

**CLAIM OF  
BENEFICIAL USE  
for Transfer New or Additional  
POD 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.**

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**A separate form shall be completed for each transfer.**

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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.

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 either point(s) of diversion or additional point(s) of diversion, or a combination of both. **YES**

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

**1. File Information**

APPLICATION #

**T-14196**

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

APPLICANT/BUSINESS NAME <b>Shirley Ann and Jordan Gail Enright Joint Trust</b>		PHONE NO. <b>541-932-4778</b>	ADDITIONAL CONTACT NO. <b>541-620-0980</b>
ADDRESS <b>59062 Highway 26</b>			
CITY <b>Mt. Vernon</b>	STATE <b>OR</b>	ZIP <b>97865</b>	E-MAIL

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)**

APPLICANT/BUSINESS NAME <b>Shirley Ann and Jordan Gail Enright Joint Trust</b>		
ADDRESS <b>59062 Highway 26</b>		
CITY <b>Mt. Vernon</b>	STATE <b>OR</b>	ZIP <b>97865</b>

**4. Date of Site Inspection:**

**June 4, 2024**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Gail Enright</b>	<b>June 4, 2024</b>	<b>Trustee &amp; Operator</b>

**6. County:**

**Grant**

**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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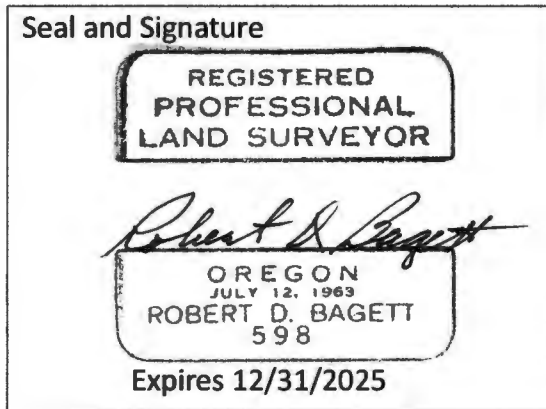
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**SECTION 2  
SIGNATURES**

CWRE Statement, Seal and Signature

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



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CWRE NAME <b>Robert D. Bagett</b>		PHONE NO. <b>541-620-0717</b>	ADDITIONAL CONTACT No. <b>541-575-1251</b>
ADDRESS <b>217 North Canyon Blvd</b>			
CITY <b>John Day</b>	STATE <b>OR</b>	ZIP <b>97845</b>	E-MAIL <b>bobbagett@gmail.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>Shirley Ann Enright</b>	<b>Trustee</b>	<b>8/5/24</b>
	<b>Jordan Gail Enright</b>	<b>Trustee</b>	<b>8/5/24</b>

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**SECTION 2  
SIGNATURES**

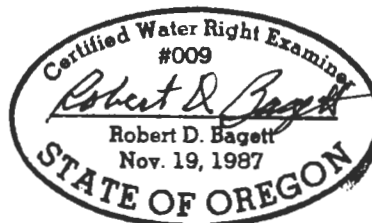
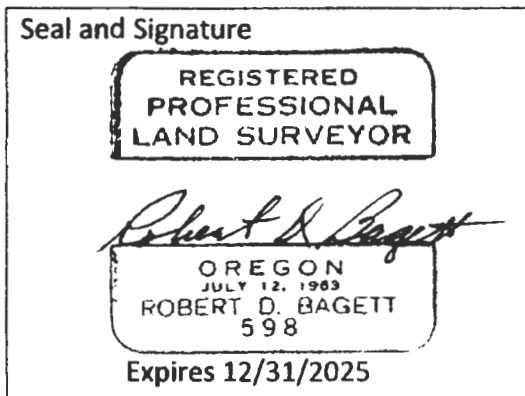
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CWRE Statement, Seal and Signature

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



EXPIRES 12/31/2025

CWRE NAME Robert D. Bagett		PHONE No. 541-620-0717	ADDITIONAL CONTACT No. 541-575-1251
ADDRESS 217 North Canyon Blvd			
CITY John Day	STATE OR	ZIP 97845	E-MAIL bobbagett@gmail.com

