CLAIM OF **BENEFICIAL USE**

for Reservoirs storing less than

9.2 acre-feet permitted under ORS 537.409



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.oregon.gov/OWRD

A fee of \$345 must accompany this form.

This form may be completed by the permit holder of record if:

- The permit was issued under the authority of ORS 537.409; and
- 2) No secondary permit exists for the use of water stored in the reservoir; and
- 3) The developed capacity of the reservoir is less than 9.2 acre-feet; and
- 4) The water was stored by the date required in the permit; and

A separate form shall be completed for each permit.

This form must be submitted to the Water Resources Department within one year of storage of water in the reservoir.

Please type or print in dark ink. If the data provided is found to contain errors or omissions, it may be returned. The Department may require the submittal of additional information.

If you have questions regarding the completion of this form, please call 503-986-0900.

SECTION 1 GENERAL INFORMATION

File Information:

APPLICATION # PERMIT# R- 15419 R- 88 134

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Applicant Information:

Marjorie Robertson Living Trust		PHONE NO. (503) 93/	
ADDRÉSS 16800 Maple Grave	9		
Monmouth	STATE	71361	janetrobertson @ startmail.com

SECTION 2

RESERVOIR INFORMATION

Reservoir Dimensions and Capacity:

AVERAGE	AVERAGE	Average	MAXIMUM CAPACITY
LENGTH	WIDTH	DEPTH	IN ACRE-FEET
175'	300'	2'	8.4

To determine capacity in acre-feet use for the above table, use the following calculation:

Acre-feet = (Average Length)(Average Width)(Average Depth)
43,560

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SECTION 3

MAP

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Attach a map identifying the reservoir location. If the water right application map accurately reflects the location of the reservoir, you may attach a copy of it. Otherwise, you must submit a map meeting the standards of OAR 690-310-0050, which are attached.

Preparation of the map by a Certified Water Rights Examiner is **not** required for this type of permit, but may be submitted.

SECTION 4

SIGNATURE

This Claim of Beneficial Use must be signed by each permit holder of record.

By my signature, I certify that the information contained herein is true and correct to the best of my knowledge.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
Janes Robertan	Janet Robertson	Trustee	07/31/2025
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