# CLAIM OF BENEFICIAL USE for Surface Water Permits claiming 0.1 cfs or less



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 <u>permits</u> 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: <a href="https://www.oregon.gov/OWRD/Forms/Pages/default.aspx">https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</a>

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:

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| APPLICATION # | PERMIT # (IF APPLICABLE) | PERMIT AMENDMENT # (IF APPLICABLE) |
|---------------|--------------------------|------------------------------------|
| S-89305       | S-55464                  |                                    |

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| 2. | Property | Owner  | (current | owner   | information) | 1: |
|----|----------|--------|----------|---------|--------------|----|
|    | LIOPELL  | Caalie | Cullelle | CAALICI | miletimation | ,. |

| APPLICANT/BUSINESS NAME               |       | PHONE NO.    |               | ADDITIONAL CONTACT NO. |  |  |
|---------------------------------------|-------|--------------|---------------|------------------------|--|--|
| Scott Allen and Janelle Marie Fenters |       | 541-591-07   | 782           |                        |  |  |
| ADDRESS                               |       |              |               |                        |  |  |
| 9049 Buesing Rd.                      |       |              |               |                        |  |  |
| CITY STATE ZIP E-MAIL                 |       |              |               |                        |  |  |
| Klamath Falls                         | 97603 | janellefente | ers@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. <u>Each</u> permit holder of record must sign this form.

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

| J. Tellille librael of feet | ora terns may, or may m | ty ac the dallent proper | 17 0 11 11 11 |
|-----------------------------|-------------------------|--------------------------|---------------|
| PERMIT HOLDER OF RECORD     |                         |                          |               |
| ADDRESS                     |                         |                          |               |
| CITY                        | STATE                   | ZIP                      |               |
|                             |                         |                          |               |

| ADDITIONAL PERMIT HOLDER OF RECORD |       |     |
|------------------------------------|-------|-----|
| ADDRESS                            |       |     |
| CITY                               | STATE | ZIP |

4. Date of Site Inspection:

4/1/2025

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

| NAME          | DATE     | ASSOCIATION WITH THE PROJECT |
|---------------|----------|------------------------------|
| Jeff Church   | 4/1/2025 | Grounds Keeper               |
| Scott Fenters | 4/3/2025 | Owner                        |

6. County:

Josephine

# 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 |       |     |              |
|-----------------|-------|-----|--------------|
| Anna            |       |     | Received     |
| ADDRESS         |       |     | JUL 1 4 2025 |
| CITY            | STATE | ZIP | d. M. In.    |
|                 |       |     | OWRD         |

Add additional tables for owners of record as needed

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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     |       | PHONE NO. | ADDITIONAL CONTACT No.      |
|---------------|-------|-----------|-----------------------------|
| Marc Van Camp |       | 541-297-1 | 1880                        |
| ADDRESS       |       |           |                             |
| P.O. Box 995  |       |           |                             |
| CITY          | STATE | ZIP       | E-Mail                      |
| Coos Bay      | OR    | 97420     | vancampconsulting@gmail.com |

# Permit Holder's 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 |
|-----------------|-----------------------|-------|------|
| fall Afel       | Scott Allen Fenters   | Owner |      |
| Danell M. tents | Janelle Marie Fenters | Owner |      |

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#### CLAIM DESCRIPTION

1. POD source and, if from surface water, the tributary:

| POD<br>NAME OR NUMBER | Source               | TRIBUTARY   |
|-----------------------|----------------------|-------------|
| #1                    | Lost Creek Reservoir | Rogue River |

2. Developed use(s), period of use, and rate for each use:

| POD<br>Name or<br>Number | USES          | IF IRRIGATION,<br>LIST CROP TYPE | SEASON OR MONTHS WHEN WATER WAS USED | ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF) |  |
|--------------------------|---------------|----------------------------------|--------------------------------------|--|--|
| POD#1                    | Storage       |                                  |                                      |  |  |
| POD#2                    | Irrigation    | Lawn/Garden/Orchard              | April 1 – Oct. 31                    | 4.75 AF                                      |  |
| <b>Total Quantity</b>    | of Water Used |                                  |                                      | 4.75 AF                                      |  |

**3. 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:

POD#1 is Lost Creek Reservoir outlet structure and releases stored water per Bureau of Reclamation contract into the Rogue River. POD#2 rediverts the water from the Rogue River into a subgrade pvc mainline system that delivers water to various sprinkler blocks.

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).

#### 4. Variations:

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

(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.")

The permit allowed 4.0 acres, only 2.0 acres were developed

5. Claim Summary:

| POD / POA<br>NAME OR # | MAXIMUM RATE<br>AUTHORIZED | CALCULATED THEORETICAL RATE BASED ON SYSTEM | AMOUNT OF<br>WATER<br>MEASURED | USE        | # OF ACRES<br>ALLOW ED | # OF ACRES |
|------------------------|----------------------------|---|--------------------------------|------------|------------------------|------------|
| POD#2                  | 10.0 AF                    | 0.05 CFS                                    | N/A                            | Irrigation | 4.0                    | 2.0        |

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#### SYSTEM DESCRIPTION

Are there multiple PODs?

