

**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

**RECEIVED
OCT 10 2023
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-89185	PERMIT # (IF APPLICABLE) S-55360	PERMIT AMENDMENT # (IF APPLICABLE)
---------------------------------	--	------------------------------------

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME BENJAMIN BECK and SARAH SIBBERNSEN		PHONE No. 402.669.1649	ADDITIONAL CONTACT No.
ADDRESS 1200 STERLING CREEK RD			
CITY JACKSONVILLE	STATE OR	ZIP 97530	E-MAIL SSIBBERNSEN@YAHOO.COM

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. *Each permit holder of record must sign this form.*

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

PERMIT HOLDER OF RECORD BENJAMIN BECK		
ADDRESS SEE ABOVE		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD SARAH SIBBERNSEN		
ADDRESS SEE ABOVE		
CITY	STATE	ZIP

4. Date of Site Inspection:

MAY 4, 2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
SARAH SIBBERNSEN	5/4/2023	PERMIT HOLDER
BENJAMIN BECK	5/4/2023	PERMIT HOLDER

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)):

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

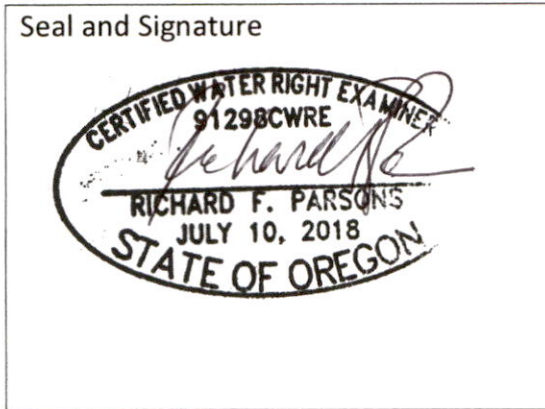
RECEIVED
OCT 10 2023
OWRD

SECTION 2
SIGNATURES

RECEIVED
OCT 10 2023
OWRD

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 RICK PARSONS / PARSONSWATER CONSULTING LLC		PHONE No. 541.499.0257	ADDITIONAL CONTACT No. 303.667.5067
ADDRESS 1619 MINEAR RD			
CITY MEDFORD	STATE OR	ZIP 97501	E-MAIL RICK.PARSONS@PARSONSWATER.COM

Permit Holder's of Record Signature or Acknowledgement

Each permit or 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
	SARAH SIBBERNSEN	PERMIT HOLDER	5/4/23
	BENJAMIN BECK	PERMIT HOLDER	5/4/23

SECTION 3
CLAIM DESCRIPTION

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

POD NAME OR NUMBER	SOURCE	TRIBUTARY
PUMP 1	A RESERVOIR	

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)
PUMP 1	NURSERY	HEMP	JAN 1 – DEC 31	3.0 AF
Total Quantity of Water Used				3.0 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 FROM A RESERVOIR (R-15313) IS PULLED INTO PUMP VIA A 2" FLEX HOSE AND THEN OUTPUT THROUGH 1" BLACK POLY PIPE AND METER APPROXIMATELY 250' ALONG ACCESS ROAD UP APPROXIMATELY 50' ELEVATION GAIN TO OPEN DISCHARGE INTO THREE 3000-GAL STORAGE TANKS. WATER FROM TANKS THEN PIPED TO DRIP IRRIGATE THREE ADJACENT GREENHOUSES (APPROX. 5300 SQFT TOTAL AREA). WATER FROM TANKS TRANSFERRED TO TWO MID-SYSTEM STORAGE TANK AREAS (1. TWO 3000-GAL TANKS AND 2. ONE 1500-GAL AND ONE 3500-GAL TANKS) FOR SUBSEQUENT DELIVERY TO DRIP IRRIGATION OF OUTDOOR AREAS. 1/2 HP OR 1 HP PUMPS USED, AS NECESSARY TO DELIVER WATER TO IRRIGATION MORE MID-SYSTEM TANK AREAS.

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	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
PUMP 1	N/A	0.11 CFS	N/A	NURSERY	6.0	4.1

SECTION 4
SYSTEM DESCRIPTION

Are there multiple PODs?

YES NO
RECEIVED
OCT 10 2023
OWRD

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):

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)
HONDA	WH20XTAF	WAKT-1007437	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)
3.5	64	0	50	0.12

4. Provide pump calculations:

$$Q = (HP)(EFFICIENCY) / TOTAL DYNAMIC HEAD = (3.5 * 6.51) / [LIFT (50) + HEAD ((64/0.433) * 1.1)] = 0.11 CFS / 48.1 GPM$$

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)
NOT OPERATING AT TIME OF SITE VISIT			

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

6. Sprinkler Information: N/A

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (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)
		0.015	1200	1200	0.04

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
12	1.5	66000	16650	0.56	

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
 Bulge in System / Reservoir

YES NO
 YES NO

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
FIBERGLASS	FIVE 3000-GAL	ABOVE GROUND
	ONE 2500-GAL	ABOVE GROUND
	ONE 1500-GAL	ABOVE GROUND

RECEIVED

OCT 10 2023

OWRD

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

GRAVITY FLOW PIPES ARE IN USE FROM STORAGE TANKS BUT DELIVERY DISTANCE IS IN TENS OF FEET SO ANY ASSOCIATED LOSSES HERE CONSIDERED NEGLIGIBLE

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

F. Additional notes or comments related to the system:

**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	4/1/2022		
BEGIN CONSTRUCTION (A)	4/1/2027	FALL 2022	PUMP INSTALLED ALONG WITH PVC PIPING TO METER AND MAIN STORAGE TANK
COMPLETE CONSTRUCTION (B)	4/1/2027	FALL 2022	
COMPLETE APPLICATION OF WATER (C)	4/1/2027	SPRING / SUMMER 2023	WATER IN STORAGE PUMPED TO MAIN TANK AND SUPPLEMENTAL TANKS AND APPLIED TO CRPOS

* 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.

RECEIVED YES NO

OCT 10 2023

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

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
A RESERVOIR	NETAFIM	22-100025910	WORKING	4500 GALS	FALL 2022

4. Recording and reporting conditions:

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

5. Fish Screening:

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? YES NO

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

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

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.

SITE VISIT, GPS COORDINATES, CONFIRMATION VIA REVIEW OF MULTIPLE AERIAL PHOTOS

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
- 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

RECEIVED

OCT 10 2023

OWRD



Rick Parsons <rick.parsons@parsonswater.com>

COBU Map

2 messages

Rick Parsons <rick.parsons@parsonswater.com>
To: CLARK Gerald E * WRD <Gerald.E.CLARK@water.oregon.gov>
Bcc: Rick Parsons <rick.parsons@parsonswater.com>

Mon, Oct 2, 2023 at 9:56 AM

Good morning, Gerry.

I am writing to request advance approval for use of a non-standard scale for a to-be-submitted COBU for Permit S-55360 (see attached draft map).

Rick Parsons

ParsonsWater Consulting LLC
<http://parsonswater.com>
rick.parsons@parsonswater.com
541.499.0257 303.667.5067 (mobile)

 **Sibbersen 2ndary COBU MAP draft.pdf**
227K

CLARK Gerald E * WRD <Gerald.E.CLARK@water.oregon.gov>
To: Rick Parsons <rick.parsons@parsonswater.com>

Mon, Oct 2, 2023 at 10:37 AM

Rick,

Your request for a waiver of mapping scale is approved as requested.

Please place a copy of this message with the Claim materials when the claim is submitted.

Have a great day!

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

[Quoted text hidden]

RECEIVED
OCT 10 2023
OWRD