CLAIM OF BENEFICIAL USE for Transfer New or Additional **POD Only**



OREGON Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900

www.oregon.gov/OWRD

A fee of \$230 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

> Example - A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

A separate form shall be completed for each transfer.

This form is subject to revision. Begin each new claim by checking for a new version of this form at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. Every item must have a response. If any requested information does not apply to the claim, insert "NA." Do not delete or alter any section of this form unless directed by the form. The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see:

https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx

SECTION 1

GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was a change in either point(s) of diversion or additional point(s) of diversion, or a combination of both. YES . If additional changes were authorized, you will need to select a different form.

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| | F-11 | | | | | |

| The internation | |
|-----------------|--|
| APPLICATION # | |
| T-12673 | |
| | |

2. Property Owner (current owner information)

| APPLICANT/BUSINESS NAME JAMES & THOMAS ROSE | | PHONE NO 541-643- | | Additional Contact No. | |
|---|-------------|----------------------|----------------------------|------------------------|--|
| ADDRESS 16117 NORTH BANK RO | OAD | | | | |
| CITY ROSEBURG | STATE OR | ZIP 97470 | E-MAIL roseranch@gmail.com | | |

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. <u>Each</u> transfer holder of record must sign this form.

3. Transfer holder of record (this may, or may not, be the current property owner)

| TRANSFER HOLDER OF RECO JAMES & THOMAS ROS | | | |
|--|-------|-------|--|
| ADDRESS 16117 NORTH BANK RO | DAD | | |
| Спу | STATE | ZIP | |
| ROSEBURG | OR | 97470 | |

4. Date of Site Inspection:

9-28-23

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

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|---------------------|---------|------------------------------|
| JAMES & THOMAS ROSE | 9-28-23 | LANDOWNERS |
| | | |

6. County:

| | | |
|-----|------|------|
| DOU | GLAS | |

7. If any property described in the place of use of the transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

| OWNER OF RECORD NA | | | |
|--------------------|-------|-----|--|
| ADDRESS | | | |
| Спу | STATE | ZIP | |

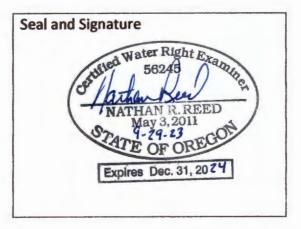
Add additional tables for owners of record as needed

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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 NATHAN REED | | PHONE NO 541-784- | |
|------------------------------|----------|----------------------|-------------------------------|
| ADDRESS 157 WEST BODIE STREE | г | | |
| CITY ROSEBURG | STATE OR | ZiP 97471 | E-MAIL nreed68@hotmail.com |

Transfer Holder of Record Signature or Acknowledgement

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

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

| SIGNATURE | PRINT OR TYPE NAME | TITLE | DATE |
|---------------|--------------------|-------|---------|
| Janu Rel | James A Rose | owner | 10/2/23 |
| Thomas & Rose | Thomas E. Ruse | Owner | 10/2/23 |
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CLAIM DESCRIPTION

Note: The Claim <u>only</u> needs to describe the new or additional point(s) of diversion. This Claim does not need to provide information for the original point(s) of diversion unless the original point of diversion is either a new or additional point of diversion on another right involved in this transfer.

1. New or additional point of diversion name or number:

| POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP) | SOURCE |
|---|--------------------|
| POD #2 | NORTH UMPQUA RIVER |
| POD #3 | NORTH UMPQUA RIVER |

2. Variations:

| Was the use developed differently from what was authorized by the transfer final order, | NO |
|---|----|
| or extension final? If yes, describe below. | |

| (e.g. | "The order allowed three new/additional points of diversion. The water user only developed one of the points." | |
|-------|--|--|
| | | |
| | | |
| | | |

3. Claim Summary:

| NEW OR ADDITIONAL POD NAME OR # | MAXIMUM RATE AUTHORIZED IN ORDER | CALCULATED THEORETICAL RATE BASED ON SYSTEM | AMOUNT OF WATER MEASURED |
|------------------------------------|----------------------------------|---|--------------------------|
| POD #2 | 0.55 CFS | 0.77 | 0.56 |
| POD #3 | 0.48 CFS | 0.55 | 0.53 |

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SYSTEM DESCRIPTION

Are there multiple new or additional Points of Diversion (POD)s?

