

**CLAIM OF  
BENEFICIAL USE  
for Surface Water Permits  
claiming 0.1 cfs or less**



**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)

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SEP 09 2024

Salem, OR

**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>

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 #<br><b>S-87362</b> | PERMIT # (IF APPLICABLE)<br><b>S-54678</b> | PERMIT AMENDMENT # (IF APPLICABLE)<br><b>NA</b> |
|---------------------------------|--------------------------------------------|-------------------------------------------------|

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

|                                                                                                                 |                    |                                    |                                           |
|-----------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------|-------------------------------------------|
| APPLICANT/BUSINESS NAME<br><b>USDA Forest Service Crescent Ranger District</b><br><b>Attn: Daniel P. Durfee</b> |                    | PHONE NO.<br><b>(541) 433-3200</b> | ADDITIONAL CONTACT NO.                    |
| ADDRESS<br><b>P.O. Box 208</b>                                                                                  |                    |                                    |                                           |
| CITY<br><b>Crescent</b>                                                                                         | STATE<br><b>OR</b> | ZIP<br><b>97733</b>                | E-MAIL<br><b>daniel.p.durfee@usda.gov</b> |

|                                                                         |                    |                                    |                                    |
|-------------------------------------------------------------------------|--------------------|------------------------------------|------------------------------------|
| APPLICANT/BUSINESS NAME<br><b>Nancy and Pat Cross (Property Lessee)</b> |                    | PHONE NO.<br><b>(541) 729-8683</b> | ADDITIONAL CONTACT NO.             |
| ADDRESS<br><b>2199 Fairmount Boulevard</b>                              |                    |                                    |                                    |
| CITY<br><b>Eugene</b>                                                   | STATE<br><b>OR</b> | ZIP<br><b>97403</b>                | E-MAIL<br><b>fpc@1benefits.com</b> |

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<br><b>Nancy and Pat Cross (Property Lessee)</b> |                    |                     |
| ADDRESS<br><b>2199 Fairmount Boulevard</b>                              |                    |                     |
| CITY<br><b>Eugene</b>                                                   | STATE<br><b>OR</b> | ZIP<br><b>97403</b> |

|                                                                                           |                    |                     |
|-------------------------------------------------------------------------------------------|--------------------|---------------------|
| ADDITIONAL PERMIT HOLDER OF RECORD<br><b>USDA Forest Service Crescent Ranger District</b> |                    |                     |
| ADDRESS<br><b>P.O. Box 208</b>                                                            |                    |                     |
| CITY<br><b>Crescent</b>                                                                   | STATE<br><b>OR</b> | ZIP<br><b>97733</b> |

**4. Date of Site Inspection:**

|                      |
|----------------------|
| <b>July 24, 2024</b> |
|----------------------|

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

| NAME               | DATE             | ASSOCIATION WITH THE PROJECT |
|--------------------|------------------|------------------------------|
| <b>Pat Cross</b>   | <b>7/24/2024</b> | <b>Property Lessee</b>       |
| <b>Nancy Cross</b> | <b>7/24/2024</b> | <b>Property Lessee</b>       |

**6. County:**

|                |
|----------------|
| <b>Klamath</b> |
|----------------|

**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)):**

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|                 |       |     |
|-----------------|-------|-----|
| OWNER OF RECORD |       |     |
| NA              |       |     |
| ADDRESS         |       |     |
| CITY            | STATE | ZIP |

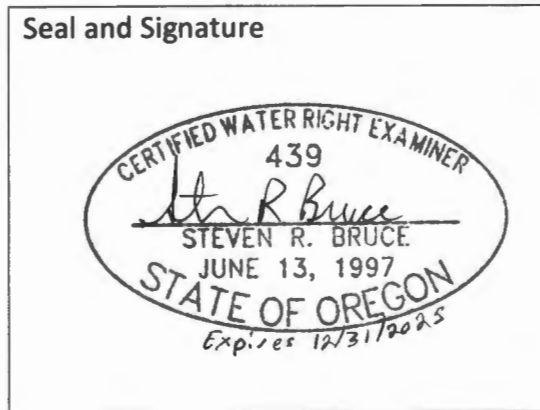
Add additional tables for owners of record as needed

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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.

