

CLAIM OF BENEFICIAL USE for Surface Water Permits claiming more than 0.1 cfs



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 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>

Go to "Resources for Water Right Examiners (CWRE)" Page
<https://www.oregon.gov/OWRD/programs/WaterRights/COBU/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>

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SECTION 1 GENERAL INFORMATION

1. File Information:

APPLICATION # S-70924	PERMIT # S-51507	PERMIT AMENDMENT # T-
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Loren Wand		PHONE NO. (541) 921-8187	ADDITIONAL CONTACT NO. (541) 994-9420
ADDRESS PO Box 834			
CITY Lincoln City	STATE OR	ZIP 97367	E-MAIL wandlandscape@gmail.com

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 or holder of record (this may, or may not, be the current property owner):

PERMIT HOLDER OF RECORD Loren Wand		
ADDRESS PO Box 834		
CITY Lincoln City	STATE OR	ZIP 97367

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

11/15/2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Loren Wand	11/15/2024	Owner

6. County:

Lincoln

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

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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 William E. McGill		PHONE No. (503) 510-3026	ADDITIONAL CONTACT No. (503) 931-0210	
ADDRESS 15333 Pletzer Rd. SE				
CITY Turner	STATE OR	ZIP 97392	E-MAIL willmcgill.surveying@gmail.com	

Permit Holder 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
<i>Loren Wand</i>	LOREN WAND	OWNER	3 Dec 2024

SECTION 3
CLAIM DESCRIPTION

1. Point of diversion name or number:

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)
Pond A, C, B
Alternate POD 1

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2. Point of diversion source and tributary:

POD NAME OR NUMBER	SOURCE	TRIBUTARY
Pond A, C, B	Stored Water	Schooner Creek
Alternate POD 1	Unnamed Stream	Schooner Creek

3. 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)
Pond A, C, B	Domestic, Irrigation, Fish Culture	Native nursery plants, trees, vegetables, berries, fruit trees	Year-round: Storage	0.01 cfs Domestic, 0.19 cfs Irrigation, 0.005 cfs Fish Culture
Alternate POD 1			Year-round: Human Consumption, Nov. 1 – May 31: Domestic, Apr. 1 – May 31: Irrigation	
Total Quantity of Water Used				0.205 cfs

4. 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:

Pond A: This reservoir is filled naturally by the small drainage on which it is constructed.

Pond C: This reservoir is filled by the small drainage on which it is constructed. It is additionally filled by a 2" buried PVC gravity flow pipe from Pond A and by a 3" buried PVC pipe from POD 1.

Pond B: This reservoir is constructed below and downstream from Pond C on the same drainage. It fills naturally from the overflow from Pond C.

Pond D: This reservoir is constructed below and downstream from Pond B and C on the same drainage. It fills naturally from the overflow from Pond B.

Irrigation use is supplied by gravity flow pipes from Ponds C and B. Water is applied to the irrigation POU by overhead sprinklers. Domestic use is supplied by a gravity flow pipe from Pond B to two 2700-gallon storage tanks.

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).

5. Variations:

Was the use developed differently from what was authorized by the permit, or permit amendment 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.")

**Pond D is used for fish culture only.
The permit authorized 15 acres of irrigation and 8.75 acres were developed.**

6. Claim Summary:

POD NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Pond A, C, B	0.205 cfs		*	Domestic, Irrigation, Fish Culture	15	8.75
Alternate POD 1	0.205 cfs	0.20 cfs	*	Domestic, Irrigation, Fish Culture	15	8.75

*System not running at time of site inspection.

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DEC 11 2024

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple PODs?

YES* NO

***Due to the way this system is interconnected, the entirety will be described in one section 4.**

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):

Alternate POD 1 & Ponds A, C, B

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A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
7S	11W	WM	25	NWNE			Domestic, Irrigation, Fish Culture	8.75	
Total Acres Irrigated								8.75	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Glot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, 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 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Franklin Electric	FTB5CI	16H19-18- 0573F	Centrifugal	3" I.D.	2" O.D.

