CLAIM OF BENEFICIAL USE for Transfer New or Additional **POD Only**



OREGON 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. NO If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION # 13649 T-

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2. Property Owner (current own	er information)			
APPLICANT/BUSINESS NAME		PHONE NO		ADDITIONAL CONTACT No.
Thomas D. Jones		541-219-0403		
ADDRESS PO Box 71				
Сіту	STATE	ZIP	E-MAIL	
Adel	OR	97620	sunnysc	attleco@gmail.com
If the current property owner is nassignment be filed with the Department of record (this	artment. <u>Each</u> trai	nsfer holder	of record m	ust sign this form.
TRANSFER HOLDER OF RECORD				
Address				
Сіту	STATE	ZIP		
4. Date of Site Inspection:				
Date of one hispection.				
8/1/2024				
8/1/2024	scription of their a	ccaciation w	ith the arei	
8/1/2024 5. Person(s) interviewed and des				
8/1/2024 5. Person(s) interviewed and des	DAT	E		CIATION WITH THE PROJECT
8/1/2024 5. Person(s) interviewed and des		E		
8/1/2024 5. Person(s) interviewed and des NAME Troy Brandt	DAT	E		CIATION WITH THE PROJECT
8/1/2024 5. Person(s) interviewed and des NAME Troy Brandt 6. County:	DAT	E		CIATION WITH THE PROJECT
8/1/2024 5. Person(s) interviewed and des NAME Troy Brandt	DAT	E		CIATION WITH THE PROJECT
8/1/2024 5. Person(s) interviewed and des NAME Troy Brandt 6. County: Lake 7. If any property described in the	B/1/20	he transfer f	Association Associ	Agent
8/1/2024 5. Person(s) interviewed and des NAME Troy Brandt 6. County: Lake 7. If any property described in the	B/1/20	he transfer f	Association Associ	Agent
8/1/2024 5. Person(s) interviewed and des NAME Troy Brandt 6. County: Lake 7. If any property described in the identify the owner of record for the content of the con	B/1/20	he transfer f	Association Associ	Agent

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 Chris Smith, PE, CWRE, CFM		PHONE No. 541-738-2		Additional Contact No.
Address 311 SW Jefferson Avenue				
City Corvallis	STATE OR	ZIP 97333	E-MAIL Chris.Smith	@swca.com

Transfer Holder of Record Signature or Acknowledgement

<u>Each</u> 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
14/	Thomas D. Jones	Owner	11-27-24
Stan Jour			

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SECTION 3

CLAIM DESCRIPTION

Note: The Claim <u>only</u> 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	noint of	diversion	name or	number
1.	Mew Of	auditional	point of	diversion	name or	number:

(POD) NAME OR NUMBER (CORRESPOND TO MAP)	
POD #1	Deep Creek

2. Variations:

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

or ex	tension 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:

IN ORDER	RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
decree / 66882 - 0.1 cfs	1.83 cfs	N/A
	IN ORDER / decree / 66882 - 0.1 cfs	interpretation of the control of the

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Diversion	(POD)s?
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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 #1	* 1 * * * * * * * * * * * * * * * * * *

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

2. Motor Information

MANUFACTURER	HORSEPOWER

3. Theoretical Pump Capacity

Horsepower	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)

4. Provide pump calcula	ations:
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5. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME	TOTAL PUMP OUTPU	
		OBSERVED	(IN CFS)	

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?

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



NO

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2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)
8 inch	HDPE	140	0.1 ft	8 ft	0.011 ft/ft	1.83 cfs

3. Provide calculations:

 $v = 1.31*(140)*(0.17^0.63)*(0.011^0.54) = 5.26 \text{ ft/sec}$

 $Q = vA = 5.26 \text{ ft/sec} \times 0.348 \text{ ft2} = 1.83 \text{ cfs}$

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)

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?

YES 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	D EРТН	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)

3. Provide calculations:			
		2	

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.

D.	Additional notes	or	comments	related	to	the	system
						••••	-,

The system includes open ditch, to gravity pipe, to open ditch.

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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	7/14/2022	
COMPLETENESS DATE FROM ORDER (C)	10/1/2023	OWRD provided verbal approval to begin irrigation in June 2022 prior to the Issuance Date.

^{*} 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)? If "NO", you may delete the following table.

YES



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?

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

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?

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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	
Kyle Gorman (retired)	Regional Manager	March 2022	

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED	
Stevens Staff Plate	Working	April 2022	

4. Recording and reporting conditions

a. Is the water user required to report the water use to the Department?

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? 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?



NO

c. When was the fish screening installed?

