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

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A fee of \$345 must accompany this form.

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

- 1) 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-89663	R- 15656		

Applicant Information:

APPLICANT NAME	447		PHONE NO. 971-207	7-4964	Additional Contact No.
ADDRESS JESSE	Gooch				
CANBY		STATE	ZIP 97013	E-MAIL KANGAFA	ARMERS @ GMAIL. COW

SECTION 2 RESERVOIR INFORMATION

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Reservoir Dimensions and Capacity:

AVERAGE	AVERAGE	AVERAGE	MAXIMUM CAPACITY
LENGTH	WIDTH	DEPTH	IN ACRE-FEET
1081	82	12	24.4

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

SECTION 3

MAP

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	
While	JESSE GOOCH	MR	8-4-25	
Poly booth	POLLY GOOCH	MRS	8-4-25	
		172	2. 4.35.V	