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 |  |
|--------|--|
| 100 #1 |  |

#### A. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, and QQ.

#### **B. Diversion and Delivery System Information**

Provide the following information c oncening the diversion and delivery system. Information provided must describe the equipment used to transport <u>and</u> apply the water from the point of diversion to the place of use.

1. Is a pump u æd?

If "NO" items 2 through item 5 may be deleted.

#### 2. Pump Information:

| MANUFACTURER | MODEL    | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) |
|--------------|----------|---------------|--|
| Unknown      | Unknow n | Unknow n      | Su bmersible                               |

3. Theoretical Pump Capacity:

| HORSEPOW R | OPERATING PSI | LIFT FROM SOURCE TO PUMP  *IF A W EL, THE WATER LEVEL  DURING PUMPING | LIFT FROM PUMP TO<br>PLACE OF USE | TOTAL PUMP<br>OUTPUT<br>(IN CFS) |
|------------|---------------|---|-----------------------------------|----------------------------------|
| 2          | 90            | 0   | 25                                | 0.05                             |

#### 4. Provide pump calculations:

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See Attachment: OWRD Pump Capacity Calculation Sheet

5. Measu red Pump Capacity (u sing meter if meter was present and system was operating):

| INITIAL METER READING | ENDING METER READING | DURATION OF TIME OBSERVED | TOTAL PUMP OUTPUT |
|-----------------------|----------------------|---------------------------|-------------------|
| Not Operating         |                      |                           |                   |

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

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6. Sprinkler Information:

| SIZE  | OPERATING PSI | SPRINKLER OUTPUT (GPM) | TOTAL NUMBER<br>OF SPRINKLERS | MAXIMUM<br>NUMBER USED | TOTAL SPRINKLER OUTPUT (CFS) |
|-------|---------------|------------------------|-------------------------------|------------------------|------------------------------|
| 11/64 | 40            | 5.4                    | 12                            | 4                      | 0.05                         |

|            | C | to | -  | ~ | _ |
|------------|---|----|----|---|---|
| <b>.</b> . | J | LU | Id | × | C |

1. Does the distrib tion system include in-system storage (e.g. storage tank,

b ulge in system / reservoir)?

NO

If "N O", item 2 and 3 relating to this section may be deleted.

## 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?

NO

#### 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 u æd to convey the water as part of the distrib tion system?

NO

F. Additional notes or comments related to the system:

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#### 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 extension final order:

|                                   | DATE FROM<br>PERMIT | DATE ACCOMPLISHED* | DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS |
|-----------------------------------|---------------------|--------------------|---|
| ISSUANCE DATE                     | 7/7/2023            |                    |   |
| BEGIN CONSTRUCTION (A)            | 7/7/2028            | 5/23/2024          | Pump, Fish Screen, and TFM installed                                      |
| COMPLETE CONSTRUCTION (B)         | 7/7/2028            | 5/23/2024          | Water Distrib tion Installed  |
| COMPLETE APPLICATION OF WATER (C) | 7/7/2028            | 5/23/2024          | Irrigation Commenced  |

<sup>\*</sup> 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)?

NO

#### 3. Measu meent Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device?

If "N O", 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

#### c. Meter Information

| MANUFACTURER | SERIAL#       | CONDITION<br>(WORKING OR NOT) | CURRENT METER READING                          | DATE INSTAIL ED   |
|--------------|---------------|-------------------------------|--|---|
| Master Meter | 2322950<br>53 | Working                       | 4266 Gallons                                   | 5/23/2024   |
|              |               | Master Meter 2322950          | (WORKING OR NOT)  Master Meter 2322950 Working | (WORKING OR NOT) READING  Master Meter 2322950 Working 4266 Gallons |

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- 4. Recording and reporting conditions:
- a. Is the water user required to report the water use to the Department?

NO

- 5. Fish Screening:
- a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion?

If "N O", 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      | Ву Wном        |
|-----------|----------------|
| 5/23/2024 | Previous Owner |

Reminder: If the permit or transfer final order was issued <u>on or after February 1, 2011</u>, the fish screen is required to be approved by the Oregon Department of Fish and Wildlife regardless of the rate of diversion.

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- d. If the diversion **involves a pump** <u>and</u> the **total** diversion rate of all rights at the point of diversion is less than 225 gpm (0.5 cfs):
  - Has the self-certification form previously been submitted to the Department? NA

If not, go to <a href="https://www.oregon.gov/OWRD/Forms/Pages/default.aspx">https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</a> 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.

