CLAIM OF BENEFICIAL USE for Transfers Place of Use 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 <u>transfer final orders</u> 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.

A separate form shall be completed for each transfer.

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 7" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

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

Type of Authorized Change

This Claim is being submitted for a transfer where the <u>only</u> authorized change was a change in place of use.

YES NO

If additional changes were authorized, you will need to select a different form.

1. File Information

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APPLICATION # T-13656

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE No.		Additional Contact No.
Tim Melville		541-263-03	18	
Address				
84887 Joseph Hwy				
Сіту	STATE	ZIP	E-MAIL	
Enterprise	OR	97828	autim@eon	i.com

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. <u>Each</u> transfer holder of record must sign this form.

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

J. Hallster Holder of record (this h	,,,	,
TRANSFER HOLDER OF RECORD		
Tim Melville		
Address		
84887 Joseph Hwy		
Сіту	STATE	ZIP
Enterprise	OR	97828

4. Date of Site Inspection:

June 11, 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Tim Melville	June 11, 2024	Landowner
	,	

6. County:

W/a	lowa
vva	IUWa

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)):

facility the owner of record for the	at property (ons st	57.250(5)).
OWNER OF RECORD		
1		
Address		
Сіту	STATE	ZIP

Add additional tables for owners of record as needed

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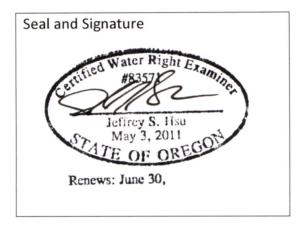
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SIGNATURES

CWRE Statement, Seal and Signature

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



CWRE NAME		PHONE No.		Additional Contact No.
Jeffrey S. Hsu		541-963-60	92	
Address				
2006 Adams Ave.				
CITY	STATE	ZIP	E-MAIL	
La Grande	OR	97850	jeff@bgbsu	rveyors.com

Transfer Holder of Record Signature or Acknowledgement

<u>Each</u> 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
Um Melville	Tim Melville	owner	6/29/24

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EXTENT OF CHANGE COMPLETED

1. Claim Summary:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
10.3 acres	10.3 acres

If the use(s) was not irrigation or nursery:

Was the New Place of USE DEVELOPED TO THE FULL EXTENT
AUTHORIZED UNDER THE ORDER?

(INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE
CLAIM MAP)

YES

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? **YES** NO If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

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CONDITIONS

All conditions contained in the transfer, 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 AUTHORIZED CHANGE WAS COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	Oct. 18, 2022	
COMPLETENESS DATE FROM ORDER (C)	Oct. 1, 2024	At time of inspection, June 11, 2024, system was in place, condition met, and water being applied

^{*} MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

_				c		1 12
2.	Is there	an	extension	tinal	order	SIP

YES NO

- 3. Measurement Conditions:
- a. Does the transfer final order require the installation of a meter or approved measuring device?

YES NO

4. Other conditions required by the transfer final order:

a. Other conditions	a.	Other	conditions?
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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 5

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ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
ATTACHIVIENT NAME	

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CLAIM OF BENEFICIAL USE MAP

A 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 must identify the developed new place of use. The existing point(s) of diversion or point(s) of appropriation are required to be included on the Claim map, based on the locations described in the transfer final order.

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 was complied from aerial photos, ground inspection, and resource grade GPS ties. Aerial Photo used was NAIP photo dated 2022.

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Map Checklist

	der: 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
	Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
4	Locations of meters and/or measuring devices in relationship to point of diversion
	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")
4	Transfer application number
J	North arrow
	Legend
	CWRE stamp and signature

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SECTION 7 REFERENCE INFORMATION FOR CWRE USE

(Please DO NOT submit these pages.)

Additional information is available at:

https://www.oregon.gov/OWRD/programs/WaterRights/COBU/Pages/default.aspx Go to "Resources for Water Right Examiners (CWRE)" Page

MS Word Hints

To add rows to a table, click outside the table on the far right and hit enter.

		-	Place cursor here and
			hit return to add a row

To resolve page numbering issues, go to print preview. Page through the entire document (while in print preview), then print from print preview.

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