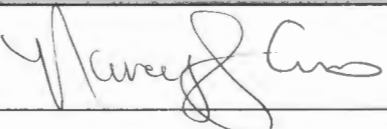


|                                                                   |                    |                                    |                                         |
|-------------------------------------------------------------------|--------------------|------------------------------------|-----------------------------------------|
| <b>CWRE NAME</b><br>Steven R. Bruce Skookum Water Associates Inc. |                    | <b>PHONE NO.</b><br>(503) 319-8926 | <b>ADDITIONAL CONTACT NO.</b><br>       |
| <b>ADDRESS</b><br>1626 Victorian Way                              |                    |                                    |                                         |
| <b>CITY</b><br>Eugene                                             | <b>STATE</b><br>OR | <b>ZIP</b><br>97401                | <b>E-MAIL</b><br>steve@skookumwater.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           |
|-------------------------------------------------------------------------------------|--------------------|-------------------|----------------|
|  | Nancy Cross        | Lessee            | 31 August 2024 |
|  | Pat Cross          | Lessee            | 8/31/24        |
|  | Daniel P. Durfee   | US Forest Service | 9/1/24         |

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### SECTION 3

#### CLAIM DESCRIPTION

**1. POD source and, if from surface water, the tributary:**

| POD<br>NAME OR NUMBER | SOURCE            | TRIBUTARY  |
|-----------------------|-------------------|------------|
| Little Ash Spring     | Little Ash Spring | Odell Lake |

**2. Developed use(s), period of use, and rate for each use:**

| POD<br>NAME OR NUMBER        | USES                                  | IF IRRIGATION,<br>LIST CROP TYPE | SEASON OR MONTHS<br>WHEN WATER<br>WAS USED | ACTUAL RATE OR<br>VOLUME<br>USED<br>(CFS, GPM, OR AF) |
|------------------------------|---------------------------------------|----------------------------------|--------------------------------------------|-------------------------------------------------------|
| Little Ash Spring            | Human Consumption Use for 1 household | NA                               | Year-Round                                 | 0.037 cfs                                             |
| Total Quantity of Water Used |                                       |                                  |                                            | 0.037 cfs                                             |

**3. 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:**

Water is diverted from the spring using a 1-inch-diameter PVC pipe that connects to a buried water trough located immediately downslope of the spring. The trough, which has a cover, is reported to hold approximately 100 gallons.

Water not diverted to the cabin is returned to the creek channel downstream of the spring via an overflow pipe on the trough.

Water is conveyed from the trough to the cabin by approximately 250 feet of buried 1-inch-diameter PVC pipe. The water passes through a 1-inch-diameter flowmeter located in the basement of the cabin before entering piping connected to a kitchen sink, a bathroom sink, a shower and a toilet. To protect the pipes from freezing conditions, the plumbing is configured to allow the water system to be gravity drained when the cabin is going to be unoccupied.

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).

**4. Variations:**

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

**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.")

NA

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**5. Claim Summary:**

| POD / POA<br>NAME OR # | MAXIMUM RATE<br>AUTHORIZED                                    | CALCULATED<br>THEORETICAL RATE<br>BASED ON SYSTEM | AMOUNT OF<br>WATER<br>MEASURED | USE                                          | # OF ACRES<br>ALLOWED | # OF ACRES<br>DEVELOPED |
|------------------------|---------------------------------------------------------------|---------------------------------------------------|--------------------------------|----------------------------------------------|-----------------------|-------------------------|
| Little Ash<br>Spring   | 0.005 cfs,<br>further<br>limited to 500<br>gallons per<br>day | 0.037 cfs                                         | NA                             | Human<br>Consumption<br>(indoor use<br>only) | NA                    | NA                      |

**The right should be limited to 0.005 cfs, further limited to 500 gallons per day.**

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## SECTION 4

### SYSTEM DESCRIPTION

Are there multiple PODs?

