

This form is subject to revision. Begin each new claim by checking for a new version of this form and downloading a new one if necessary.

If you have questions regarding the completion of this form, contact:

Steve Brown by e-mail at [Stephen.C.BROWN@wrд.state.or.us](mailto:Stephen.C.BROWN@wrд.state.or.us) or by phone at 503-986-0809

Or Gerry Clark by e-mail at [Gerald.E.CLARK@wrд.state.or.us](mailto:Gerald.E.CLARK@wrд.state.or.us) or by phone at 503-986-0811

The Department has a new program that allows a permit holder to pay the cost to have a private contractor review of the claim and, if appropriate, prepare a certificate. This new program means a certificate can be issued in about a month. The Department has a list of trained contractors that are selected on a rotating basis. For more information on this program see: <http://www.wrd.state.or.us/programs/index.shtml>.

\*\*This box can be deleted

**Oregon Water Resources Department**  
**725 Summer St. NE, Suite A**  
**Salem, OR 97301-1271**

## CLAIM OF BENEFICIAL USE

The completion of this form is required by OAR 690-014-010(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 numbered item must have a response. If any requested information does not apply to the Claim, insert "n/a." Do not delete 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. A separate form shall be completed for each permit or transfer final order.

### I. General Information

1. Application number: T-8589
2. Permit number:
3. County: JACKSON
4. Tax Lot Information:

Tax map number	Tax lot number
393W33	319

5. Date of Site Inspection: OCTOBER 2 , 2004
6. Person(s) interviewed and description of their association with the project:

Name	Date	Association with the project
ED STEVENS	10-2-04	OWNER & PERMITEE

7. Permittee / Transferee of record (this may not be the current property owner)

a. Individuals

	Individual 1	Individual 2
Name	SAME AS PROPERTY OWNER	
Mailing Address		
City/State/Zip		

b. Businesses/Organizations

Name	
Contact Person and Title	
Mailing Address	
City/State/Zip	

8. Property owner (current owner information)

c. Individuals

Name	ED STEVENS	
Mailing Address	P.O. BOX 1566	
City/State/Zip	JACKSONVILLE, OR 97530	
Phone #	541-899-2037	
Fax #		
e-mail address		

d. Businesses/Organizations

Name	
Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone	
Fax	
e-mail	

If the current property owner is not the permittee or transfer holder of record, it is recommended that an assignment be filed with the Department.

9. If any property described in the permit or transfer final order is not included in this report, identify the owner of record for that property (ORS 537.230(3)):

\*\*Mark "NA" if there are no owners of property not included in this claim

Name	N/A
Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone #	

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Name	
Contact Person and Title	OWRD
Mailing Address	
City/State/Zip	

Phone #	
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## II. Points of Diversion/Appropriation and Place of Use

For each point of diversion or appropriation, provide the following information. If the claim is for more than one point of diversion/appropriation, copy and complete this section for each point of diversion or appropriation.

1. Point of diversion/appropriation name or number (correspond to map):

Point of diversion/appropriation name or number (correspond to map)	Well log ID # for all work performed on the well (if applicable)	Well tag # (if applicable)
POD FOR THIS TRANSFER		

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

2. Point of diversion/appropriation sources and tributary:

Source	Tributary to
APPLEGATE RIVER	ROGUE RIVER

3. Point of diversion/appropriation location:

(DLC, Government Lot, 1/4 1/4, Section, Township, Range)	Reference to a recognized public land survey corner by distance and bearing or by coordinates
NE1/4 OF NW1/4 OF SEC.33, T39S, R3W, WM	1050'S & 25' W OF E. 1/4 COR SEC. 33

4. Use(s), period of use, and rate for each use:

Uses	When water is used	Rate for use
IRRIGATION	SEASONAL	0.08 CFS

**Total Quantity of Water**

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5. Place of use for the point of diversion or appropriation:

DLC	Gov lot	1/4 1/4	Section	Township	Range	Use	# of primary acres	# of supplemental acres
		NE NW	33	39S	3W	IRR	3.2	

**Total Acres Irrigated 3.2**

**System Information:**

Provide the following information concerning the diversion and delivery system. Trace the flow of water from the point of diversion/appropriation to the place of use.