3. Motor Information:

MANUFACTURER	HORSEPOWER
Baldor Reliance	5

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
5	40	6'	59'	0.20

5. Provide pump calculations:

$$Q = (5 * 6.61) / (101.6 + 6 + 59) = 0.20 \text{ cfs}$$

6. 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)
System not running at time of site inspection.			

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

7. Is the distribution system piped?

YES NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	1760'	PVC	Buried
2"	3520'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
K1 Sprinkler w/ no. 8 nozzle	44	18.2	30	5	0.20
i-mini-wobbler #5 nozzle (Beige)	25	0.84	36	12	0.02

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

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DEC 11 2024

Salem, OR

11. Drip Emitter Information:

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

12. 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					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
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

YES NO

Bulge in System / Reservoir

YES NO

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Plastic	2700 (x2)	Above Ground

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Pond A	3'	0.0025
Pond C	No dam. Dug pond.	0.60
Pond B	No dam. Dug pond.	0.23

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

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)
Pond A: 2"	PVC	150	18'	770'	0.0234	0.0755

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3. Provide calculations:

$Pond A: v = (1.31)(150)(0.0415^{0.63})(0.0234^{0.54}) = 3.48 \text{ ft/sec.}$

$A = (3.14)(0.0833)^2 = 0.0217 \text{ sq. ft.}$

$Q = (0.0217)(3.48) = 0.0755 \text{ cfs}$

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)
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System not running at time of site inspection.

Attach measurement notes.

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:

Gravity flow calculations were not done from Ponds C & B to the POU because the water has already been diverted from the source at this point. The diversion rate is computed from the unnamed stream through Pond A and alternate POD 1.

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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 permit extension of time:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	1/13/1994		
BEGIN CONSTRUCTION (A)	1/13/1995	June 1994	Construction on the reservoirs, irrigation system, and domestic system.
COMPLETE CONSTRUCTION (B)	10/1/2005	March 2005	Completed construction of reservoirs, irrigation system, and domestic system.
COMPLETE APPLICATION OF WATER (C)	10/1/2005	June 2005	Completed irrigating all areas being claimed and domestic uses.

* 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

If "NO", items a and b relating to this section may be deleted.

a. Did the Extension Final Order require the submittal of Progress Reports?

YES NO

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

b. Were the Progress Reports submitted?

YES NO

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

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.

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b. Has a meter been installed?

DEC 11 2024

YES NO

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c. Meter Information

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

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 NO

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
*	*	April 2005

*Owner stated that an OWRD employee visiting his site gave him staff plates and told him if installed, they would serve as measuring devices (see attached picture). The corresponding reservoir permit does not require a meter or measuring device.

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
Staff Gages	*	April 2005

*At time of site inspection, some of the staff gages were removed for maintenance and will be repaired or replaced with new ones.

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. Was a fishway required? YES NO
- c. Was submittal of a water management and conservation plan required? YES NO
- d. Other conditions? 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
Pictures (x11)	Taken at 11/15/2024 site inspection.
2 OWRD documents	Request for assignment and OWRD acknowledgement 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 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.

Survey method used was aerial photo provided by Maxar Technologies. GPS was used when available to confirm accuracy.
Source Date: 9/26/2021

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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
- N/A 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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"Beaver Pond" on creek @ POD 1 - Wand - 11/15/24
COBU



Suction
Line @
POD 1
-
Ward
Coby
-
11/15/24

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Pump
@ PoD

1

1

Ward
CoB4

1

11/15/24

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POD 1 Pump Tag - Ward Cobu - 11/15/24

BALDOR RELIANCE
INDUSTRIAL MOTOR

CAT. NO.	JML1409T				
SPEC.	36M927W925G1				
HP	5				
MOLTS	230				
AMPS	21.5				
R.P.M.	3500				
FRAME	184JM	HZ	60	PH	1
SER. F.	1.15	CODE	H	DES. L	CLASS F
NEMA NOM. EFF.	80	%	P.F.	96	%
RATING	40C AMB-CONT				
DC	USABLE AT 208V 50				
BEARINGS	DE	6-211	*	ROPE	6-211

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POD 1 Motor Tag - Wand
COBU - 11/15/24



Riser from
gravity flow
line from
Res. A.

