



**CLAIM OF BENEFICIAL USE**

**TRANSFER T-13890**

**SHOTGUN CREEK RANCH, LLC**

**JULY 29, 2024**

**Project 10139.006**

Received by OWRD

AUG 06 2024

Salem, OR

Skookum Water Associates Inc.  
1626 Victorian Way Eugene, OR 97401  
(503) 319-8926

**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](http://www.oregon.gov/OWRD)

**A fee of \$230 must accompany this form for any transfer final orders 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 only authorized change was a change in place of use.

**YES**

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

**1. File Information**

APPLICATION #

**T-13890**

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**2. Property Owner (current owner information)**

APPLICANT/BUSINESS NAME <b>Shotgun Creek Ranch, LLC Attn: Joe Papineau</b>		PHONE NO. <b>(541) 379-6860</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>40791 SE Shotgun Road</b>			
CITY <b>Post</b>	STATE <b>OR</b>	ZIP <b>97752</b>	E-MAIL <b>joe@shotguncreek.com</b>

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

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

TRANSFER HOLDER OF RECORD <b>Shotgun Creek Ranch, LLC Attn: Joe Papineau</b>			
ADDRESS <b>40791 SE Shotgun Road</b>			
CITY <b>Post</b>	STATE <b>OR</b>	ZIP <b>97752</b>	

**4. Date of Site Inspection:**

<b>June 25, 2024</b>
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**5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Joe Papineau</b>	<b>June 25, 2024</b>	<b>Ranch Manager</b>

**6. County:**

<b>Crook</b>
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**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)):**

OWNER OF RECORD <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

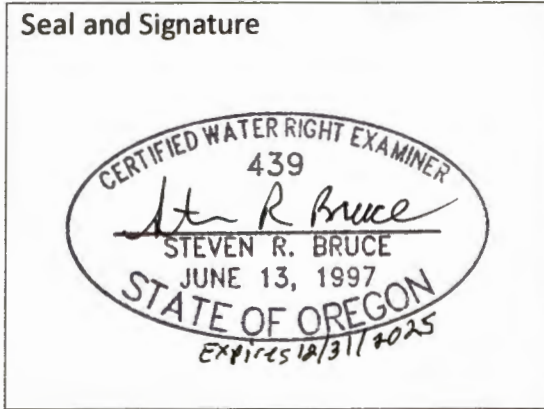
Add additional tables for owners of record as needed

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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.



CWRE NAME <b>Steven R. Bruce Skookum Water Associates Inc.</b>		PHONE NO. <b>(503) 319-8926</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>1626 Victorian Way</b>			
CITY <b>Eugene</b>	STATE <b>OR</b>	ZIP <b>97401</b>	E-MAIL <b>steve@skookumwater.com</b>

Transfer Holder of Record Signature or Acknowledgement

***Each*** 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
	<b>Joe Papineau</b>	<b>Ranch Manager</b>	<b>8-2-24</b>

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**SECTION 3**

**EXTENT OF CHANGE COMPLETED**

**1. Claim Summary:**

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
14.8 acres primary irrigation	14.8 acres primary irrigation
10.0 acres supplemental irrigation	10.0 acres supplemental irrigation

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

<b>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)</b>
<b>YES</b>

**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order? **YES**

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.")

<b>The use of POD 5 was not developed.</b>
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**SECTION 4  
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	8/10/2022	
COMPLETENESS DATE FROM ORDER (C)	10/1/2024	May 15, 2024

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

**2. Is there an extension final order(s)?** **NO**  
*If "NO", you may delete the following table.*

**3. Measurement Conditions:**

a. Does the transfer final order require the installation of a meter or approved measuring device? **YES**

*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**

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c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD 3	Seametrics	Not available. Meter is at bottom of a 3-foot-deep vault and side of meter with SN is buried	Working	132,961.37 x 1,000 gallons	June 2019
Shotgun Creek 1/POD 6	Seametrics	Not available. Meter is in bottom of a 2-foot-deep vault and side of meter with SN is buried	Working	93,321.0 x 1,000 gallons	June 2019

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

4. Other conditions required by the transfer final order:

a. Other conditions?

NO

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

NA

**SECTION 5  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Figure 1	Claim of Beneficial Use Map for T-13890

**SECTION 6  
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.

The map was tied using a Garmin 750t GPS and a USDA-FSA-NAIP aerial image collected on July 11, 2022 (m\_4412062\_nw\_10\_030\_20220711).

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## 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
- 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
- NA 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")
- Transfer application number
- North arrow
- Legend
- CWRE stamp and signature

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**TRANSMITTAL LETTER**

**To:** Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem, OR 97301-1266

**Date:** August 5, 2024

**Job Number:** 10139.006

**RE:** Transfer T-13890 in the name of Shotgun Creek Ranch, LLC

**We are sending:**

Number of Copies	Date	Description
1	7/29/2024	Claim of Beneficial Use Report for Transfer T-13890
1	7/24/2024	Polyester Claim of Beneficial Use Map for Transfer T-13890
1	Undated	Certificate Reimbursement Authority (RA) Estimate Application
1	8/2/2024	Shotgun Ranch LLC 2 Checks 1671 and 1672 for \$230.00 and \$125.00 for the Claim of Beneficial Use Processing and RA Estimate Application, respectively

**The above are transmitted as indicated below:**

- For Signature
- For Your Use
- As Requested
- For Review and Comment
- Other (see comments)
- Returned to You

**Delivery method:**

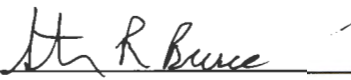
- U.S. Mail
- UPS Delivery
- Courier

**Comments:**

We are filing the attached documents on behalf of Shotgun Ranch LLC for the referenced permit. Please call me if you have any questions.

Thank you,

cc. Joe Papineau; Shotgun Ranch LLC (no attachments and via email)  
Shonee Langford; Schwabe, Williamson & Wyatt (attachments via UPS)

Signed   
Steven R. Bruce, RG, CWRE



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Date Received (Date Stamp Here)

## OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Shotgun Ranch LLC  
40791 SE Shotgun Ranch Rd, Post OR 97152

Transaction Type: Claim

Fees Received: \$ 230.00

Cash  Check: Check No. 1671  
Name(s) on Check: Same as above

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: Corie Lourien  
(Name of OWRD staff)

### 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.