- e. If the diversion does **not involve a pump** <u>or</u> 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?
   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

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| _  |                              |              |                   |        |              |       |        |
|----|------------------------------|--------------|-------------------|--------|--------------|-------|--------|
| 7. | Other conditions required by | permit, perm | it amendment fina | order, | or extension | final | order: |

| a. Was the water user required to restore the riparian area if it was disturbed?  | NO   |
|---|------|
| b. Other conditions?  | NO   |
| If "YES" to any of the above, identify the condition and describe the water user's actions to comwith the condition(s): | iply |
|   |      |

#### **ATTACHMENTS**

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

| ATTACHMENT NAME                  | DESCRIPTION                               |  |
|----------------------------------|---|--|
| COBU Map                         | Claim Of Beneficial Use Map               |  |
| OWRD Pump Calculator             | OWRD Pump Capacity Calculation Sheet      |  |
| OWRD Sprinkler Calculator        | OWRD Sprinkler Capacity Calculation Sheet |  |
| <b>ODFW Fish Screen Approval</b> | ODFW Fish Screen Approval for POD #2      |  |

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#### 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.

| GPS Survey    |   |                              |  |                    |  |  |  |
|---------------|---|------------------------------|--|--------------------|--|--|--|
|               |   |                              |  |                    |  |  |  |
|               |   |                              | Manual Control of the |                    |  |  |  |
| Map Checklist |   |                              |  |                    |  |  |  |
|               | be sure that the map you sub-<br>der: Incomplete maps and/or cla  |                              | isted below.   |                    |  |  |  |
| $\boxtimes$   | 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   |                              |  |                    |  |  |  |
| $\boxtimes$   | If irrigation, number of acres irrigated within each projected Donation Land Claims,<br>Government Lots, Quarter-Quarters |                              |  |                    |  |  |  |
| $\boxtimes$   | 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  |                              |  |                    |  |  |  |
| $\boxtimes$   | Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)   |                              |  |                    |  |  |  |
| $\boxtimes$   | Point(s) of diversion or appropriation (illustrated and coordinates)  |                              |  |                    |  |  |  |
| $\boxtimes$   | Tax lot boundaries and numbers  |                              |  |                    |  |  |  |
| $\boxtimes$   | Source illustrated if surface w   | ater                         |  |                    |  |  |  |
| $\boxtimes$   | Disclaimer ("This map is not in ownership lines")   | ntended to provide legal di  | _  | ations of property |  |  |  |
| $\boxtimes$   | Application and permit numb   | er or transfer number        | Received   |                    |  |  |  |
| $\boxtimes$   | North arrow   |                              | JUL 1 4 2025   |                    |  |  |  |
| $\boxtimes$   | Legend  |                              | OWRD   | _                  |  |  |  |
| $\boxtimes$   | CWRE stamp and signature  |                              | OWND   | Received           |  |  |  |
| Revised       | 7/1/2021  | COBU Surface Small - Page 11 | of 11  | JUN 23 2025        |  |  |  |

# **Pump Capacity Calculation Sheet**

using Department designed formula:

(hp)(efficiency) / (lift + psi head) = capacity in cfs

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

#### Data Entry (fill in underlined blanks)

#### **Results Calculated**

(hp)(efficiency) =

13.22

Head based on psi ≠

228.6

Total dynamic head =

(head + lift)

253.6

Pump Capacity =

0.05 feet per second

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# **Sprinkler Capacity Calcualtor**

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|                                   | Data Entry (fill in und                          | erlined blanks)      |                                      | Received             |
|-----------------------------------|--|----------------------|--------------------------------------|----------------------|
| Sprinkler group 1                 | Nozzle size =<br>Pressure =                      | 40 PSI               | (type an apostrophe before the size) | JUL 1 4 2025<br>OWRD |
|                                   | Number of heads =                                | 4                    |                                      | OWND                 |
| Sprinkler group 2 (if applicable) | Nozzle size =<br>Pressure =<br>Number of heads = | 11/64 inch<br>40 PSI | (type an apostrophe before the size) |                      |
| Sprinkler group 3 (if applicable) | Nozzle size =<br>Pressure =<br>Number of heads = | 11/64 inch<br>40 PSI | (type an apostrophe before the size) |                      |
|                                   | Results calculated                               |                      |                                      |                      |
| Sprinkler group 1                 | capacity =                                       | 21.6 gpm, or         | 0.05 cfs                             |                      |
| Sprinkler group 2                 |  | 21.6 gpm, or         |                                      |                      |
| Sprinkler group 3                 | capacity =                                       | 21.6 gpm, or         | 0.05 cfs                             |                      |
| Total sprinkler ca                | pacity =   | 64.8 gpm, or         | 0.14 cfs                             |                      |

Note: If entered values return a result of "#N/A" gpm, then the sprinkler capacity chart does not contain a rate for that nozzle size and PSI.



## Department of Fish and Wildlife

Rogue Watershed District Office 1495 East Gregory Rd. Central Point, OR 97502

Phone: 541-826-8774 Fax: 541-826-8776

www.odfw.com



May 7, 2025

Scott Fenters 1212 Greentree Loop Grants Pass, OR 97527

Dear Scott,

Regarding OWRD permit S-55464, ODFW has determined the fish screen at the point-of-diversion located at 42.529317, -123.489919 meets current fish protection criteria, and fish bypass devices are not necessary. This approval is contingent on the following: current conditions remain unchanged, screens are installed so effective screen area is submerged during operation, the screen is regularly inspected and maintained to ensure it remains in working order (including debris removal), and the screen is annually inspected when it is not in use. Thank you.

Sincerely,

Josh Kelsey

Screens and Passage Coordinator Fish Screening and Passage Program

(541) 857-2424

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