

**CLAIM OF
BENEFICIAL USE
for Reservoir Permits by
CWRE's (not self-certified)**



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 permits
with priority dates of July 9, 1987, or later.
Claims received without the correct fee of \$200 will be returned.**

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JUL 31 2024
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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>
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 # R-88282	PERMIT # (IF APPLICABLE) R-15227	PERMIT AMENDMENT # (IF APPLICABLE)
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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Little Applegate Farm Holding LLC		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS PO BOX 1335			
CITY Jacksonville	STATE OR	ZIP 97530	E-MAIL

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

PERMIT HOLDER OF RECORD Todd Pershing			
ADDRESS PO BOX 308			
CITY Jacksonville	STATE OR	ZIP 97530	

ADDITIONAL PERMIT HOLDER OF RECORD			
ADDRESS			
CITY	STATE	ZIP	

Received

JUL 31 2024

OWRD

4. Date of Site Inspection:

October 2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Elijah Rinalidi	October 2022	Property Owner

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	

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.



Received
JUL 31 2024
OWRD

CWRE NAME Scott Fein		PHONE NO. 541-842-0795	ADDITIONAL CONTACT NO.	
ADDRESS 600 Tyler Creek Rd.				
CITY Ashland	STATE OR	ZIP 97520	E-MAIL sfeinsurveyor@gmail.com	

Permit Holder's of Record Signature or Acknowledgement

Each permit or 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>Elijah M. Rinaldi</i>	Elijah M Rinaldi	owner	5/5/23

SECTION 4 SYSTEM DESCRIPTION

Are there multiple reservoirs?

YES NO

If "YES" you will need to copy and complete Sections A through E for each reservoir.

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

A. Reservoir Location

1. Is the reservoir on-channel?

YES NO

2. Provide dam outlet location and/or point of diversion(s).

TWP	RNG	MER	SEC	QQ	GLot	DLC	MEASURED DISTANCES
39S	3W	WM	10	NESE	Lot 5		From SE COR. S2 N1610 & W 100

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (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 the water from the point(s) of diversion to the reservoir.

1. Is a pump used?

YES NO

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

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR 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)

4. Provide pump calculations:

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JUL 31 2024

OWRD

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.

6. Additional notes or comments related to the system:

C. 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.

2. Complete the table:

PIPE SIZE	PIPE TYPE	“C” FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)
24”	PEP					

3. Provide calculations:

See attached

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

D. 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.

Received
 JUL 31 2024
 OWRD

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)

3. Provide calculations:

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

E. Reservoir

1. Does the reservoir require the submittal of as-built plans and specifications?

YES **NO**

If "YES", answer item 2; items 3 through 8 relating to this section may be deleted.

If "NO", skip items 2; answer items 3 through 8.

2. Complete the table:

HAVE THE DOCUMENTS BEEN SUBMITTED? YES OR NO	WHEN WERE THE DOCUMENTS SUBMITTED?	HAVE THEY BEEN APPROVED BY THE DEPARTMENT?	NUMBER OF ACRE FEET STORED

3. If the reservoir stores less than 9.2 acre-feet of water or if the dam is less than 10 feet in height, and as-built plans and specifications are not required, complete the table and items 4 through 8.

MAXIMUM DEPTH	AVERAGE DEPTH	SURFACE AREA (IN ACRES)	VOLUME (IN ACRE FEET)

4. Provide reservoir volume calculations:

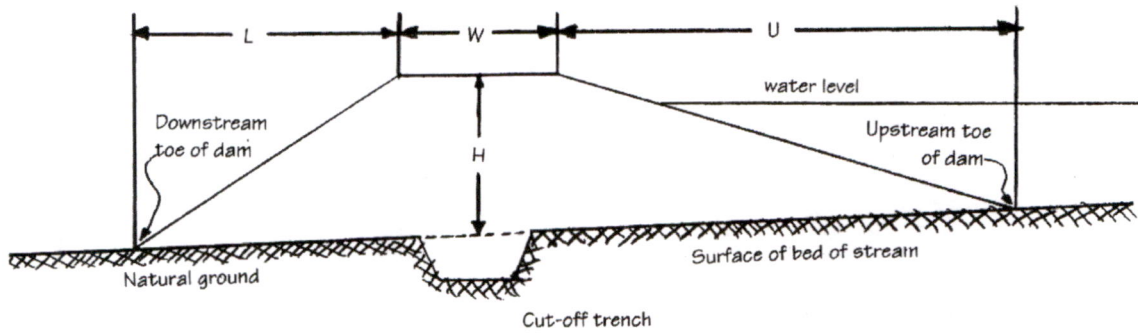
Area is 0.12 acres.
Average depth based on field survey is 13 feet.
0.12 acres x 13 feet = 1.5 acre feet of storage.

