

**CLAIM OF
BENEFICIAL USE
for Transfer with Multiple
Changes – Surface Water**



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 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 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 involving multiple changes.

YES

Mark all that apply:

- | | |
|--|--|
| 1. ☒ Change in POD(s) or Additional POD(s) | 2. ☒ Change in Place of Use |
| 3. ☐ Change in Character of Use | 4. ☐ Change in Character of Use – Reservoir |

A separate section will be completed for each type of change authorized in the transfer final order.

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1. File Information

APPLICATION # T-13631

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Greg Jensen and Stephanie Davis		PHONE NO. 971-506-5322	ADDITIONAL CONTACT NO.
ADDRESS PO Box 625			
CITY St. Helens	STATE OR	ZIP 97051	E-MAIL jensen.g2233@icloud.com

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 Greg Jensen and Stephanie Davis		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

9/5/2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Greg Jensen	9/5/2024	Owner

6. County:

Columbia

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		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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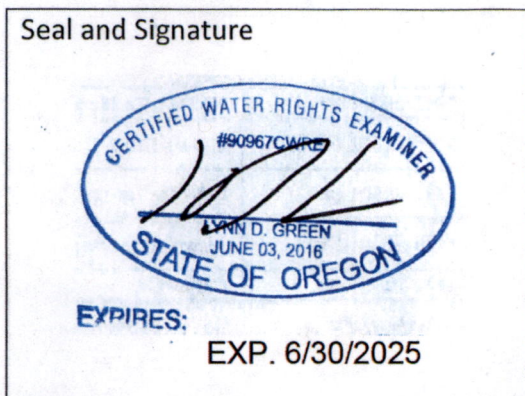
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SECTION 2 SIGNATURES

CWRE Statement, Seal and Signature

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



CWRE NAME Lynn D. Green		PHONE No. 503-452-5561	ADDITIONAL CONTACT No.
ADDRESS PO Box 14488			
CITY Portland	STATE OR	ZIP 97293	E-MAIL LynnG@EVREN-NW.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
	Greg Jensen	Owner	9.26.24
	Stephanie A. Davis	Owner	10-7-24

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
Drummond	63320	371791733	Centrifugal	0.75 inch	0.75 inch

2. Motor Information

MANUFACTURER	HORSEPOWER
Drummond	1

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
1		7'	7'	0.94

4. Provide pump calculations:

$Q = HP * (EFF) / HEAD = (1HP) * (6.61) / 7'$, no residence on pump (meter reading below with sprinkler)

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)
3071.70	3075.71	~1min	0.009

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

6. Additional notes or comments related to the system:

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.

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)

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3. Provide calculations:

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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.

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?

NO

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)

3. Provide calculations:

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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.

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Change #2

Change in Place of Use

Did the transfer order authorize a change in the place of use?

YES

If "NO", this Section can be deleted.

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
0.5	0.39

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? NO

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.")

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Change #3

Change in Character of Use

Did the transfer order authorize a change in character of use?

NO

If "NO", this Section can be deleted.

1. Claim Summary – New Use(s):

Provide the new uses authorized by the transfer final order:

NEW USE(S) AUTHORIZED

2. Variations:

Were all the uses developed from what was authorized by the transfer final order?

NA

If no, describe below.

(e.g. "The order authorized changes in character of use to industrial, commercial, and livestock. The water user did not develop the commercial use.")

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Change #4

Change in Character of Use – Reservoir

Did the transfer order authorize a change in character of use for a reservoir?

NO

If "NO", this Section can be deleted.

1. Provide the date that the water was stored for the new character of use:

	DATE FROM TRANSFER	DATE STORAGE MADE THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "FULL USE MADE DATE"
ISSUANCE DATE		
FULL USE MADE (C)		

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SECTION 4

CONDITIONS

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 AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	9/19/2023	
COMPLETENESS DATE FROM ORDER (C)	10/1/2024	9/5/2024

* 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.

If for a transfer extension order, provide the following information:

VOLUME	PAGE	DATE EXTENDED TO

3. Measurement Conditions:

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
POD 1	Netafim	18-20051782	Working	3085.24	8/1/2024

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? NA

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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?

NO

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

b. Have the reports been submitted?

NA

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

5. Fish Screening

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

YES

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

c. When was the fish screening installed?

DATE	BY WHOM
8/1/2024	Owner

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.

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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**

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. 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? **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 devices been installed? **NA**

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

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):

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ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION

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.

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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
- ☒ 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 or appropriation
- ☒ 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 7
REFERENCE INFORMATION FOR CWRE USE
(Please DO NOT submit these pages.)

Additional information is available at:

<https://www.oregon.gov/OWRD/programs/WaterRights/COBU/Pages/default.aspx>

Go to "Resources for Certified Water Right Examiners (CWRE)" Page

MS Word Hints

To add rows to a table, click outside the table on the far right and hit enter.

Place cursor here and
hit return to add a row

To resolve page numbering issues, go to print preview. Page through the entire document (while in print preview), then print from print preview.

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LETTER OF TRANSMITTAL

Main Office: P.O. Box 14488
Portland, OR 97293

Satellite Offices in Bend, Oregon and
San Rafael, California

503-452-5561 (Main Office)

503-452-7669 (Main FAX)

ENW@EVREN-NW.com (General E-mail)

DATE: September 26, 2024

PROJECT NUMBER: 1504-11003-02

TO: Oregon Water Resources Department

ATTENTION: TRANSFER &
CONSERVATION SECTION

Attn. Joan M. Smith
725 Summer St. NE, Suite A
Salem, Oregon 97301

RE: COBU, Transfer of Water Rights
(POU/POD)

COPIES	DATE	DESCRIPTION
1	9/26/2024	Check for transfer fees (#226)
1	9/26/2024	CLAIM OF BENEFICIAL USE for Transfer with Multiple Changes – Surface Water (signed and stamped, with figure)
1	9/26/2024	Figure 1 (mylar)

These are transmitted as check below:

- | | | |
|---------------------------------------|--|--|
| ☐ For approval | ☒ For review and comment | ☐ Approved as submitted |
| ☐ For your use | ☐ Approved as noted | ☐ _____ |
| ☐ As requested | ☐ Returned for corrections | |

Remarks: Joan, as discussed in the email I sent you today, attached is our claim of beneficial use for the above-reference transfer. We certified that this claim has been perfected. Please let us know if you have any questions about this claim of beneficial use, or this project in general. Thanks, Joan! Lynn

Copy to:

Greg Jensen, PO Box 97051, St. Helens, OR 97051, copy of submittal (original to OWRD)

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