CLAIM OF BENEFICIAL USE for Transfers changing Character of Use of a Reservoir Only



Oregon Water Resources Department

725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900

www.oregon.gov/OWRD

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A fee of \$230 must accompany this form for any <u>Transfer final orders</u> 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 6" 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 <u>only</u> authorized change was a change character of use of a reservoir.

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

YES

	-					
1	File	o Ir	1tor	m	ati	on.

APPLICATION #	
T-14010	

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME DOUGLAS COUNTY NATURAL RESOURCES		PHONE NO 541-440-		
Address 1036 SE DOUGLAS AVE	ROOM 306		100	
CITY	STATE	ZIP	E-MAIL	
ROSEBURG	OR	97470	NATHAN.REED@DOUGLASCOUNTYOR.GO	

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. <u>Each</u> 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 RECO	ORD		
DOUGLAS COUNTY NA	FURAL RESOURCES		
ADDRESS			
1036 SE DOUGLAS AVE	, ROOM 306		
CITY	STATE	ZIP	
ROSEBURG	OR	97470	

4. Date of Site Inspection:

6-	13-2	2025	

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

ASSOCIATION WITH THE PROJECT		
25 MANAGER		

6. County:

DOUGLAS	

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			
NA			
ADDRESS			
CITY	STATE	ZIP	

Add additional tables for owners of record as needed

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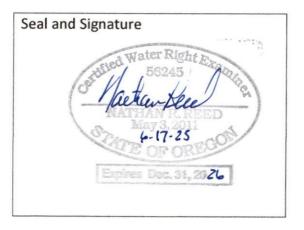
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SIGNATURES

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 NATHAN REED		PHONE NO 541-784-		ADDITIONAL CONTACT NO.
ADDRESS 157 WEST BODIE STREE	Т		9	
CITY	STATE	ZIP	E-MAIL	
ROSEBURG	OR	97471	nreed68@hot	tmail.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
Settelle	Scott Adams	Douglas County Rublic Works Directe	x 6-18-202

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CONDITIONS

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All conditions contained in the transfer, 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 STORAGE MADE THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "FULL USE MADE DATE"
ISSUANCE DATE	6-10-2025	
FULL USE MADE (C)	10-1-2026	6-11-2025, Staff gage and USGS gaging stations in place prior to transfer.

^{*} 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.

3. Measurement Conditions:

a. Does the transfer final order require the installation of a meter or 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 or appropriation.

b. Has a meter been installed?

YES

c. Meter Information

POD/POA Name or #	MANUFACTURER	SERIAL#	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
14308990	Sat 3/Accubar	2008455/1008345	Working	NA	April 2018
14308995	Sat 3/Stevens	1811985/165322D	Working	NA	Oct. 2018
14309000	Sat 2/Sutron	1512459/9876551.4	Working	NA	April 2018

4. Other conditions required by the transfer final order:

a. Other conditions?

YES

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

Reservoir staff plate, installed 1986, USGS style with mechanical reel measurement from crest

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION	
Claim Map	Completion of COU Transfer	

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CLAIM OF BENEFICIAL USE MAP

A 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 reservoir does not require a new survey of the reservoir. The reservoir location identified on the Claim map should be based on the original right of record at the time the transfer final order was issued.

If the transfer final order did not require the installation of a meter/measuring device or fish protection devices, it may be possible to obtain a waiver, under OAR 690-014-0170(7), from providing a new map with the Claim. Any request for a mapping waiver must be in writing in the form of an e-mail or a letter.

Douglas County GIS with ultra-high imagery, and previous water right Cert No. 91935.		

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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.)

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

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