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
<i>Shirley Ann Enright</i>	Shirley Ann Enright	Trustee	8/5/24
<i>Jordan Gail Enright</i>	Jordan Gail Enright	Trustee	8/5/24

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**SECTION 3  
CLAIM DESCRIPTION**

**Note: The Claim only needs to describe the new or additional point(s) of diversion. This Claim does not need to provide information for the original point(s) of diversion unless the original point of diversion is either a new or additional point of diversion on another right involved in this transfer.**

**1. New or additional point of diversion name or number:**

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)	SOURCE
<b>POD #3</b>	<b>John Day River &amp; Beech Creek , Tributary to COLUMBIA RIVER.</b>

**2. Variations:**

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

*(e.g. "The order allowed three new/additional points of diversion. The water user only developed one of the points.")*

**NA**

**3. Claim Summary:**

NEW OR ADDITIONAL POD NAME OR #	MAXIMUM RATE AUTHORIZED IN ORDER	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
<b>POD #3</b>	<b>0.31 CFS</b>	<b>34.9 CFS</b>	<b>NA</b>

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**SECTION 4  
SYSTEM DESCRIPTION**

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Are there multiple new or additional Points of Diversion (POD)s?

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. POD System Information**

Provide the following information concerning the point of diversion. Information provided must describe the equipment used to appropriate water from the point of diversion.

**1. Pump Information**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
NA					

**2. Motor Information**

MANUFACTURER	HORSEPOWER
NA	

**3. Theoretical Pump Capacity**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
NA				

**4. Provide pump calculations:**

NA

**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)
NA			

**Reminder: For pump calculations use the reference information at the end of this document.**

**B. Gravity Flow Pipe**

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

**1. Does the diversion involve a gravity flow pipe?** **NO**

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

**C. Gravity Flow Canal or Ditch**

(THE DEPARTMENT TYPICALLY USES MANNING’S FORMULA FOR CANALS AND DITCHES)

1. Does the diversion involve a gravity flow ditch or canal? YES

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

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)
Earth	10.0’	4.0’	1.6’	0.03	1.1’	420’	0.3%	34.9 CFS

3. Provide calculations:

See Attached Exhibit A.

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)
NA	NA	NA	NA

Attach measurement notes.

**D. Additional notes or comments related to the system:**

The system is in place and is active.

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**SECTION 5  
CONDITIONS**

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All conditions contained in the transfer final order, 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 NEW AND/OR ADDITIONAL POD(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE “ISSUANCE DATE” AND THE “COMPLETENESS DATE”
ISSUANCE DATE	January 29, 2024	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2025	April 20, 2024

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

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

AUG 14 2024 NO

3. Measurement Conditions:

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a. Does the transfer final order, or any extension final order require the installation of a meter or other 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.

b. Has a meter been installed? NO

c. Meter Information

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

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

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
POD #1: Eric Julsrud	Watermaster	6/7/2024
POD #2: Eric Julsrud	Watermaster	6/7/2024
POD #3: Eric Julsrud	Watermaster	6/7/2024

6/7/2024

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
POD #1: 3'sharp crested weir.	Working	7/2003
POD #2: Long throated ramp flume.	Working	7/2008
POD #3: Long throated ramp flume.	Working	7/2008

4. Recording and reporting conditions

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

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

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

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5. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? **YES**

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*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.**

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b. Has the fish screening been installed? **YES**

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c. When was the fish screening installed?

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DATE	BY WHOM
Prior to final order	ODFW

**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) and the permit was issued prior to February 1, 2011:

- Has the self-certification form previously been submitted to the Department? **NA**

If not, go to <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>, complete and attach a copy of the 'ODFW Small Pump Screen 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? **YES**

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.**

6.

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? **YES**

YES

*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 devices been installed?