DATE	Ву Wном
POD #1	POD #1 - ODFW

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 <u>or</u> the total diversio point of diversion is 225 gpm (0.5 cfs) or greater:	on rate of all rights	at the
 Has the ODFW approval been previously submitted? 	, _a , N	IA (YES) NO
If not, contact and work with ODFW to ensure compliance. To designed documentation from ODFW. A form is available at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx	demonstrate comp	iance, provide
Reminder: Failure to submit evidence of a timely installed fish screen determination. In order to receive a favorable approval, the ODFW/needs to have been previously submitted or be attached to this form	/WRD "Fish Screen I	
6. By-pass Devices		
a. Are any points of diversion required to have a by-pass device entering the point of diversion? ODFW screen has a fish bypass.	to prevent fish fro	m 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 ind point of diversion.	dicate their location	in relation to the
b. Have by-pass devices been installed?		YES NO
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 unnecess explain whether or not a by-pass device is necessary.)	sary. If there is no lette	er from ODFW,
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 exten	nsion 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. Other conditions?		YES (NO)
f "YES" to any of the above, identify the condition and describe comply with the condition(s):	the water user's a	ctions to
	· · · · · · · · · · · · · · · · · · ·	

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION	
POD Photos	Ground photos of POD #1 from 2024.	

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 <u>additional</u> 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

(Reminder: Incomplete maps and/or claims may be returned.) x Map on polyester film х Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map) x Township, Range, Section, Donation Land Claims, and Government Lots x 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 х Locations of meters and/or measuring devices in relationship to point of diversion or appropriation х Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) *Not required for this type of Claim of Beneficial Use х Point(s) of diversion or appropriation (illustrated and coordinates) х Tax lot boundaries and numbers х Source illustrated if surface water х Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines") x Application and permit number or transfer number х North arrow х Legend х CWRE stamp and signature

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

Thomas D. Jones POD Transfer Map Transfer T-13649

T39S, R24E, WM Section 20 & 21

POD #1 2190 ft South 3300 ft West

From the NE Corner of Sec 20, T39S, R24E

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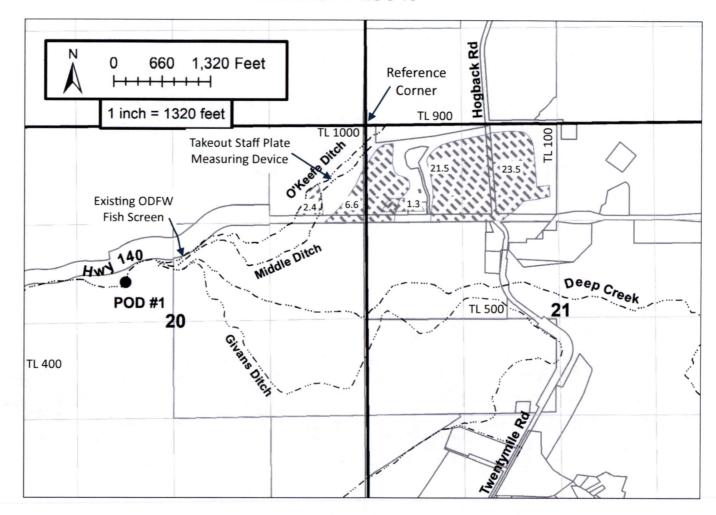
OWRD

Legend

● POD #1

Cert 9428, POD change to Use POD #1

Cert 66882, POD change to Use POD #1



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

The area mapped as the Place of Use is from the OWRD WRIS GIS mapping. It is used here for reference. CWRE does not certify its accuracy.



T-13649 PHOTOS

POD #1



Figure 1. POD #1, the O'Keeffe Diversion on Deep Creek. Water is diverted through a headgate (white arrow, top photo), through a pipeline that crosses Deep Creek (lower right), into an open ditch with an ODFW rotary drum fish screen (lower left), and downstream to the Jones takeout (Figure 2).

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Figure 2. Jones takeout from O'Keeffe Ditch. Photos from August 1, 2024. Photos include the takeout from O'Keeffe Ditch (upper left), the staff plate in the takeout vault (upper right), the energy dissipation outlet vault at the downstream end of the HDPE pipeline (lower right), and the receiving pool in the Middle Ditch (lower right).

February 28th, 2025

Jonnine Skaug Certificate Specialist Water Rights Services Division Oregon Water Resources Dept 725 Summer Street NE, Suite A Salem, OR 97301

RE: COBU for T-13649 and T-13650

Hello Jonnine,

My apologies for how long it has taken us to get our COBU submittals pulled together for T-13649 and T-13650, two water rights transfers we have assisted water users with in Adel, Oregon. Please review the enclosed information and let me know if we need to have a follow up conversation. Thank you for your patience and assistance.

Respectfully,

Troy h Mark

Troy Brandt

SWCA Environmental Consultants, Inc.