—
Wand
COBU

—
11/15/24

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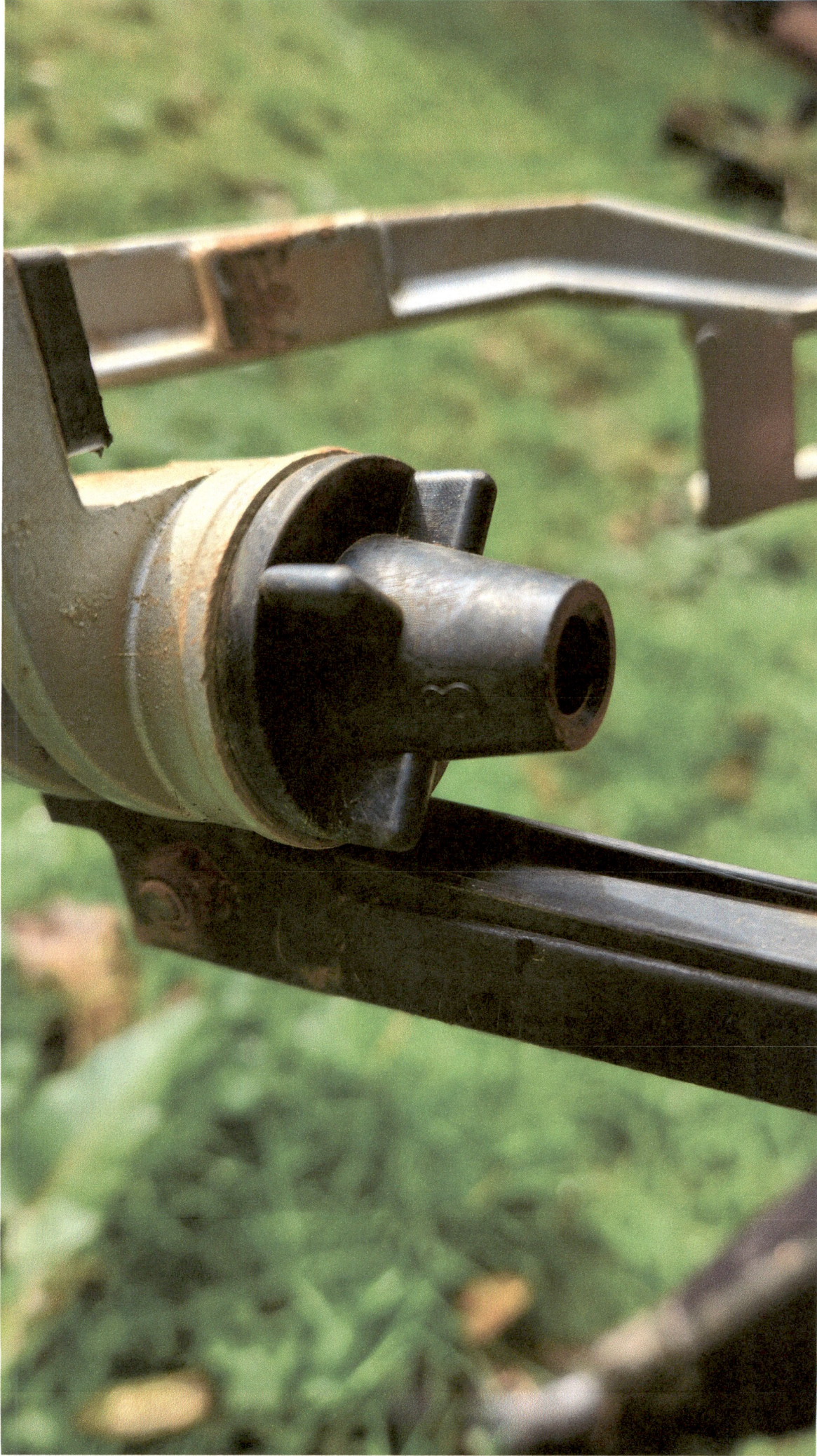
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Impact Sprinkler for nursery stock - Wind
Cobu - 11/15/24



Size B
nozzle
on
Sprinkler
—
Wand
COBU
—
11/15/24

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Garden / Greenhouse / Nursery stock — Wand
holding area. — Cobu — 11/15/24