NO

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

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, 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?

NO

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

##### 6. Sprinkler Information:

| SIZE | OPERATING<br>PSI | SPRINKLER<br>OUTPUT<br>(GPM) | TOTAL NUMBER<br>OF SPRINKLERS | MAXIMUM<br>NUMBER USED | TOTAL SPRINKLER OUTPUT<br>(CFS) |
|------|------------------|------------------------------|-------------------------------|------------------------|---------------------------------|
| NA   |                  |                              |                               |                        |                                 |

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

##### 7. Drip Emitter Information:

| SIZE | OPERATING<br>PSI | EMITTER<br>OUTPUT<br>(GPM) | TOTAL NUMBER<br>OF EMITTERS | MAXIMUM<br>NUMBER USED | TOTAL EMITTER OUTPUT<br>(CFS) |
|------|------------------|----------------------------|-----------------------------|------------------------|-------------------------------|
| NA   |                  |                            |                             |                        |                               |

##### 8. Drip Tape Information:

| DRIPPER<br>SPACING IN<br>INCHES | GPM PER<br>100 FEET | TOTAL<br>LENGTH OF<br>TAPE | MAXIMUM<br>LENGTH OF TAPE<br>USED | TOTAL TAPE<br>OUTPUT<br>(CFS) | ADDITIONAL INFORMATION |
|---------------------------------|---------------------|----------------------------|-----------------------------------|-------------------------------|------------------------|
| NA                              |                     |                            |                                   |                               |                        |

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### C. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

YES

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a:

Storage Tank

YES

Bulge in System / Reservoir

NO

Complete appropriate table(s), unused table may be deleted.

#### 2. Storage Tank:

| MATERIAL<br>(CONCRETE, FIBERGLASS, METAL, ETC.) | CAPACITY<br>(IN GALLONS) | ABOVE GROUND OR BURIED |
|-------------------------------------------------|--------------------------|------------------------|
| Plastic                                         | 100 (approx.)            | Buried                 |

### 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

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

#### 2. Complete the table:

| PIPE SIZE | PIPE<br>TYPE | "C"<br>FACTOR | AMOUNT OF<br>FALL | LENGTH OF PIPE        | SLOPE | COMPUTED RATE OF WATER<br>FLOW (IN CFS) |
|-----------|--------------|---------------|-------------------|-----------------------|-------|-----------------------------------------|
| 1 inch    | PVC          | 140           | 50 feet           | 250 feet<br>(approx.) | 0.2   | 0.037 cfs (approx. 16.6<br>gpm)         |

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### 3. Provide calculations:

The following calculation is from the Department's online calculators available to CWREs.

#### Pipe Capacity Calculator

for pipes flowing full, using the Hazen-Williams Formula

#### Data Entry (fill in underlined blanks)

Interior Diameter = 1 inches, or 0.083333 feet  
 Roughness Coefficient (C) = 140  
 Fall = 50 feet per 250 feet of distance  
 Grade = 0.2 , or 20.0%

#### Results calculated

Area of cross-section = 0.00545 square feet  
 Wetted Perimeter = 0.2618 feet  
 Hydraulic Radius = 0.02083  
 Velocity = 6.75177 feet per second  
  
**Pipe Capacity = 0.037 cubic feet per second**

### 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                  |                          |                    |                                     |

Attach measurement notes.