YES



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
<b>ODFW has approved the by-pass device. See Attached Exhibit B.</b>	<b>Prior to final order.</b>	<b>ODFW</b>

7. Other conditions required by the transfer final order or extension final order:

- a. Was the water user required to restore the riparian area if it was disturbed? NO
- b. Was a fishway required? NO
- c. 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
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**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>Exhibit A</b>	<b>Ditch Capacity Calculations.</b>
<b>Exhibit B</b>	<b>ODFW Fish Screen Approval Letter.</b>

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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 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 identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of diversion, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

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.

**Used GPS to locate the Center 1/4 corner Section 28, T.13S., R.30E., W.M. and POD #3.**

**Used aerial photo to determine bearing and distance from POD #3 to ODFW fish screen/fish bypass structure and to the long-throated ramp fume measuring device in the Lemons Ditch.**

**Aerial Photo: Google Earth, Imagery Date 9/23/2022.**

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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.)

- X Map on polyester film
- X Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- X Township, Range, Section, Donation Land Claims, and Government Lots
- X If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- X Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- X Locations of meters and/or measuring devices in relationship to point of diversion or appropriation.
- NA Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) **\*Not required for this type of Claim of Beneficial Use**
- X Point(s) of diversion or appropriation (illustrated and coordinates)
- X Tax lot boundaries and numbers
- X Source illustrated if surface water
- X Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- X Application and permit number or transfer number
- X North arrow
- X Legend
- X CWRE stamp and signature

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## Ditch Capacity Calculator

using Manning's Formula

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### Data Entry (fill in underlined blanks)

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Top Width = 10 feet  
Bottom Width = 4 feet  
Depth = 1.6 feet  
Fall = 1.1 feet per 420 feet of distance  
Grade = 0.00261905, or 0.3%  
n Factor = 0.03

---

### Results calculated

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Area of cross-section = 11.2 square feet  
Wetted Perimeter = 10.8 feet  
Hydraulic Radius = 1.03704  
Velocity = 3.117 feet per second

**Calculated Ditch Capacity = 34.9 cubic feet per second**

**SHIRLEY ANN AND JORDAN GAIL ENRIGHT**

**T-14169**

**LEMONS DITCH**

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**EXHIBIT A**

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# Oregon

**Department of Fish and Wildlife**  
John Day Fish Screening and Passage  
357 Patterson Bridge Rd.  
P.O. Box 515  
John Day, OR 97845  
Voice: 541-575-0561  
FAX (541) 575-0868  
[www.dfw.state.or.us/](http://www.dfw.state.or.us/)

July 31, 2024

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Shirley Ann and Jordan Gail Enright Joint Trust  
59062 Highway 26  
Mt. Vernon, OR 97865

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Dear Mr. & Mrs. Enright,

Your fish screen was inspected on 7/23/2024. In reference to water right transfer file number T-14169 this letter confirms that a National Marine Fisheries Service criteria fish screen as approved by ODFW is located on the property near GPS coordinates: 44.41095, -119.11764.

In regard to the inspection of the fish screen located on the John Day River, the following has been determined:

1. The screen located at coordinates 44.41095, -119.11764 is an ODFW shop-built 4'x24" dual bay rotary drum screen.
2. This screen is approved for water use up to 1,894 GPM or 4.22 CFS.
3. The screen configuration will still meet criteria with the addition of the 0.31 CFS associated with this transfer.
4. All screen and by-pass configurations meet National Marine Fisheries Service criteria at the time of inspection, any changes or modifications to the configurations will not be covered by this certification letter.
5. A by-pass pipe returning to the river is present in the screen configuration.

Please contact me if you have any questions regarding this letter.

