)
No. 1	IRR	Lawn and Garden	Apr. 1 – Oct. 31	1.22 AF
<b>Total Quantity o</b>	f Water Used * See	Sprinkler Attachment		1.22 AF

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

Water is pumped from diversion point via mainline pipe to 7 (seven) zones and applied by inground pop-up/stationary sprinklers. Manually activated.

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.")

5. Claim Summary:

POD/POA NAME OR#	MAXIMUM RATE AUTHORIZED	THEORETICAL RATE	AMOUNT OF WATER	USE	# OF ACRES ALLOWED	# OF ACRES
1	Vol. 6 AF/Yr	1.22 AF	1.22 AF	IRR	1.40	1.40

#### **SECTION 4**

#### SYSTEM DESCRIPTION

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Are there multiple PODs?

YES 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):

Hart POD 1

#### A. Place of Use

Attach Claim of Beneficial Use map.

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

# B. Diversion and Delivery System Information

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

1. Is a pump used?

NO YES

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

2. Pump Information:

Century	C48L2PA105C5	13016CH	Centrifugal
MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)

3. Theoretical Pump Capacity:

Horsepower	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO	TOTAL PUMP
		*IF A WELL, THE WATER LEVEL	PLACE OF USE	OUTPUT
		DURING PUMPING		(IN CFS)
1.5	60	4'	8'	

4. Provide pump calculations:

5. Measured Pump Capacity (using meter if meter was present and system was operating):Not Operating

INITIAL METER READING	ENDING METER READING	DURATION OF TIME	To	TAL PUMP OUT	PUT
		OBSERVED		(IN CFS)	

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

6. Sprinkler Information: See attached sprinkler data

SIZE	OPERATING	SPRINKLER	TOTAL NUMBER	MAXIMUM	TOTAL	SPRINKLER OUTPUT
	PSI	OUTPUT (GPM)	OF SPRINKLERS	Number Used		(CFS)
					-	

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

7. Drip Emitter Information: N/A

Size	OPERATING	EMITTER	TOTAL NUMBER	MAXIMUM	Total	AL EMITTER OUTPUT
	PSI	OUTPUT (GPM)	OF EMITTERS	Number Used		(CFS)

8. Drip Tape Information:N/A

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
INCHES		The state of the s	USED SERVICE		

# C. Storage

1. Does the distribution system include in-system storage (e.g. 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

YES NO

Bulge in System / Reservoir

YES NO

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

2. Storage Tank:

## **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?

YES NO

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

2. Complete the table:

PIPE SIZE	PIPE	"c"	AMOUNT OF	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER
	TYPE	FACTOR	FALL			FLOW (IN CFS)

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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	7/24/13		
BEGIN CONSTRUCTION (A)	7/24/13	8/1/13	Installed Fish Screen, Pump
COMPLETE CONSTRUCTION (B)	7/24/18	9/1/13	Flow Meter, 50-70 feet of 1.5" PVC Pipe to connect to existing system.
COMPLETE APPLICATION OF WATER (C)			

<sup>\*</sup> MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

# Is there an extension final order(s)?

YES NO

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

#### 3. Measurement Conditions:

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

YES
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.

b. Has a meter been installed?

YES NO

# c. Meter Information

	OD NAME or#	MANUFACTURER	SERIAL#	(WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Aug, 2013		Netafim	13- 40016742	Working	037620.0	Aug, 2013
			40016742			

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

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# 4. 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.

b. Have the reports been submitted? N/A

YES NO

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

#### 5. Fish Screening:

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion?

YES NO

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 NO

c. When was the fish screening installed?

DATE	BYWHOM
August 2013	Landowner and ODFW Share cost

Reminder: If the permit or transfer final order was issued on or after February 1, 2011, the fish screen is required to be approved by the Oregon Department of Fish and Wildlife regardless of the rate of diversion.

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- 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):
- Has the self-certification form previously been submitted to the Department? <u>NA</u> YES 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?
   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.

#### 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?

YES NO

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

Reminder: If by-pass devices were required, the COBU map must indicate their location in relation to the point of diversion.

b. Have by-pass devices been installed?

YES NO

DESCRIPTION	IF INSTALLED	IF INSTALLED, BY WHOM
(E.G. "ODFW HAS APPROVED THE BY-PASS DEVICE" OR "NO BY-PASS	(DATE)	
DEVICE IS NECESSARY BECAUSE THERE IS A DIRECT DIVERSION FROM THE		
STREAM VIA A PUMP ON RIVER LEFT STREAM BANK WITH FOOT VALVE		
DESCENDING DIRECTLY INTO NATURAL POOL.") IN ADDITION, YOU MAY		
ATTACH PHOTOS TO THIS CLAIM.		

c. Describe the diversion works as related to whether a by-pass device is installed or unnecessary:

(Provide a letter from ODFW indicating the device is approved or is unnecessary.)