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#### E. Gravity Flow Canal or Ditch

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

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1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

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NO

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

#### F. Additional notes or comments related to the system:

Water is used only when the vacation cabin is occupied. The water use has been reported annually since 2013, but the amounts of water are small. The online water-use reporting system consistently shows 0.00 values because the user selected acre-feet as the unit instead of cubic feet as recorded by the flowmeter. Exhibit A provides a copy of the Facility Water Use Report for Little Ash Spring obtained from the Department's website that shows the cubic feet of water used each month from October 2013 to September 2023.

## 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 extension final order:

|                                   | DATE FROM PERMIT | DATE ACCOMPLISHED* | DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS |
|-----------------------------------|------------------|--------------------|---------------------------------------------------------------------------|
| ISSUANCE DATE                     | 11/23/2010       |                    |                                                                           |
| BEGIN CONSTRUCTION (A)            | NA               | NA                 | NA                                                                        |
| COMPLETE CONSTRUCTION (B)         | 11/23/2015       | 11/23/2010         | The system was constructed before the permit was issued.                  |
| COMPLETE APPLICATION OF WATER (C) | 11/23/2015       | December 31, 2010  | Water was used for domestic purposes over the Christmas holiday           |

\* 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)?

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

*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

c. Meter Information

| POD NAME OR #     | MANUFACTURER | SERIAL # | CONDITION (WORKING OR NOT) | CURRENT METER READING | DATE INSTALLED    |
|-------------------|--------------|----------|----------------------------|-----------------------|-------------------|
| Little Ash Spring | Neptune      | 51776442 | Working                    | 2017.88 cubic feet    | mid-December 2010 |

*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

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

b. Have the reports been submitted? YES

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

Water-use reports are attached (and have been filed on a timely basis by the Crosses) because the WRD online information shows 0.00 use for all months. We assume the online reporting system defaults to 0.00 because the actual reported usage is small.

#### 5. Fish Screening:

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

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

#### 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

*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

b. 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):

The riparian area at the spring was disturbed in 1988 prior to issuance of the permit. No disturbance occurred after the issuance of the permit.

## SECTION 6

### ATTACHMENTS

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

| ATTACHMENT NAME | DESCRIPTION                                                                         |
|-----------------|-------------------------------------------------------------------------------------|
| Figure 1        | Claim of Beneficial Use Map for Application S-87362, Permit S-54678                 |
| Exhibit A       | Facility Water Use Report for Little Ash Spring from October 2013 to September 2023 |

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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.

The map was tied using a Garmin Oregon 750t GPS and USDA/NAIP aerial image m\_4312125\_nw\_10\_030\_20220924.tif obtained September 24, 2022.

### Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

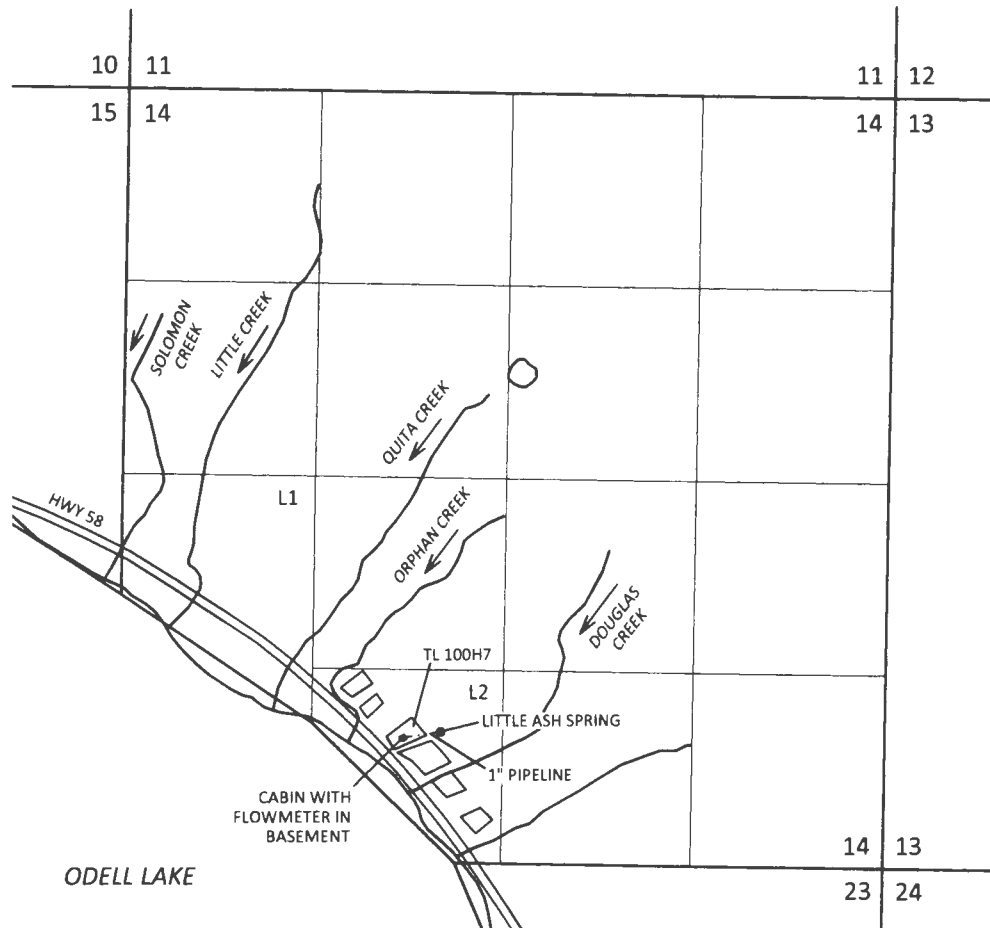
**(Reminder: Incomplete maps and/or claims may be returned.)**

- ☒ 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
- ☐ NA If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☐ NA 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

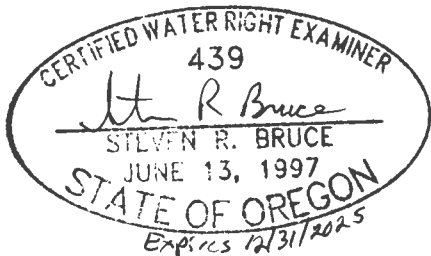
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Section 14, T23S, R6E, W.M.,  
Klamath County, Oregon

Application S-87362, Permit S-54678  
CLAIM OF BENEFICIAL USE MAP  
Nancy and Pat Cross

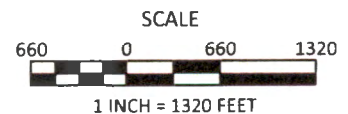


POD LOCATION: 910 FT N AND 420 FT W FROM  
SOUTH 1/4 CORNER SECTION 14, T23S, R6E, W.M.



EXPLANATION

- PLACE OF USE - HUMAN CONSUMPTION  
PRIORITY: 12/12/2008
- SPRING
- APPROXIMATE PIPELINE



KPFF 2200002.25

**SKOOKUM**  
WATER ASSOCIATES INC

1626 VICTORIAN WAY  
EUGENE, OR 97401  
(503) 319-8926

Site Inspection Conducted  
July 24, 2024

August 26, 2024

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This map is not intended to provide legal  
dimensions or locations of property  
ownership lines

Figure 1

Facility Water Use Report

LITTLE ASH SPRING  
Report ID: 64884

LITTLE ASH SPRING;  
460 FEET SOUTH AND 1020 FEET EAST FROM NW CORNER, SESW, SECTION 14  
23S-6E-14-SE SW;  
Permit: S 54678 \*