Sincerely,

Nathaniel Ashley  
Fish Screening and Passage Coordinator

CC: Oregon Water Resources Department

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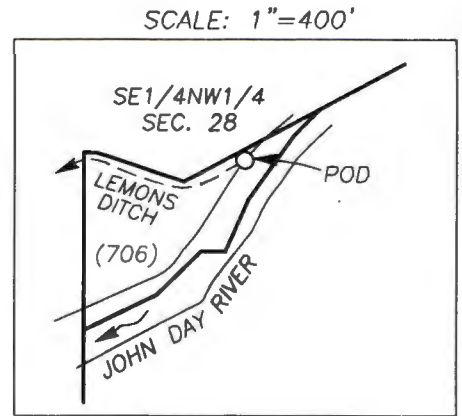
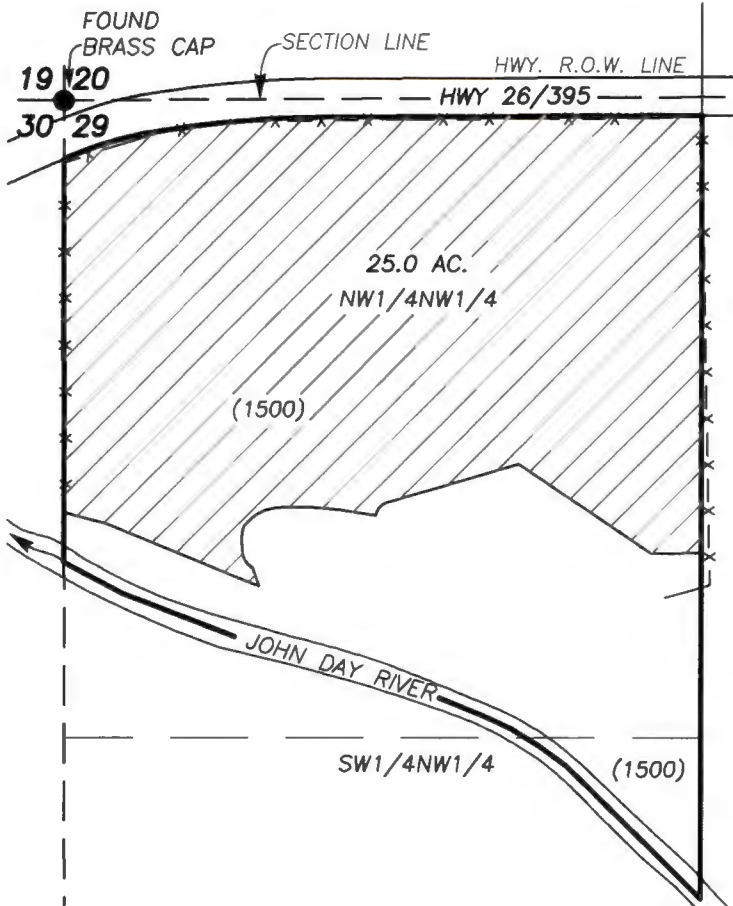
**EXHIBIT B**

T.13S., R.30E., W.M.  
**CLAIM OF BENEFICIAL USE MAP**  
**UNDER T-14169**  
 FOR  
**SHIRLEY AND GAIL ENRIGHT JOINT TRUST**

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SCALE: 1" = 400'



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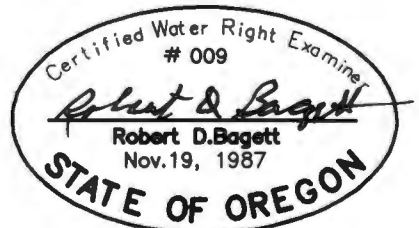
O POD: 245 FT. NORTH & 955 FT. WEST FROM C1/4 COR. SEC. 28,  
 T.13S., R.30E., W.M.  
 FROM POD: ODFW FISH SCREEN AND FISH BYPASS STRUCTURE BEARS,  
 S.65°W., 150 FT.  
 MEASUREING DEVICE AND STAFF GUAGE BEARS, S74°W., 250 FT.

PREPARED BY:  
 ROBERT D. BAGETT, PLS, CWRE  
 217 N. CANYON BLVD.  
 JOHN DAY, OREGON  
 (541) 575-1251  
 AUGUST 1, 2024

 PLACE OF USE: PRIMARY (1911) / SUPPLEMENTAL (1981)

( ) TAX LOT NO.

X—X FENCE LINE



EXPIRES 12/31/2025

DISCLAIMER: THIS MAP IS NOT INTENDED TO PROVIDE LEGAL DIMENSIONS OR LOCATIONS OF PROPERTY OWNERSHIP LINES.