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 <u>permits</u> 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: <u>https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</u> 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

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SECTION 1

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GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
S-88844	S-55378	NA

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Virginia Tompkins / Harlan M. Lee / Clifford Family Trust		PHONE N 541-430		Additional Contact No. 541-680-1048
ADDRESS 485 Quail Lane / 5	35 Quail Lane / 493	3 Quail Lane		
Спту	STATE	ZIP	E-MAIL	
Roseburg	OR	97471	Ginntomp56@gmail.com/Harlanlee@gmail.com	

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 RECORD					
Virginia Tompkins					
ADDRESS					
485 Quail Lane					
Сптү	STATE	ZIP			
Roseburg	OR	97471			
ADDITIONAL PERMIT HOLDER O	FRECORD				
Harlan Lee					
ADDRESS					
535 Quail Lane					
Сіту	STATE	ZIP			
Roseburg	urg OR 97471				
ADDITIONAL PERMIT HOLDER O	FRECORD				
Clifford Family Trust					
ADDRESS					
493 Quail Lane					
Спту	STATE	ZIP			
Roseburg	OR	97471			

4. Date of Site Inspection:

5/15/2024

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

NAME	DATE	Association with the Project	
Harlan Lee	5/15/2024	Permit & Landowner	
	5/15/2024	Permit & Landowner	

6. County:

Douglas

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MAY 3 1 2024

Salem, OR

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		
NA		
Address		
Сіту	STATE	ZIP

Add additional tables for owners of record as needed

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SECTION 2 SIGNATURES

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

CWRE Statement, Seal and Signature

Seal and Signature

Eg	bres Dec. 31, 20 4 4	
CWRE NAME	PHONE NO.	ADDITIONAL CONTACT NO.
Nathan Reed	541-784-7191	NA
ADDRESS		

ADDRESS			
157 West Bodie Street			
Сіту	STATE	ZIP	E-MAIL
Roseburg	OR	97471	nreed68@hotmail.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.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE	
Vy and Ample	Les Virginia Tom	home oure	5/22/24	
Hanley MSee	Harlanm. Lec	Konconner	5-22-24	
MAN	Neil Clifford	Homeowner	5/27/2024	

Received by OWRD

MAY 3 1 2024

Salem, OR

CLAIM DESCRIPTION

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

POD Name or Number	Source	TRIBUTARY
POD	North Umpqua River	Umpqua 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	Dom Exp (3)	NA	Jan. 1 – Dec. 31	0.03 cfs
Total Quantity of	0.03 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:

A fish screened 1 Hp submersible pump at POD with 1-1/2" non-collapsible hose to pressure bladder. Two inch PVC underground for 1100 LF along western property line. Bend eastward to 1-1/2" PVC underground across three tax lot as POU.

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.

(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
POD	0.03 cfs	0.04 cfs	Not Meas	Dom. Exp.	(3) 0.50	(3) 0.50

Received by OWRD

MAY 3 1 2024

COBU Surface Small - Page 5 of 11

Salem, OR WR

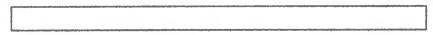
NO

SYSTEM DESCRIPTION

Are there multiple PODs?

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 <u>and</u> apply the water from the point of diversion to the place of use.

1. Is a pump used?

YES

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR
			SUBMERSIBLE)
Gould	18GS10	H1351894	Submersible

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)
L.O	50	-5'	55'	0.04 cfs

4. Provide pump calculations:

50 psi = 127.0 feet; Q = (Hp x eff.)/(Sum Total head) = (1.0x7.04)/(127-5+55) = 0.04 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)
No Meter Required			

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

Received by OWRD

MAY 3 1 2024

Revised 7/1/2021

COBU Surface Small - Page 6 of 11

Salem, OR

NO

6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
RB32	50	3.0	8	4	0.03 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)
NA					

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
NA					

C. Storage

NO
NO

F. Additional notes or comments related to the system:

Received by OWRD	
MAY 3 1 2024	
Salem, OR WR	

COBU Surface (Small - Page 7 of 11

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	6-17-2022		
BEGIN CONSTRUCTION (A)		6-2022	Installed pressure bladder & piping
COMPLETE CONSTRUCTION (B)		8-2022	Completed piping and ext sinks
COMPLETE APPLICATION OF WATER (C)	6-17-2027	8-2022	Beneficially using water domestically and around the lawn(s).

