

**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

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 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** **NO**

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

1. File Information

APPLICATION #

T-13512

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2. Property Owner (current owner information)

| | | | |
|---|--------------------|----------------------------------|--|
| APPLICANT/BUSINESS NAME Lee Gilmour | | PHONE NO. 541-974-0825 | ADDITIONAL CONTACT NO. |
| ADDRESS 30415 Stellmacher Dr SW | | | |
| CITY Albany | STATE OR | ZIP 97321 | E-MAIL Riverbottomfarms1@gmail.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 Same as applicant/owner | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

4. Date of Site Inspection:

| |
|---------------------------|
| 8/2022 and 11/2024 |
|---------------------------|

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

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|--------------------|----------------|------------------------------|
| Lee Gilmour | 8/2022 | Owner |
| Lee Gilmour | 11/2024 | Owner |

6. County:

| |
|-------------|
| Linn |
|-------------|

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 n/a | | |
| 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 Kyle W. Latimer | | PHONE NO. 541-451-5125 | ADDITIONAL CONTACT NO. | |
| ADDRESS 63 E Ash Street | | | | |
| CITY Lebanon | STATE OR | ZIP 97355 | E-MAIL Kyle@udelleng.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 |
|-----------|--------------------|-------|----------|
| | Lee Gilmeor | owner | 11/15/24 |
| | | | |
| | | | |

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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 |
|---|--|
| POD #2 | Horseshoe Lake and Willamette Basin Project |
| | Reservoirs constructed under Permit R-5363 |

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, **YES**  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.")

3. Claim Summary:

| NEW OR ADDITIONAL POD NAME OR # | MAXIMUM RATE AUTHORIZED IN ORDER | CALCULATED THEORETICAL RATE BASED ON SYSTEM | AMOUNT OF WATER MEASURED |
|------------------------------------|-------------------------------------|--|---|
| POD #2 | 1.03 CFS | 2.79 CFS maximum | Not operating during Site visits |
| | | | |

SECTION 4 SYSTEM DESCRIPTION

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

POD #2

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 |
|-------------------------|---------|---------------|--|-------------|----------------|
| Pacific Pumping Company | unknwon | AY80850 | Centrifugal | 6" | 6" |

2. Motor Information

| MANUFACTURER | HORSEPOWER |
|----------------|------------|
| Allis-Chalmers | 75 |

3. Theoretical Pump Capacity

| HORSEPOWER | OPERATING PSI | LIFT FROM SOURCE TO PUMP | LIFT FROM PUMP TO PLACE OF USE | TOTAL PUMP OUTPUT (IN CFS) |
|------------|---------------|--------------------------|--------------------------------|----------------------------|
| 75 | 60 | 25 | 0 | |

4. Provide pump calculations:

$(75 \text{ hp})(6.61 \text{ pump efficiency}) / (152.4' \text{ psi head loss} + 25' \text{ suction head loss}) = 2.79 \text{ cfs}$

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) |
|-----------------------|----------------------|---------------------------|----------------------------|
| n/a | n/a | n/a | n/a |

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? YES **NO**

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

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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 NO

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

D. Additional notes or comments related to the system:

**SECTION 5
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 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 26, 2022 | |
| COMPLETENESS DATE FROM ORDER (C) | October 1, 2023 | July 2022 |

* 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)?

YES NO

If “NO”, you may delete the following table.

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

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 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 #2 | McCrometer | 24-04669 | Working (replaced) | 38,155,700 gallons | Originally installed 7/2022 |
| | | | | | Replaced 7/2024 |

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

4. Recording and reporting conditions

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

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

b. Have the reports been submitted? YES NO

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 NO

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 NO

c. When was the fish screening installed?

| DATE | BY WHOM |
|--------|--------------------|
| 7/2022 | Lee Gilmour, 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 YES NO

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 YES **NO**
Attached here

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?

YES **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.

(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 |
|--|------------------------|-----------------------|
| <u>A by-pass device is not required at this point of diversion as this is an end of pipe fish screen</u> | Not installed | n/a |

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?
- b. Was a fishway required?
- c. Other conditions?

YES **NO**
 YES **NO**
 YES **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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**SECTION 6
ATTACHMENTS**

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

| ATTACHMENT NAME | DESCRIPTION |
|--------------------------------|---|
| ODFW Fish screen letter | June 16, 2022 ODFW fish screen approval letter |
| | |
| | |

**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.

Additional point of diversion was located using a Topcon Hiper VR network rover utilizing RTK corrections from the Oregon Real Time GNNS Network, Oregon State Plane Coordinate System, North Zone, NAD83(2011)

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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.) ***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")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature



Oregon

Kate Brown., Governor

Department of Fish and Wildlife
The Dalles Screen Shop
3561 Klindt Drive
The Dalles, OR 97058
(541) 296-8026
FAX (541) 296-7889
odfw.com

June, 16, 2022

Attn. Lee Gilmour
River Bottom Farms, Inc
30415 SW Stellmacher Dr
Albany, OR 97321



RE: T-13512

To whom it may concern,

This letter is in regards to fish screening and bypass device requirements set forth by the Oregon Water Resources Department for T-13512. This water right diverts water from Horseshoe Lake.

The fish screen that is in use is a Sure-Flo SCS6 self-cleaning screen. This model of self-cleaning screen, when installed and maintained properly is capable of effectively screening up to 479 gpm, while protecting all age classes of anadromous salmonids from entrapment and impingement. ODFW concludes that this screen will meet current state and federal fish screening criteria set forth by National Marine Fisheries Service for the maximum diversion rate of 1.07 cfs (479 gpm). A by-pass device is not required at this point of diversion as this is an end of pipe fish screen.

This approval is contingent on the following: the screen is installed prior to any withdraw of water, the screen is installed so that the effective screen area is submerged during operation, and the screen is regularly inspected and maintained to ensure it remains in working order, including removing debris as necessary, and the screen is annually inspected when it is not in use.

If there are any questions regarding the approval of this screen for T-13512, please call me at 541-967-2162.

Sincerely,

Bryce Macnab

Fish Screens and Passage Coordinator

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