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# 7. Other conditions required by permit, permit amendment final order, or extension final order:

a. Was the water user required to restore the riparian area if it was disturbed? YES NO
 b. 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):

Riparian area not disturbed – See ODFW attached letter	

# **SECTION 6**

# **ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
ODFW Letter	Approves fish screen and bypass
Photograph Exhibit	Shows pump site pump and flow meter at POD
Photograph Exhibit	Pump Specification Label on Motor/Pump
Photograph Exhibit	Flow Meter, serial number SN 13-40016792, reading 8/23/23
Sprinkler Information	Section 4, No.6 Sprinkler
Map Scale Waiver	Approval of Map scale waiver by Gerry Clark
,	

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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.

Mapping data from adjacent surveys data performed by CWRE using Total Station supplemented with GPS measurements, aerial photographs from Google Earth pump site, flow meter by CWRE Harold L. Center.

# **Map Checklist**

	be sure that the map you submit includes ALL the items listed below.  der: Incomplete maps and/or claims may be returned.)		
$\boxtimes$	Map on polyester film.		
$\boxtimes$	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of map)	the county assessor	
$\boxtimes$	Township, Range, Section, Donation Land Claims, and Government Lots		
	If irrigation, number of acres irrigated within each projected Donation Land Cla Quarter-Quarters	ims, Government Lots	
$\boxtimes$	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 point of diversion		
$\boxtimes$	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)		
$\boxtimes$	Point(s) of diversion or appropriation (illustrated and coordinates)		
$\boxtimes$	Tax lot boundaries and numbers		
$\boxtimes$	Source illustrated if surface water		
$\boxtimes$	Disclaimer ("This map is not intended to provide legal dimensions or locations lines")	of property ownership	
$\boxtimes$	Application and permit number or transfer number		
$\boxtimes$	North arrow		
$\boxtimes$	Legend	RECEIVED	
	CWRE stamp and signature	SEP 0 1 2023	

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# Department of Fish and Wildlife

Rogue Watershed District Office 1495 East Gregory Rd. Central Point, OR 97502

Phone: 541-826-8774

Fax: 541-826-8776 www.odfw.com



August 21, 2023

Michael Hart 12145 Hwy 238 Applegate, OR 97530

Dear Michael,

Regarding OWRD water right Permit S-54820, ODFW has determined that the fish screen at the pump point-of-diversion meets current fish protection criteria, and fish bypass devices are not necessary. Thank you.

Sincerely,

Josh Kelsey

Screens & Passage Coordinator Oregon Dept. of Fish and Wildlife 1495 E. Gregory Rd. Central Point, OR 97502