1. Pump information

Brand	Model	Serial Number	Type	Intake size	Discharge size	Impeller
#1 BERKELEY	01.25TPMS	G260898	CENTRIFUGAL	2"	3"	5.94"
#2 STA-RITE	JHH6-53HL		CENTRIFUGAL	1.5"	1.5"	5.94"

If a performance curve is available, attach to the claim

2. Motor information

Brand	Model	Horsepower	Max RPM	Voltage
#1 MAGNATEK	10-177825-01	3.0		220
#2 SAT-RITE	K48N2EC15	2.5		220

3. Meter information (if required in permit or transfer final order)

Make	Serial #	Condition	Current meter reading	Notes
SENSUS	63868865	NEW		

4. Measurement device description

Device description	Condition	Notes
N/A		

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
0	75	2 MIN	38 GPM

8. Mainline information

Mainline size	Length	Type of pipe
3"	900'	PVC

9. Handline information

Handline size	Length	Type of pipe
1"	100'	PVC

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10. Sprinkler information      Make and model:

Make	Model	Size	Operating psi	Sprinkler output	Maximum number used	Total sprinkler output
RAINBIRD		11/64	40	9.0GPM	4	0.08CFS
RAINBIRD		3/8	40	40GPM	1	0.09CFS

**III. CONDITIONS**



Please pay special attention to this section. All conditions contained in the permit or transfer final order shall be addressed. Reports that do not address all performance related conditions will be returned.

**1. Time Limits:**

a. Permits or transfer 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 is to be completed by. 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 transfer final order:

	Date	Explanation
Begin construction		
Complete construction	March 2001	System completed
Complete application of water	March 2001	Irrigation of property begins

**2. Initial Water Level Measurements:**

\*\*If the Claim is for surface water or a reservoir, or if the water user was not required to submit static water level measurements, items b through e relating to this section can be deleted.

a. Was the water user required to submit an initial static water level measurement?      YES    NO    NA

**3. Annual Static Water Level Measurements:**

\*\*If the Claim is for surface water or a reservoir, or if the water user was not required to submit static water level measurements, items b through e relating to this section can be deleted.

a. Was the water user required to submit annual static water level measurements?      YES    NO    NA

**4. Measurement, recording, and reporting conditions:**

a. Does the permit or transfer final order require the installation of a meter or approved measuring device?  
YES    NO      \*\*If "NO", items b through g relating to this section can be deleted.

b. Has a meter been installed?      YES    NO

c. Provide the date the meter was installed:

8-31-04
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d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department?    YES    N/A

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

Name	Title	Approximate date

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

g. Have the reports been submitted?    YES      N/A

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If the reports have not been submitted, attach a copy of the reports if available.

**5. Fish Screening and/or By-pass Devices**

a. Are any points of diversion required to be screened and/or have a by-pass device to prevent fish from entering the point of diversion? YES NO NA

b. Has the fish screening been installed? YES NO See attached Inspection form.

c. When was the fish screening installed?

Date	By whom
March 2001	FAY & COMPANY

d. Is the **total** diversion rate of all rights at the point of diversion less than 0.5 cfs? YES NO

e. If the diversion rate is less than 0.5 cfs, the water user can self certify the fish screen.

f. Has a self certification form been previously submitted to the Department? YES NO

g. If not, is the self certification form attached to this Claim? YES NO  
See ODFW attached Certification form.

h. Has the by-pass device been installed? YES NA

**6. Pump Test** (typically required for ground water uses prior to issuance of a certificate, but not a requirement of permit development)

a. Has a pump test been submitted and approved by the Department? YES NO NA

**7. Other Permit Conditions** (examples: special well construct standards, water conservation plans, no obstructions to fish without a fishway, etc.; number as appropriate.) NA