Overhead
Sprinklers
in greenhouse

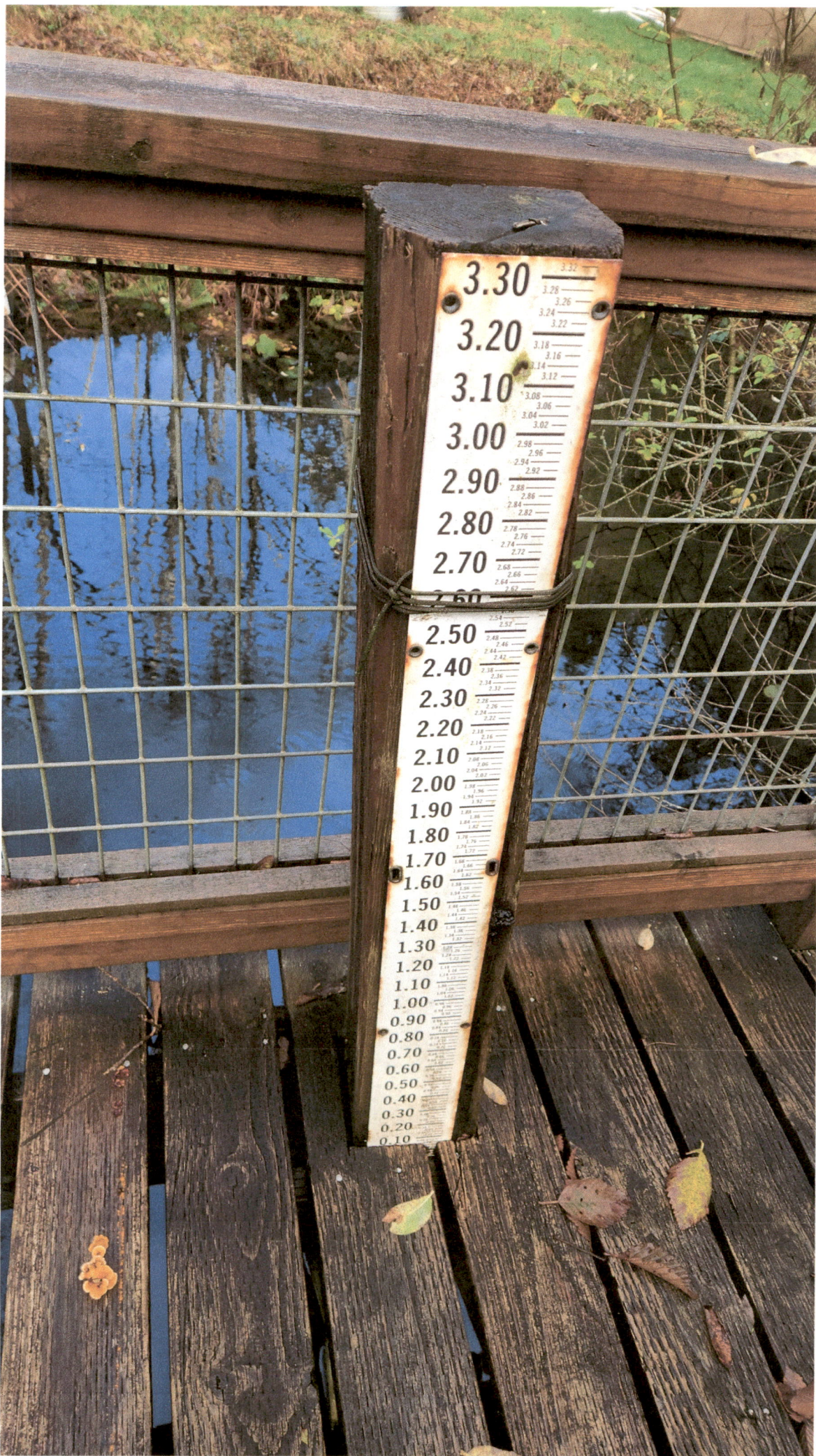
Ward
COBU

11/5/24

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3.30
3.20
3.10
3.00
2.90
2.80
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0.10

Staff
Gauge
@ Res. B,
pulled for
maintenance.