Office (541)-857-2424 Cell (541)-944-8557

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MCHAEL AND KARINS. HART

PERMIT: 5-54820

Source: ApplegATE RES PERMIT R-7810

APPLEGATE RIVER

ELECTRIC POWER

- FISH SCYEEN

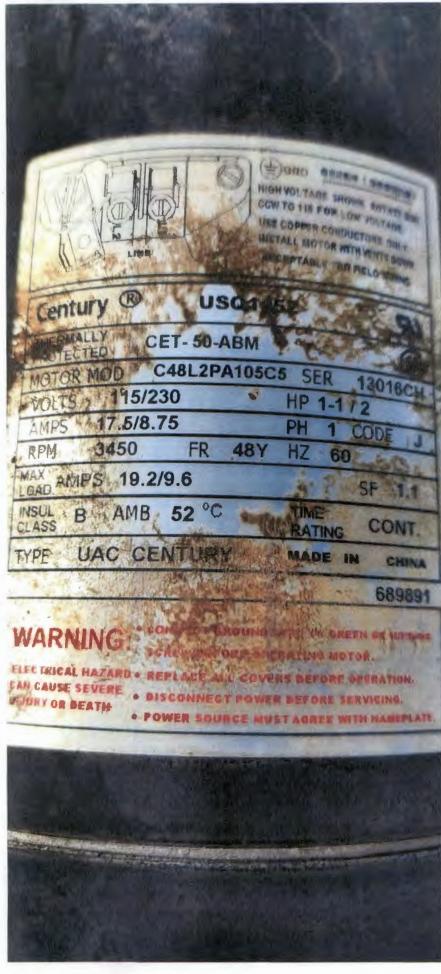
-PUMP CENTURY 1.5 HP

- FLOW METER

PHOTO BY: HAROLD L. CENTER PLS, CWRE 8 23 2023

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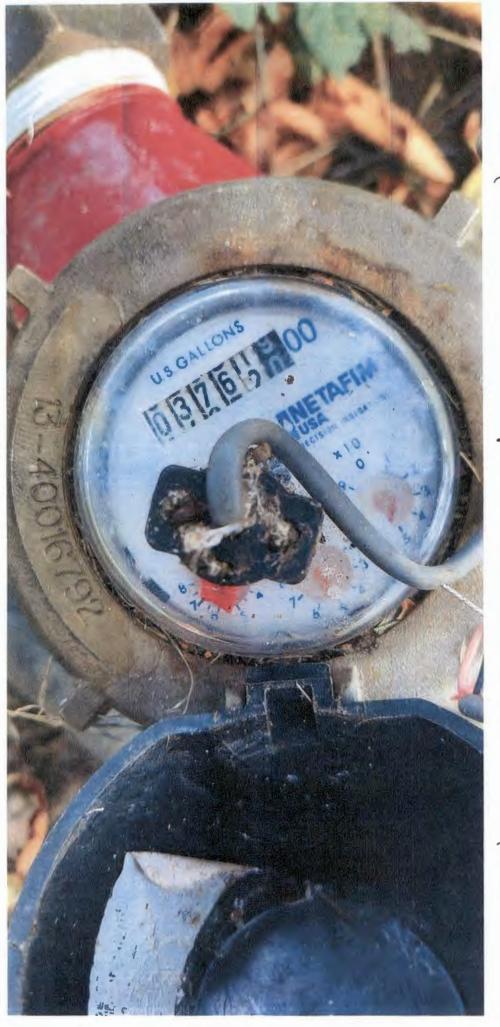
MICHAEL AND KARINS. HART PERMIT: S-54820

> PHOTO: CENTURY PUMP & MOTOR

PHOTO BY!
HAROLD L CENTER PLS, CWRE
8/23/2023

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MICHAEL AND KARINS. HART PERMIT 5-54820

F/OW METER

NETAFIM

11/2" DIA

501:13-40016792

PHOTO BY:
HAROLD L. CENTER PLS, CWRE
8/23/2023
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# Sprinkler Attachment

Permit: S-54820 Claim of Beneficial Use

Property Owner: Michael Hart and Karin S. Hart

Claim of Beneficial Use, Section 4, No. 6 Sprinkle Information

Water is applied by 7 sprinkler zones that are manually controlled (on and off). The sprinkler's nozzle size was measured as 5/32" and using a operating pressure of 40 = 4.4 GPM per sprinkler application rate per sprinkler. Note, Zone 1 uses impact sprinklers of various brands and nozzle sizes.

Zone 1, 5 impact sprinklers adjustable circle sprinklers – 5 x 4.4 GPM = 22 GPM application rate \*\*

Zone 2, 8 Hunter pop-up PGP adjustable sprinklers – 8 x 4.4 GPM = 35.2 GPM

Zone 3A, 8 Nelson flush pop-up adjustable sprinklers – 8 x 4.4 GPM = 35.2 GPM

Zone 3B, 3 Nelson flush pop-up adjustable sprinklers –  $3 \times 4.4 = 13.2$  GPM

Zone 3C, 3 Nelson flush pop-up adjustable sprinklers  $-3 \times 4.4 = 13.2$  GPM

Zone 3D, 4 Nelson flush pop-up adjustable sprinklers – 4 x 4.4 = 17.6 GPM

\*\* 2 sprinklers in Zone 1 are Rainbird 30H type with 2 nozzles 1/8" (2.9 GPM) and 11/64 (5.4 GPM) – 8,3 GPM @ 40psi.

Calculated Consumption using meter readings for 9.5 seasons.

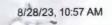
# 3,761,545

9.5 = Annual Use 395,952 gal/yr

395,952

325851 (gal acre foot) = 1.22 Acre Feet Calculated Rate based on metered consumption

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#### Harold Center <center1071@gmail.com>

# RE: Permit S 54820 Map Waiver

1 message

CLARK Gerald E \* WRD < Gerald.E.CLARK@water.oregon.gov> To: "orcenter1071@charter.net" <orcenter1071@charter.net>

Tue, Aug 22, 2023 at 1:27 PM

Harold,

I have reviewed and am approving your request for a mapping scale. The use of a scale of 1" = 100' is acceptable.

I have performed a cursory review of the Claim Map and find it to be in order. I do not currently have any updates to recommend.

Please attach a copy of this waiver approval to the Claim when it is submitted.

Have a great afternoon!

Gerry

Gerry Clark

He/Him/His

#### **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

From: Harold Center <center1071@gmail.com>

Sent: Tuesday, August 22, 2023 12:52 PM

To: CLARK Gerald E \* WRD < gerald.e.clark@state.or.us>

Subject: Permit S 54820 Map Waiver

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Good Day Gerry,

Pursuant to our telecon this am, attached please find a copy of the COBU draft map and Jackson County Tax Assessor "Tax Lot Map" showing the 1/4 1/4 section lines.

By this email I am requesting a waiver to utilize the map scale of 1" = 100 feet.

In addition, pursuant to your advice, based on the tax assessors 14/14 drafted lines, I have placed 0.02 acres of irrigated land in the SW1/4NE1/4. The acres within the NW1/4NE1/4 was reduced to 1.20 acres with a total of 1.40 total acres claimed.

Harold L. Center, PLS CWRE

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