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 #2 | | | |
| P(H)A/ | | | - 1 |
| I OD ITZ | | | |
| | | | _ |

A. POD System Information

Provide the following information concerning the point of diversion. Information provided must describe the equipment used to appropriate water from the point of diversion.

1. Pump Information

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|--------------|-----------|---------------|--|-------------|-------------------|
| CORNELL | 3WHA-30-2 | 233479-7-06 | CENTRIFUGAL | 4" | 3" |

2. Motor Information

| MANUFACTURER | Horsepower | | |
|--------------|------------|--|--|
| BALDOR | 30 | | |
| | | | |

3. Theoretical Pump Capacity

| HORSEPOWER | OPERATING PSI | LIFT FROM SOURCE TO PUMP | LIFT FROM PUMP TO PLACE OF USE | TOTAL PUMP OUTPUT (IN CFS) |
|------------|---------------|--------------------------|--------------------------------|----------------------------------|
| 30 | 75 | -2 | 70 | 0.77 |

4. Provide pump calculations:

75psi = 190.5 feet; Q = (Hp x eff.)/(Sum Total Head) = (30x6.61)/(190.5-2+70) = 0.77 CFS

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) |
|-----------------------|----------------------|------------------------------|----------------------------|
| RATE READING METER | 252 GPM | | 0.56 |

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

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| B. (| Grav | ity | Flow | Pipe |
|------|------|-----|------|-------------|
| | | | | |

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the diversion involve a gravity flow pipe?

NO

C. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Does the diversion involve a gravity flow ditch or canal?

NO

| D. | Additional | notes o | or comme | ents relat | ted to | the sy | stem |
|----|------------|---------|----------|------------|--------|--------|------|
| | | | | | | | |

| | |
|--------|------|
| POD #3 | |
| 100110 | |

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A. POD System Information

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Provide the following information concerning the point of diversion. Information provided must describe the equipment used to appropriate water from the point of diversion.

1. Pump Information

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE | DISCHARGE |
|--------------|------------|---------------|--|--------|-----------|
| CORNELL | 2.5WH-15-2 | 250107 6.31 0 | CENTRIFUGAL | 2.5" | 3" |

2. Motor Information

| HORSEPOWER | |
|------------|--|
| 15 | |
| | |

3. Theoretical Pump Capacity

| HORSEPOWER | OPERATING PSI | LIFT FROM SOURCE TO PUMP | LIFT FROM PUMP TO PLACE OF USE | TOTAL PUMP OUTPUT (IN CFS) |
|------------|---------------|--------------------------|--------------------------------|----------------------------------|
| 15 | 52 | -3 | 50 | 0.55 |

4. Provide pump calculations:

52psi x 2.54 = 132.1 feet; $Q = (Hp \times eff.)/(Sum Total Head) = (15x6.61)/(132.1-3+50) = 0.55 CFS$

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) |
|-----------------------|----------------------|------------------------------|----------------------------|
| RATE READING METER | 240 GPM | | 0.53 |

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

| B. Grav | ity F | ow P | ipe |
|---------|-------|------|-----|
|---------|-------|------|-----|

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the diversion involve a gravity flow pipe?

NO

C. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Does the diversion involve a gravity flow ditch or canal?

