

**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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**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 # <b>S-85940</b>	PERMIT # (IF APPLICABLE) <b>S-54118</b>	PERMIT AMENDMENT # (IF APPLICABLE)
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>BRANDY LECHUGA-FALK</b>		PHONE NO. <b>541.291.0787</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>3810 UPPER RIVER ROAD</b>			
CITY <b>GRANTS PASS</b>	STATE <b>OR</b>	ZIP <b>97527</b>	E-MAIL <b>BRANDY.LECHUGA541@GMAIL.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		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

<b>AUGUST 28, 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>BRANDY LECHUGA-FALK</b>	<b>8/28/2024</b>	<b>PERMITTEE</b>

**6. County:**

<b>JOSEPHINE</b>
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**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.



CWRE NAME <b>RICK PARSONS</b>		PHONE No. <b>541.499.0257</b>	ADDITIONAL CONTACT No. <b>303.667.5067</b>
ADDRESS <b>1619 MINEAR RD</b>			
CITY <b>MEDFORD</b>	STATE <b>OR</b>	ZIP <b>97501</b>	E-MAIL <b>RICK.PARSONS@PARSONSWATER.COM</b>

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
	<b>BRANDY LECHUGA-FALK</b>	<b>PERMITTEE</b>	<b>8-28-24</b>



**SECTION 3**  
**CLAIM DESCRIPTION**

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

POD NAME OR NUMBER	SOURCE	TRIBUTARY
<b>POD</b>	<b>R-13981 RESERVOIR</b>	<b>LATHROP CREEK</b>

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

POD NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
<b>POD</b>	<b>IRRIGATION (TEMPERATURE CONTROL)</b>	<b>GRAPES</b>	<b>FEB – APR</b>	<b>0.8 CFS</b>
<b>Total Quantity of Water Used</b>				<b>0.8 CFS</b>

**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:

**7.5 HP PUMP PULLS WATER FROM SCREENED INTAKE ELEVATED IN RESERVOIR. WATER IS CONVEYED THROUGH 4" STEEL PIPE INTO SIX ~400' LONG ROWS OF PIPE WITH RAIN BIRD SPRINKLERS AT ~30' SPACING THROUGHOUT GRAPE VINEYARD.**

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.

YES  **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.")

**5. Claim Summary:**

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
<b>POD</b>	<b>1.5 AF</b>	<b>0.8 CFS</b>	<b>NOT OPERATING</b>	<b>IRRIGATION (TEMPERATURE CONTROL)</b>	<b>N/A</b>	<b>3.0</b>

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## SECTION 4 SYSTEM DESCRIPTION

Are there multiple PODs?

YES

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?

YES

NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
BALDOR	WCL15097	F998	CENTRIFUGAL

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)
7.5	13	1 FT	0 FT	1.33

4. Provide pump calculations:

$$Q = (HP)(EFFICIENCY) / \text{TOTAL DYNAMIC HEAD} = (7.5 * 6.61) / [\text{LIFT (5)} + \text{HEAD } ((12.7/0.433) * 1.1)] = 1.33 \text{ CFS} / 597.3 \text{ GPM}$$

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.

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**6. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
5/32"	50	5	72	72	0.8

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

**7. Drip Emmitter Information:**

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
N/A					

**8. Drip Tape Information:**

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
N/A					

**C. Storage**

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

YES NO

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

If "YES" is it a: Storage Tank  
Bulge in System / Reservoir

YES NO  
YES NO

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

**3. Bulge in System / Reservoir:**

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
R-13981 RESERVOIR	0, EXCAVATED POND	1.5

**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 NO

**E. 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

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

## 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	9/2/2004		
BEGIN CONSTRUCTION (A)	10/1/2008	MID-2000s	INSTALL PIPE AND PUMP SCREEN INTO R-13981 RESERVOIR; INSTALL CONVEYANCE SYSTEM TO GRAPE VINEYARD; USE WATER EACH WINTER / EARLY-SPRING FOR TEMPERATURE CONTROL
COMPLETE CONSTRUCTION (B)			
COMPLETE APPLICATION OF WATER (C)			

\* 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.**

b. Has a meter been installed?

YES  NO

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c. Meter Information

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD	MCCROMETER	24- 03205- 03	WORKING	0	ORIGINAL INSTALLED MID- 2000s; REPLACEMENT METER INSTALLED 2024

4. Recording and reporting conditions:

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

5. Fish Screening:

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

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  NO

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  NO

b. Other conditions? YES  NO

**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION

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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.

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