

**CLAIM OF
BENEFICIAL USE
for Surface Water Permits
claiming more than 0.1 cfs**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

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**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>

Go to "Resources for Water Right Examiners (CWRE)" Page
<https://www.oregon.gov/OWRD/programs/WaterRights/COBU/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-88839	PERMIT # (IF APPLICABLE) S-55287	PERMIT AMENDMENT # T-
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME WARNER RONALD THAMES	PHONE NO. 541.890.5226	ADDITIONAL CONTACT NO.	
ADDRESS 9658 UPPER APPLGATE RD			
CITY JACKSONVILLE	STATE OR	ZIP 97530	E-MAIL THAMESWINNIE@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. ***Each permit holder of record must sign this form.***

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

PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

JUNE 14, 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
RON THAMES	6/14/2024	PERMITTEE
WINNIE THAMES	6/14/2024	WATER USER

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

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Add additional tables for owners of record as needed

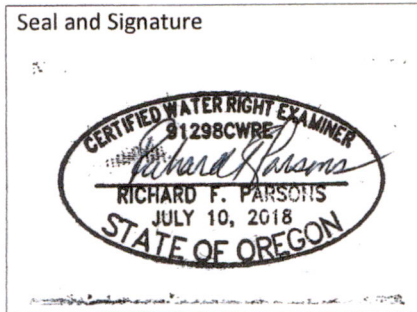
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**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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

Seal and Signature

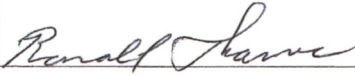


CWRE NAME RICK PARSONS		PHONE NO. 541.499.0257	ADDITIONAL CONTACT NO. 303.667.5067
ADDRESS 1619 MINEAR RD			
CITY MEDFORD	STATE OR	ZIP 97501	E-MAIL RICK.PARSONS@PARSONSWATER.COM

Permit Holder's of Record Signature or Acknowledgement

Each permit 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
	RONALD THAMES	PERMITTEE	6/14/2024

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SECTION 3

CLAIM DESCRIPTION

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1. Point of diversion name or number:

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)
POD

2. Point of diversion source and tributary:

POD NAME OR NUMBER	SOURCE	TRIBUTARY
POD	APPLEGATE LAKE	APPLEGATE RIVER

3. 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	IRRIGATION	GRASS, TREES, SHRUBS	APR - OCT	0.9 AF
Total Quantity of Water Used				0.9 AF

4. 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:

3" POLY INTAKE TO 7.5 HP PUMP TO 4" PVC WITH METER TO 8 SET SPRINKLERS AND FAUCETS NEAR BARN AND HOUSE

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).

5. Variations:

Was the use developed differently from what was authorized by the permit, or permit amendment 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.")

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6. 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	NA	0.15 CFS	NA	IRRIGATION	1.6	1.45

SECTION 4

SYSTEM DESCRIPTION

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YES

NO

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

1. Is the right for municipal use?

YES

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
40 S	3 W	W.M.	5	NW NE			IRRIGATION	0.45	0
				SW SE				1.0	0
Total Acres Irrigated								1.45	0

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLOT), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLOT, 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 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
BALDO	JML 1509T	F2010125834	CENTRIFUGAL	3"	4"

3. Motor Information:

MANUFACTURER	HORSEPOWER
BERKELEY	7.5

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
7.5	77	0	20	0.15

5. Provide pump calculations:

$Q = (HP)(EFFICIENCY) / \text{TOTAL DYNAMIC HEAD} = (7.5 * 6.61) / [\text{LIFT (20)} + \text{HEAD } ((120/0.433) * 1.1)] = 0.15 \text{ CFS} / 68.5 \text{ GPM}$

6. 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.

7. Is the distribution system piped?

YES **NO**

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	500 FT	PVD	BURIED

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
2"	30	3.8	8	8	30

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)

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12. 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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

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.

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

If "NO", items 2 through 4 relating to this section may be deleted.

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

If "NO", items 2 through 4 relating to this section may be deleted.

F. Additional notes or comments related to the system:

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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 permit extension of time:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	10/27/2020		
BEGIN CONSTRUCTION (A)	10/27/2025	2021	PUMP, MOTOR, PIPING, SPRINKLERS INSTALLED; MAXIMUM ACREAGE IRRIGATED
COMPLETE CONSTRUCTION (B)	10/27/2025	2021	
COMPLETE APPLICATION OF WATER (C)	10/27/2025	2021	

* 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.

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
POD	MCROMETER	23-04175-03	WORKING	0.9084 AF	2021

If a meter has been installed, items d through f relating to this section may be deleted.

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4. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department?

YES

☒ NO

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

b. Have the reports been submitted?

YES

☐ NO

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

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

If "NO", items b and c relating to this section may be deleted.

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. Was a fishway required?

YES

☒ NO

c. Was submittal of a water management and conservation plan required?

YES

☒ NO

d. 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):

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**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
ODFW LETTER	FISH SCREEN APPROVAL

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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 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.

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

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Oregon

Tina Kotek, Governor

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



June 25, 2024

Ronald Thames
9658 Upper Applegate Rd.
Jacksonville, OR 97530

Dear Ronald,

Regarding OWRD permit S-55287, ODFW has determined you have a Sure-Flo PLS2 fish screen at the point-of-diversion. This screen meets current fish protection criteria, and fish bypass devices are not necessary. This approval is contingent on the following: current conditions remain unchanged, screens are installed so effective screen area is submerged during operation, the screen is regularly inspected and maintained to ensure it remains in working order (including debris removal), and the screen is annually inspected when it is not in use. Thank you.

Sincerely,

Josh Kelsey
Screens and Passage Coordinator
Fish Screening and Passage Program
(541) 857-2424

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