NO

| D. | Additional | notes or | comments re | lated t | to the | system: |
|----|------------|----------|-------------|---------|--------|---------|
| | | | | | | |

SECTION 5

CONDITIONS

All conditions contained in the transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

| | DATE FROM TRANSFER | DATE THE NEW AND/OR ADDITIONAL POD(s) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE" |
|----------------------------------|--------------------|---|
| ISSUANCE DATE | 12-4-2017 | |
| COMPLETENESS DATE FROM ORDER (C) | 10-1-2023 | POD #2 AVAILABLE AND COMPLETE 7/2022. POD #3 COMPLETED AND BOTH PUT TO USE 9/2023. |

^{*} MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)?

NO

- 3. Measurement Conditions:
- a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device?

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

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c. Meter Information

| POD NAME OR# | MANUFACTURER | SERIAL# | CONDITION (WORKING OR NOT) | CURRENT METER READING | DATE INSTALLED |
|-----------------|--------------|-------------|----------------------------|--------------------------|-------------------|
| POD #2 | McCROMETER | 22-06976-06 | WORKING | 0.113 AF | 7/2022 |
| POD #3 | McCROMETER | 23-06605-04 | WORKING | 0.732 AF | 9/2023 |

- 4. Recording and reporting conditions
- a. Is the water user required to report the water use to the Department?

NO

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

 YES

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

c. When was the fish screening installed?

| DATE | By Whom |
|-----------------|--------------------------------------|
| 7/2022 & 9/2023 | PACIFIC AG (POD #2 & 3 RESPECTIVELY) |

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 <u>and</u> the total diversion rate of all rights at the point of diversion is less than 225 gpm (0.5 cfs) and the permit was issued prior to February 1, 2011:
 - Has the self-certification form previously been submitted to the Department? NA

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 <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?

NA

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.

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| | any points of diversion required to have a by-pass device to prevent fish from ng the point of diversion? | NO |
|--------|---|----|
| 7. Oth | ner conditions required by the transfer 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. | Other conditions? | NO |
| | " to any of the above, identify the condition and describe the water user's actions to y with the condition(s): | |

ATTACHMENTS

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

| ATTACHMENT NAME | DESCRIPTION | |
|-----------------|--------------------|--|
| ODFW LETTER | FISH SCREEN | |
| CBU MAP | FINAL PROOF SURVEY | |

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 polyester film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for <u>additional</u> points of diversion, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

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



6 Ry-nass Devices

| entification number. | | | | | | |
|--|--|--|--|--|--|--|
| A GARMIN 650, HANDHELD GPS, USED TO LOCATE COORDINATES OF PERTINENT FEATURES. ALONG WITH DOUGLAS COUNTY GIS WITH ULTRA-HIGH IMAGERY. | | | | | | |
| | | | | | | |
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basis of the survey is an aerial photo, provide the source, date, series and the aerial photo

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Map Checklist

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X

X

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Source illustrated if surface water

Application and permit number or transfer number

ownership lines")

CWRE stamp and signature

North arrow

Legend

Please be sure that the map you submit includes ALL the items listed below. (Reminder: Incomplete maps and/or claims may be returned.) \boxtimes Map on polyester film X Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map) \boxtimes Township, Range, Section, Donation Land Claims, and Government Lots X If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters \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 or appropriation Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) *Not required for this type of Claim of Beneficial Use \boxtimes Point(s) of diversion or appropriation (illustrated and coordinates) \boxtimes Tax lot boundaries and numbers

Disclaimer ("This map is not intended to provide legal dimensions or locations of property

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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



September 25, 2023

James and Thomas Rose 16117 North Bank Rd. Roseburg, OR 97470

Dear Jim and Tom,

Regarding OWRD water right transfer T-12673 (permit S-24348, application S-30946), ODFW is satisfied that the condition for fish screening has now been met at both of the new POD's identified on the transfer's associated map as #2 and #3. ODFW has also determined that bypass devices and fishways are not necessary.

Sincerely,

Rich Kilbane

RIRL

ODFW Fish Screening and Passage Program

Central Point Screen Shop

(541) 857-2421

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Cc: Nathan Reed, CWRE