

**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

**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>

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # S-72935	PERMIT # (IF APPLICABLE) S-52848	PERMIT AMENDMENT # (IF APPLICABLE)
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME BRETT RICHARDS & MARIE RICHARDS		PHONE No. 360-477-9615	ADDITIONAL CONTACT No.
ADDRESS 49091 MYRTLE CREEK RD			
CITY MYRTLE POINT	STATE OR	ZIP 97458	E-MAIL

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 SAME		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

5-12-2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
BRETT RICHARDS	5-12-2023	PERMIT HOLDER

6. County:

COOS

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

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 GARY L. DEJARNATT PROJECT # 23026	PHONE NO.	ADDITIONAL CONTACT NO. John Short 541-389-2837	
ADDRESS 2391 NW REDWOOD AVE			
CITY REDMOND	STATE OR	ZIP 97756	EMAIL

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
	Brett Richards	Owner	8-21-23
	Marie Richards	Owner	8-21-23

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**SECTION 3
CLAIM DESCRIPTION**

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

POD NAME OR NUMBER	SOURCE	TRIBUTARY
POD	MIDDLE FORK COQUILLE 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)
POD	DOMESTIC EXPANDED		DEC 1 – APR 30	0.02 CFS
"	HUMAN CONSUMPTION		MAY 1 – NOV 30	0.02 CFS
Total Quantity of Water Used				0.02 CFS

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 THE POD THROUGH A PIPELINE TO SPIGOTS.

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 SECOND PERMITTED POD, "A SPRING" WAS NOT DEVELOPED.

5. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POD	0.02 CFS	0.65 CFS	N/A	DOMESTIC EXPANDED & HUMAN CONSUMPTION	N/A	N/A

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SECTION 4
SYSTEM DESCRIPTION

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):

POD

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? YES NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
KOSHIN	KTH-80X	011568701	CENTRIFUGAL

3. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
16	40	10'	50'	0.65 CFS

4. Provide pump calculations:

SEE ATTACHED OWRD PUMP CAPACITY CALCULATIONS.

5. 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)
N/A			

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

6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64"	40 PSI	3.4	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 PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)

8. 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

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.

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.

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?

YES NO

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

F. 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	9/30/1996		
BEGIN CONSTRUCTION (A)	9/30/1997	9/30/1996	N/A
COMPLETE CONSTRUCTION (B)	10/1/1997	9/30/1996	SYSTEM COMPLETE
COMPLETE APPLICATION OF WATER (C)	9/30/1996	9/30/1996	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. 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.

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.

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

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c. When was the fish screening installed?

DATE	By WHOM
1996	OWNER

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.

d. If the diversion **involves a pump** *and* 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? **NA YES NO**

If not, go to <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx> 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** *or* 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? **NA YES NO**

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.

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):

**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
FISH SCREEN CERTIFICATION	ODFW SMALL PUMP SCREEN SELF CERTIFICATION

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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
- 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
- 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

Pump Capacity Calculation Sheet		<i>RICHARDS POD</i>	
using Department designed formula:			
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$			
Efficiency:			
Centrifugal = 6.61			
Turbine = 7.04			
Data Entry (fill in underlined blanks)			
HP =	<u>16</u>		
Efficiency =	<u>6.61</u>		
Lift =	<u>60</u>		
PSI =	<u>40</u>		
Results Calculated			
$(hp)(\text{efficiency}) =$	<u>105.76</u>		
Head based on psi =	<u>101.6</u>		
Total dynamic head =	<u>161.6</u>		
(head + lift)			
Pump Capacity =	<u>0.65</u>	cubic feet per second	

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OREGON DEPARTMENT of FISH and WILDLIFE

FISH SCREENING PROGRAM

SMALL PUMP SCREEN SELF CERTIFICATION

FOR PERMITS OR TRANSFERS ISSUED PRIOR TO FEBRUARY 1, 2011

As evidence of having met fish screen installation requirements, please provide the information requested below, sign the certification, and send copies to:

Oregon Water Resources Department, and Water Rights Section, 725 Summer Street NE, Suite A, Salem, OR 97301-1271

Pete Baki Oregon Dept. Fish and Wildlife 4034 Fairview Industrial Drive SE Salem, OR 97302

Water right permit/certificate number: S-52848 Amount of water diverted 0.02 cfs

Stream: Middle Fork Coquille River Tributary to: Coquille River

Location (GPS if available): 43.022600, -124.007811

Screen Length: 10" Screen Diameter: 5"

Is pump screen self-cleaning: No

If screen is not a cylinder shape, please provide a diagram and measurements.

N/A

Certification:

I certify that my permit or transfer final order was issued prior to February 1, 2011.

I certify that my small pumped diversion of less than 225 gpm meets fish screening criteria, and that I will maintain it to comply with regulatory criteria. I also understand that should fish screening standards change, I may be required to modify my installation to meet applicable standards.

Applicant Signature: [Signature] Date: 8/12/23 WRD File #: S-72935

Printed Name and Address: 49091 Myrtle Creek Rd., Myrtle Point, OR 97458

Phone: (541) 290-8366 Fax: ()

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