PAT & NANCY CROSS

Records per Page: 11

| Water Year | Reporter    | Type of Measurement | Unit | Oct  | Nov  | Dec   | Jan   | Feb  | Mar   | Apr  | May  | Jun  | Jul  | Aug   | Sep  | Irrigated Acres |
|------------|-------------|---------------------|------|------|------|-------|-------|------|-------|------|------|------|------|-------|------|-----------------|
| 2023       | NANCY CROSS | FMT                 | C    | 3.12 | 9.0  | 18.0  | 10.0  | 10.0 | 15.0  | 2.25 | 1.0  | 7.2  | 0.0  | 9.0   | 0.0  |                 |
| 2022       | NANCY CROSS | FMT                 | C    | 6.0  | 0.0  | 10.0  | 32.0  | 40.0 | 25.0  | 0.0  | 15.0 | 12.0 | 25.0 | 24.0  | 20.0 |                 |
| 2021       | NANCY CROSS | FMT                 | C    | 16.0 | 0.0  | 20.0  | 26.0  | 22.0 | 21.0  | 16.0 | 16.0 | 16.0 | 0.0  | 10.0  | 9.0  |                 |
| 2020       | NANCY CROSS | FMT                 | C    | 0.0  | 1.0  | 4.0   | 4.0   | 4.5  | 8.0   | 1.0  | 0.0  | 5.5  | 0.0  | 5.0   | 15.0 |                 |
| 2019       | NANCY CROSS | FMT                 | C    | 0.0  | 2.0  | 8.0   | 4.0   | 10.0 | 12.0  | 2.0  | 1.0  | 0.0  | 0.0  | 4.0   | 5.0  |                 |
| 2018       | NANCY CROSS | FMT                 | C    | 0.0  | 1.0  | 2.0   | 1.0   | 1.0  | 0.0   | 1.5  | 2.0  | 0.0  | 1.5  | 3.0   | 3.0  |                 |
| 2017       | NANCY CROSS | FMT                 | C    | 0.0  | 2.0  | 10.5  | 10.5  | 6.4  | 13.0  | 3.0  | 9.4  | 14.0 | 2.0  | 0.0   | 2.0  |                 |
| 2016       | NANCY CROSS | FMT                 | C    | 6.0  | 10.0 | 10.0  | 25.4  | 10.3 | 9.4   | 0.0  | 14.5 | 0.0  | 4.5  | 4.8   | 2.0  |                 |
| 2015       | NANCY CROSS | FMT                 | C    | 0.0  | 0.0  | 1.0   | 4.0   | 1.0  | 0.0   | 0.0  | 3.0  | 1.0  | 9.0  | 0.0   | 20.0 |                 |
| 2014       | Nancy Cross | FMT                 | C    | 30.0 | 20.0 | 56.0  | 26.0  | 19.0 | 13.0  | 1.0  | 1.0  | 12.0 | 0.0  | 4.0   | 0.0  |                 |
| 2013       | Nancy Cross | FMT                 | C    | 30.0 | 20.0 | 170.0 | 130.0 | 80.0 | 120.0 | 0.0  | 0.0  | 20.0 | 50.0 | 150.0 | 30.0 |                 |

If corrections are needed send a message to: [owrd.waterusereporting@water.oregon.gov](mailto:owrd.waterusereporting@water.oregon.gov) or call 541-345-7489.

Add data for this point of diversion for selected year: 2024 Add

[View/Print/Download Report for this Report ID](#)

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Date Received (Date Stamp Here)

## OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Nancy & Pat Cross  
2199 Fairmount Blvd, Eugene OR 97403

Transaction Type: Cobu

Fees Received: \$ 230.00

☐ Cash

☒ Check:

Check No. 4176

Name(s) on Check: Pat & Nancy Cross

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 Lovrien

(Name of OWRD staff)

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### 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.



Received by OWRD

SEP 09 2024

Salem OR

**CLAIM OF BENEFICIAL USE**

**APPLICATION S-87362, PERMIT S-54678**

**Nancy and Pat Cross**

**2199 Fairmount Blvd  
Eugene, Oregon 97403**

**August 22, 2024**

**Project 10199.001**

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