Received
 JUL 31 2024
OWRD

5. Provide the following information concerning the physical characteristics of the dam:

CREST WIDTH (W)	DAM HEIGHT AT CENTERLINE (H)	DISTANCE FROM DOWNSTREAM TOP OF DAM TO DOWNSTREAM TOE (L)	DISTANCE FROM UPSTREAM TOP OF DAM TO UPSTREAM TOE (U)	WATER LEVEL AT INSPECTION	DOWN-STREAM SLOPE	UP-STREAM SLOPE

Example Dam Profile *This box may be deleted from the form*



6. Provide a drawing showing the cross section of the dam at the maximum section indicating details and dimensions. The drawing should be drawn at a standard even scale.

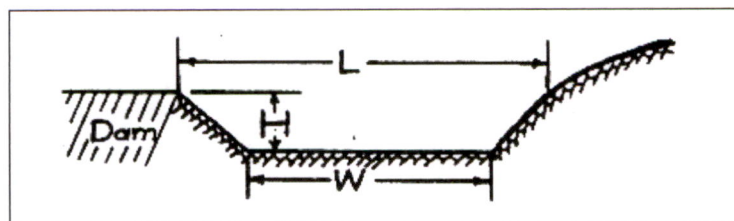
Reservoir is a dug hole lined with a rubber liner, side slopes a 2:1, a small berm exists to hold the liner.

7. Describe the outlet works (size and type of the outlet conduit and location):

Reservoir needs to be pumped to be drained. A gas pump is adjacent.

8. Describe the emergency spillway (dimensions and location):

BOTTOM WIDTH (W)	TOP WIDTH (L)	SPILLWAY DEPTH (H)
3	5	2



Received
JUL 31 2024
OWRD

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 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	June 21, 2017		
BEGIN CONSTRUCTION (A)	June 21, 2017	July 2017	Begin excavation
COMPLETE CONSTRUCTION (B)	June 21, 2022	October 2017	Excavation complete, liner installed
COMPLETE APPLICATION OF WATER (C)	February 2022	February 2018	Reservoir is filled.

* 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

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 or appropriation.

b. Has a meter been installed?

YES NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department?

YES NO

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. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

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. Outlet Pipe

a. Is the water user required to install a minimum 8" outlet pipe/conduit? YES NO

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

b. Has the outlet pipe been installed? YES NO

If "YES", items c relating to this section may be deleted.

c. Does the water user have other means to evacuate the reservoir? YES NO

DESCRIBE HOW THE WATER USER PLANS TO EVACUATE THE RESERVOIR	HAS THIS PLAN BEEN APPROVED BY THE DEPARTMENT?	BY WHOM?
	YES <input type="radio"/> NO <input type="radio"/>	

6. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? YES NO

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

Reminder: If fish screening devices were required, the COBU map must indicate their location in relation to the point of diversion.

b. Has the fish screening been installed? YES NO

c. When was the fish screening installed?

DATE	BY WHOM

Received
JUL 31 2024

Reminder: If the permit or transfer final order was issued on or after February 1, 2011, the fish screen is required to be approved by the Oregon Department of Fish and Wildlife regardless of the rate of diversion.

d. If the diversion **involves a pump** *and* 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 YES NO**

- If not, go to <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx> (search for ODFW Small Pump Screen Self Certification), complete and attach a copy of the 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** *or* 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 YES NO**
- 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.

7. 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.

Reminder: If by-pass devices were required, the COBU map must indicate their location in relation to the point of diversion.

b. Have by-pass device been installed?

YES NO

c. Describe the diversion works as related to whether a by-pass device is installed or unnecessary:

(Provide a letter from ODFW indicating the device is approved or is unnecessary. If there is no letter from ODFW, explain whether or not a by-pass device is necessary.)

DESCRIPTION (E.G. "ODFW HAS APPROVED THE BY-PASS DEVICE" OR "NO BY-PASS DEVICE IS NECESSARY BECAUSE THERE IS A DIRECT DIVERSION FROM THE STREAM VIA A PUMP ON RIVER LEFT STREAM BANK WITH FOOT VALVE DESCENDING DIRECTLY INTO NATURAL POOL.") IN ADDITION, YOU MAY ATTACH PHOTOS TO THIS CLAIM.	IF INSTALLED (DATE)	IF INSTALLED, BY WHOM
		Received JUL 31 2024 OWRD

8. 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 letter from an engineer required prior to storage of water? YES NO
- d. Was submittal of a water management and conservation plan required? YES NO
- e. 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):

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION

Received
JUL 31 2024
OWRD