**IV. Conclusions, Signatures**

**Permit and Transfer Final Order Rates and System Rates Comparisons:**

POD or POA name or #	Rate allowed by permit or transfer final order	Calculated theoretical rate of water based on system	Actual amount of water measured (if measured)	# of acres allowed by permit or transfer final order	# of acres developed
T-8589		N/A	0.08	3.2	3.2

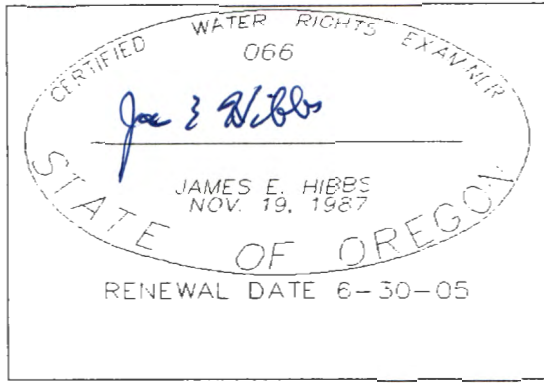
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**Claim of Beneficial Use Map**

The Claim of Beneficial Use Map must be submitted with this Claim. Claims submitted without the Claim of Beneficial Use map will be returned.

CWRE Statement, Seal and Signature

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



Land Owners Signature or Acknowledgement

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.

Edward Stevens                      ED STEVENS                      06 October 2004  
Signature                                      Print or type name                                      Date

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# KIRSTEN DAMGAARD, Broker

(541) 899-3299 | kirstentherealtor@gmail.com | www.realestatebykirsten.com

6/5/24

Gerry Clark

Oregon Water Resources Department

725 Summer Street NE, Suite A

Salem, OR 97301-1271

RE: 7813 Upper Applegate Road, Jacksonville, OR 97530

Dear Gerry:

Per our phone conversation last week, I am enclosing the originally signed COBU by Edward Stevens dated October 6, 2004 (who is now deceased) and the original paper Final Proof Map signed by James E. Hibbs. I am also enclosing the signed Fish Screen Inspection Form from OR Department of Fish & Wildlife.

Thank you for your time and processing these documents to perfect the water rights for the property above.

Kind regards,

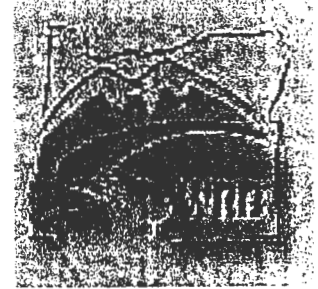


Kirsten Damgaard

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OREGON DEPARTMENT OF FISH AND WILDLIFE  
OREGON WATER RESOURCES DEPARTMENT

FISH SCREEN INSPECTION FORM

Applicant

Name: Ed Stevens Water Right Number: T-8589 Water Right Amount (cfs) .08

Address: 7813 Upper Applegate Rd Phone (541) 899-2037  
P.O. Box 1566 Jacksmanville, OR 97530

Diversion

Stream: Applegate River Tributary to:  Rogue River

Address (if different than applicants): \_\_\_\_\_

Diversion Type: pump Location: T \_\_\_\_\_, R \_\_\_\_\_, Sec \_\_\_\_\_

GPS Coordinates: 42.13875 123.06327 SATS: 7

Pump Information

Brand: Sta-Rite Horsepower: 2.5 Intake Size: 1 1/2"

Screen Information

Type: Sure-Flo Installed by: Fay + Co. Date Installed: 11-4-98

Date of Inspection: 9-28-04 Inspected by: Rich Kulbane Agency: ODFW

Comments: \_\_\_\_\_

Screen meets current state criteria for fish protection.

Screen does not meet current state criteria for fish protection.

Another screen inspection should be done before water use begins.

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