Ward
COBU

11/15/24

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Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Request for Assignment

JAN 10 2017

SALEM, OR

By Proof of Ownership
(If Water Right Holder is Not Available)

If for multiple rights, a separate form and fee for each right will be required.

I, Loren Wand

(Name of Party Requesting Assignment)

PO Box 834

Lincoln City Oregon 97367

541-921-8187

(Mailing Address)

(City) (State) (Zip)

(Phone #)

[X] hereby request assignment of application/permit/transfer/license/GR Certificate of Registration;

[] hereby request assignment of a portion of application/permit/transfer/license/GR Certificate of Registration; (You must include a map showing the portion of the application/permit/transfer/license/GR Certificate of Registration to be assigned.)

I have attached proof of ownership that may include but not be limited to: a copy of the deed to the land, a copy of a land sales contract, a court order or decree, documentation of survivorship of property held jointly. The Department cannot accept a copy of a tax statement.

Application # S 70924 ; Permit # S 51507 ; Transfer#

-OR-

License # GR Statement # ; GR Certificate of Registration #

Loren and Debra Wand

(Name of Holder of Record)

PO Box 834

Lincoln City Oregon 97367

541-994-9420

(Mailing Address)

(City) (State) (Zip)

(Phone #)

Note: You are required to furnish proof acceptable to the Department that notice of the assignment has been given or attempted for each identified property owner not a party to the assignment. ORS 537.220(2) Failure to submit this proof will result in the return of your request. (Proof may include but not be limited to: a copy of returned certified mailing, copy of a Death Certificate, or a court order.)

- 1) I certify that I am the current owner of the property described in this application, Permit, transfer, license or GR Certificate of Registration.
2) I have the legal right to request assignment under OAR 690-310-0280 and 690-320-0060.
3) I have not been able to contact the owner(s) of record for the above referenced application or water right.
4) I further certify that the information provided herein is true and correct to the best of my knowledge.

Witness my hand this 14 day of DEC, 2016

Party Requesting Assignment

Party Requesting Assignment

ASSISTANT DEC 11/11 2017

DO NOT WRITE IN THIS BOX

This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon. Fee receipt # 122352 For Director by Jerry Sauter, Program Analyst in Water Rights Division

The completed "Request for Assignment" form must be submitted to the Department along with the recording fee of \$85.

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DEC 11 2016

Salem, OR



Oregon

Kate Brown, Governor

Water Resources Department

North Mall Office Building

725 Summer St NE, Suite A

Salem, OR 97301

Phone (503) 986-0900

Fax (503) 986-0904

www.wrd.state.or.us

January 17, 2017

Wand Landscape
P.O. Box 834
Lincoln City, Oregon 97367

Reference: Application S-70924, Permit S-51507

The assignment by proof from Loren and Debra Wand to Loren Wand has been recorded in the records of the Water Resources Department.

The Departments records will now show Loren Wand as the permit holder of record.

Our records have been changed accordingly and the original request is enclosed. Receipt number 122332 covering the recording fee is also enclosed.

A permit is not a perfected water right, and has conditions and timelines that must be satisfied prior to a Certificate of Water Right being issued. Please review the permit to be familiar with the conditions and timelines contained in the permit.

Please note that this permit required complete application of water to the proposed use by October 1, 2005, and within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner (CWRE). As of this date, the claim of beneficial use has not been received by the Department.

Sincerely,

Jerry Sauter
Water Rights Program Analyst
Water Right Services Division

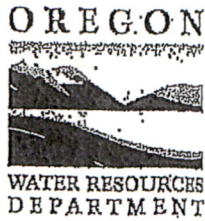
Enclosure: Receipt 122332

cc: Watermaster 1
Data Center, OWRD (cover letter & request)
File

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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Loren Ward PO Box 834
Lincoln City OR 97367

Transaction Type: CBL

Fees Received: \$ 230.00

Cash Check: Check No. 234B

Name(s) on Check: Will McMill Surveying

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: Nick Reece
(Name of OWRD staff)

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 file cabinet.