

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



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.

**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 point(s) of appropriation or additional point(s) of appropriation, or a combination of both. **YES** *If additional changes were authorized, you will need to select a different form.*

1. File Information

APPLICATION # T-13634

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Hoellrich Rev. Trust		PHONE No. 541 660-5699	ADDITIONAL CONTACT No.
ADDRESS 100 Ferry Road			
CITY Grants Pass	STATE OR	ZIP 97526	E-MAIL <choellrich@hotmail.com>

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. ***Each*** *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 RECORD Same as property owner		
ADDRESS		
CITY	STATE	ZIP

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4. Date of Site Inspection:

10/18/2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Christine Avila	10/18/2023	Co-Trustee or property, occupant
Brian Avila	10/18/2023	Occupant, water user

6. County:

Josephine

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		
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.



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CWRE NAME Kenna Clay Jordan		PHONE No. 541-673-1931	ADDITIONAL CONTACT No. 541-430-6926
ADDRESS 460 Jordan Lane			
CITY Roseburg	STATE OR	ZIP 97471	E-MAIL KCJ <kcjengineer@zoho.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
<i>Christine Avila</i>	Christine Avila	Co-Trustee	11-3-23

**SECTION 3
CLAIM DESCRIPTION**

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

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

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
POA-3		L-65386	Well
POA-4		L-60757	Well
POA-5		L-139684	Well

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

If well logs are available, items A and B below can be deleted

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? **YES**

If yes, describe below.

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

Irrigation of 80.8 acres reduced to 78.8 acres at COBU

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
POA-3	1.01 CFS	0.474 CFS	
POA-4	1.01 CFS	0.165 CFS	
POA-5	1.01 CFS	0.316 CFS	

SECTION 4

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)? **YES**

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

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

POA-3

A. POA System Information

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

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	Submersible	Unknown	4"

2. Motor Information

MANUFACTURER	HORSEPOWER
Star Delta Motor Control	15

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)
15	70±	0	35+10= 45'	0.474

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4. Provide pump calculations:

$$\text{POA-3 } Q = \frac{(\text{HP})(\text{Pump Efficiency})}{(\text{Total Head})} = \frac{(15)(7.04)}{(35+10+177.8)} = \frac{105.6}{222.8} = 0.474 \text{ CFS}$$

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)

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

B. Groundwater Source Information (Well and Sump)

3. Is the appropriation from a dug well (sump)? NO

If "NO", items 4 through 6 relating to this section may be deleted.

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

C. Additional notes or comments related to the system:

System consists of 3 wells linked together as needed that feed 3 wheel lines and one pivot Pump and motor information unreadable at panel
 Pump set at 65 feet. 20± feet

SECTION 4

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)? YES

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

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

POA-4

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A. POA System Information

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

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	Submersible	Unknown	3"

2. Motor Information

MANUFACTURER	HORSEPOWER
Unknown	5

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)
5	70±	0	25+10= 35'	0.165

4. Provide pump calculations:

POA-4 $Q = \frac{(HP)(\text{Pump Efficiency})}{(\text{Total Head})} = \frac{(5)(7.04)}{(25+10+177.8)} = \frac{35.2}{212.8} = 0.165 \text{ CFS}$

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)

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

B. Groundwater Source Information (Well and Sump)

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

NO

If "NO", items 4 through 6 relating to this section may be deleted.

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

C. Additional notes or comments related to the system:

System consists of 3 wells linked together as needed that feed 3 wheel lines and one pivot Pump and motor information unreadable at panel
Pump set at 42 feet. SWL 15± feet

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SECTION 4 SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)? **YES**

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

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

POA-5

A. POA System Information

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

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	160L10	unknown	submersible	unknown	4"

2. Motor Information

MANUFACTURER	HORSEPOWER
Hitachi	10 (variable frequency motor)

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)
10	70±	0	30+15= 45	0.316

4. Provide pump calculations:

$$\text{POA-5 } Q = \frac{(\text{HP})(\text{Pump Efficiency})}{(\text{Total Head})} = \frac{(10)(7.04)}{(35+10+177.8)} = \frac{70.4}{222.8} = 0.316 \text{ CFS}$$

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)

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

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B. Groundwater Source Information (Well and Sump)

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

NO

If "NO", items 4 through 6 relating to this section may be deleted.

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

C. Additional notes or comments related to the system:

System consists of 3 wells linked together as needed that feed 3 wheel lines and one pivot Pump set at 50 feet. SWL 20± feet

**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 POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	4/21/2023	
COMPLETENESS DATE FROM ORDER (C)	10/1/2024	August 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

If "NO", you may delete the following table.

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? **YES**

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

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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

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POA-3	Blue-White	Mod RT-40054	working	783473 gallons	July 2023
POA-3	McCrometer	21-05617	Working	1012400 gallons	2022
POD-4	Blue-White	Mod RT-30054	working	248163 gallons	July 2023
POD-5	Blue-White	Mod RT-40054	working	501056 gallons	July 2023

If a meter has been installed, items d 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?

NO

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

5. Other conditions required by the transfer final order or extension final order:

a. Were there special well construction standards?

NO

b. Was submittal of a ground water monitoring plan required?

NO

c. Other conditions?

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
Well Flow Report	Pump test Well #5

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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 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 additional points of appropriation, 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 basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

Survey map 146-76 used to scale and orient County GIS tax lots, ORmap and 10/26/2020 Google aerial photo in AutoCad. Aerial photos and permit map G-6479 over adjusted GIS tax lots for assumed best fit.

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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 or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) ***Not required for this type of Claim of Beneficial Use**
- 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

WELL FLOW REPORT

Rogue Valley Pump Services, LLC
 3396 Redwood Ave.
 Grants Pass, Or. 97527





**LICENSED
 BONDED
 INSURED
 CCB# 51215**

**PROFESSIONAL QUALITY SERVICE
 541-474-7877**

NORTH VALLEY·CASCADE·CAPP'S·RVPS

TEST AUTHORIZED BY

LARITA DEYOUNG
 100 FERRY RD
 GRANTS PASS, OR 97526

TEST PERFORMED BY CORBY

DATE 12/8/2020
 TEST ADDRESS 100 FERRY RD
 GRANTS PASS, OR 97526

AVERAGE GPM	117.5
GPM END OF TEST	120.0
TOTAL GALLONS PUMPED	28200

TEST DETAILS

TIME	STATIC	GPM
:00	25.9	
:15	27.9	120
:30	28.2	100
:45	28.4	100
1:00	28.6	120
1:15	28.8	120
1:30	28.9	120
1:45	28.9	120
2:00	28.9	120
2:15	28.9	120
2:30	28.9	120
2:45	28.9	120
3:00	29	120
3:15	29	120
3:30	29.1	120
3:45	29.1	120
4:00	29.1	120

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WELL DEPTH	80	TEST PUMP	SUB 10HP
BEG. STATIC LEVEL	25.9	PUMP SETTING	50
ENDING STATIC LEVEL	29.1	BEGINNING METER READING	0
WELL SEALED	YES	ENDING METER READING	28200

**Well tag ID139864 Recovered to 27' in 2 min: to 26.5' in 15 min.
 100% recovery in 30 Min**

THESE TEST RESULTS ARE GUARANTEED ON DATE OF TEST ONLY, WELLS CAN CHANGE WITH TIME OF YEAR