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

2. Is there an ext	ension final order(s)?	NO
3. Measurement	Conditions:	
	it, permit amendment, or any extension final order re ed measuring device?	quire the installation of NO
4. Recording and	reporting conditions:	
a. Is the water us	er required to report the water use to the Departmen	t? NO
5. Fish Screening:		
diversion? Reminder: If fish scr the point of diversion b. Has the fish scr	of diversion required to be screened to prevent fish fr reening devices were required, the COBU map must indic on. eening been installed? ish screening installed?	YES
DATE	BY WHOM	
June 2022	Harlan Lee	
	rmit or transfer final order was issued <u>on or after Februar</u> oved by the Oregon Department of Fish and Wildlife rega	
		Received by OWRD
Revised 7/1/2021	COBU Surface Small - Page 8 of 11	MAY 3 1 2024 WB

Salem, OR

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? 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.

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?

NO

Received by OWRD

Salem. OR

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? NO
- b. Other conditions?

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:

Sign-off

Received by OWRD MAY 3 1 2024 Salem, OR

NO

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.

A Garmin Rino 650, handheld gps, used to locate pertinent features. Along with the Douglas County GIS using ultra-high 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.)

\square	Map on polyester film.	
\square	Appropriate scale $(1'' = 400 \text{ feet}, 1'' = 1320 \text{ feet}, \text{ or the original ful assessor map})$	Ill-size scale of the county
\boxtimes	Township, Range, Section, Donation Land Claims, and Government	nt Lots
na	If irrigation, number of acres irrigated within each projected Don Government Lots, Quarter-Quarters	ation Land Claims,
\boxtimes	Locations of fish screens and/or fish by-pass devices in relationsh	ip to point of diversion
na	Locations of meters and/or measuring devices in relationship to p	point of diversion
\boxtimes	Conveyance structures illustrated (pumps, reservoirs, pipelines, d	litches, etc.)
\boxtimes	Point(s) of diversion or appropriation (illustrated and coordinates	5)
\boxtimes	Tax lot boundaries and numbers	
\boxtimes	Source illustrated if surface water	
\boxtimes	Disclaimer ("This map is not intended to provide legal dimensions ownership lines")	s or locations of property
\boxtimes	Application and permit number or transfer number	Received by OWRD
\boxtimes	North arrow	MAY 3 1 2024
\boxtimes	Legend	MAT 0 1 2024
\boxtimes	CWRE stamp and signature	Salem, OR





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



December 18, 2023

Larry & Virginia Tompkins 458 Quail Lane Roseburg, OR 97471

Harlan & Debbie Lee 535 Quail Lane Roseburg, OR 97471

Clifford Family Trust 493 Quail Ln. Roseburg, OR 97471

Dear Mr. & Mrs. Tompkins, Mr. & Mrs. Lee, Neil Clifford;

Regarding OWRD permit S-55378, ODFW has determined the fish screen at the point-ofdiversion meets current fish protection criteria, and fish bypass devices are not necessary.

Thank you.

Sincerely,

Josh Kelsey Senior Fish Screen Technician Fish Screening and Passage Program (541) 857-2424

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Salem, OR

Our mission is to protect and enhance Oregon's fish and wildlife and their habitats for use and enjoyment by present and future generations.



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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Virginia Tomptins, Harlan M. Lee, 4 Clifford Family OR 970 Quail Lane Roseburg. 5351 493 Transaction Type: (150 Fees Received: S 8034 Check: Check No. Cash Name(s) on Check: Lawrence + (Nginia Tompkins

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,

OWRD Customer Service Staff

Submission received by:

Nich Ker

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place
 the other copy with the submission (*i.e., the application or other document*).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- · Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of
 the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.