

**CLAIM OF
BENEFICIAL USE
for Transfers
Place of Use Only**



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 for transfers where the application was submitted on July 9, 1987, or later.

Enter the date the transfer application was submitted:

9/19/2022

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 7" 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 503-986-0900.

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

Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was a change in place of use.

☒ YES ☐ NO

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

1. File Information

APPLICATION #

T-14093

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Wintersogn Farms, LLC		PHONE NO. (602) 904-0741	ADDITIONAL CONTACT NO.
ADDRESS PO Box 9457			
CITY Surprise	STATE AZ	ZIP 85374	E-MAIL pdsogn@yahoo.com

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. ***Each 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 RECORD Wintersogn Farms, LLC		
ADDRESS PO Box 9457		
CITY Surprise	STATE AZ	ZIP 85374

4. Date of Site Inspection:

10/20/2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Paul Sogn	10/20/2024	Owner

6. County:

Coos

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		
ADDRESS		
CITY	STATE	ZIP

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 Galen McGill		PHONE NO. (503) 409-8797	ADDITIONAL CONTACT NO. (503) 931-0210
ADDRESS 15333 Pletzer Rd. SE			
CITY Turner	STATE OR	ZIP 97392	E-MAIL willmcgill.surveying@gmail.com

Transfer Holder(s) of Record Signature or Acknowledgement

Each 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
	Paul Sogn	owner/manager	8/20/25
	Rachelle Sogn	owner/manager	8/20/25

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SECTION 3

EXTENT OF CHANGE COMPLETED

1. Claim Summary:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
3.0	3.0

If the use(s) was not irrigation or nursery:

WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)		
YES	NO	NA

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? YES ☐ NO ☒

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

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SECTION 4

CONDITIONS

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 THE AUTHORIZED CHANGE WAS COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	3/13/2024	
COMPLETENESS DATE FROM ORDER (C)	10/1/2025	June 2024

* 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)?

YES ☐ NO ☒

If "NO", you may delete the following table.

If for a transfer extension order, provide the following information:

VOLUME	PAGE	DATE EXTENDED TO

3. Measurement Conditions:

a. Does the transfer final order require the installation of a meter or approved measuring device?

YES ☐ NO ☒

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 ☒ NO ☐

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Bulge 1	Blue White Industries	F-1000-RT	Working	42045	3/29/2023
Bulge 2	Blue White Industries	F-1000-RT	Working	*	3/29/2023

*Needed new batteries to read screen at time of site inspection.

4. Other conditions required by the transfer final order:

a. Other conditions?

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YES ☐ NO ☒

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

SECTION 6

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.

WR

Map Checklist

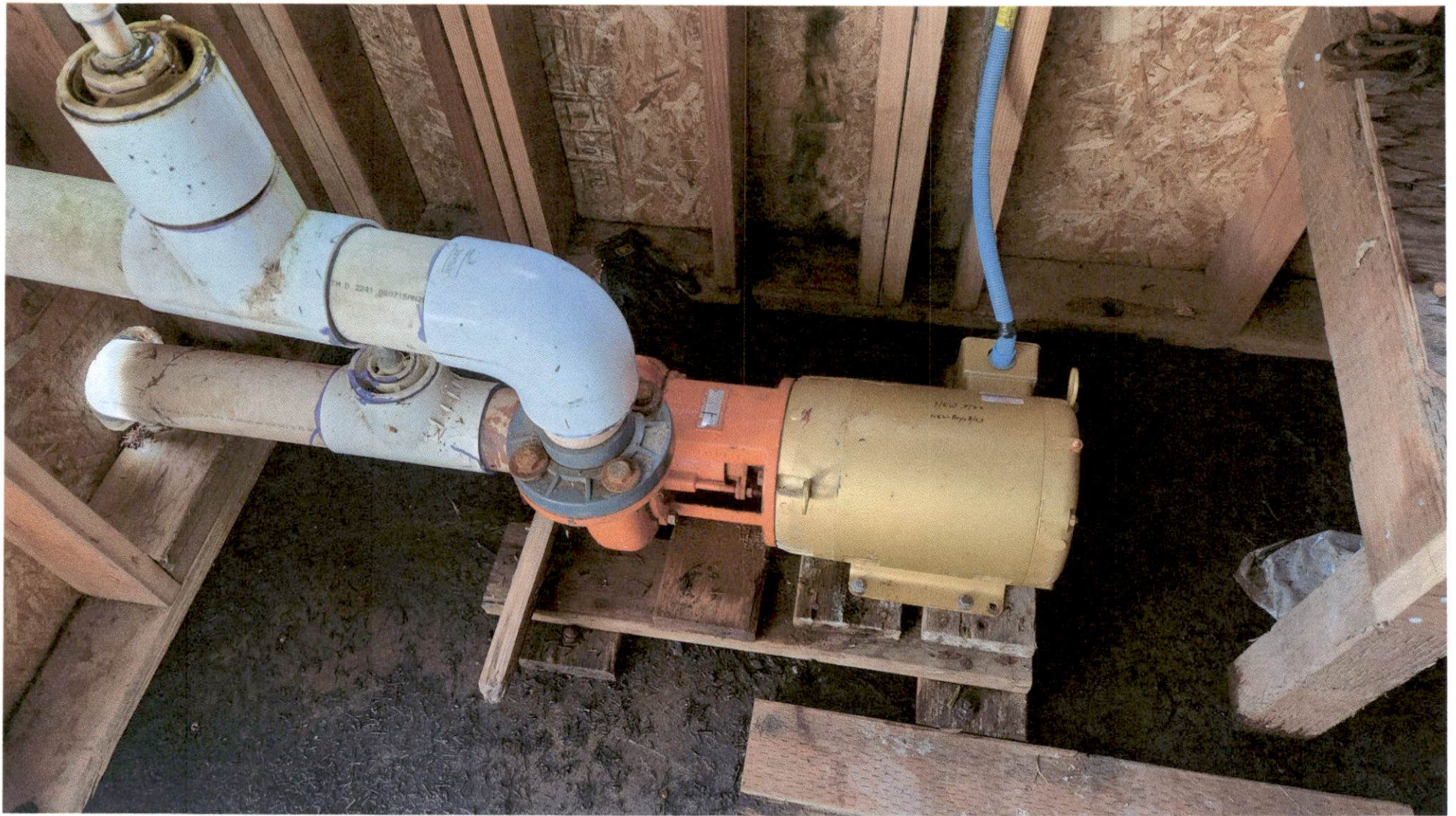
Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

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

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10/24/24 - Wintersogn CoBu - creek poD centrifugal pump

BALDOR • RELIANCE
SuperE Motor

CAT.NO.	EJPM3312T							
SPEC.	37F810L866G1							
HP	10							
VOLTS	230/460							
AMPS	24/12							
RPM	3500							
FRAME	213JP		HZ		60		PH	3
SF	1.15		CODE	H	DES.	B	CLASS	F
NEMA NOM. EFF	90.2		% PF		85			
RATING	40C AMB-CONT							
GC	G10A		USABLE AT 208V				26	
BRC	DE		6309			ODE	6206	
ENCL.	CP5B		SN	F2108045619				
VFWA INVERTER READY								
1/2 50 Hz (2.1) 1/2 50 Hz (2.1)								



10/20/24
 —
 Wintersogn
 LCBU
 —
 Creek Pad
 pump
 motor tag

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10/20/24 - Wintersoga COBU - creek pod pump tag

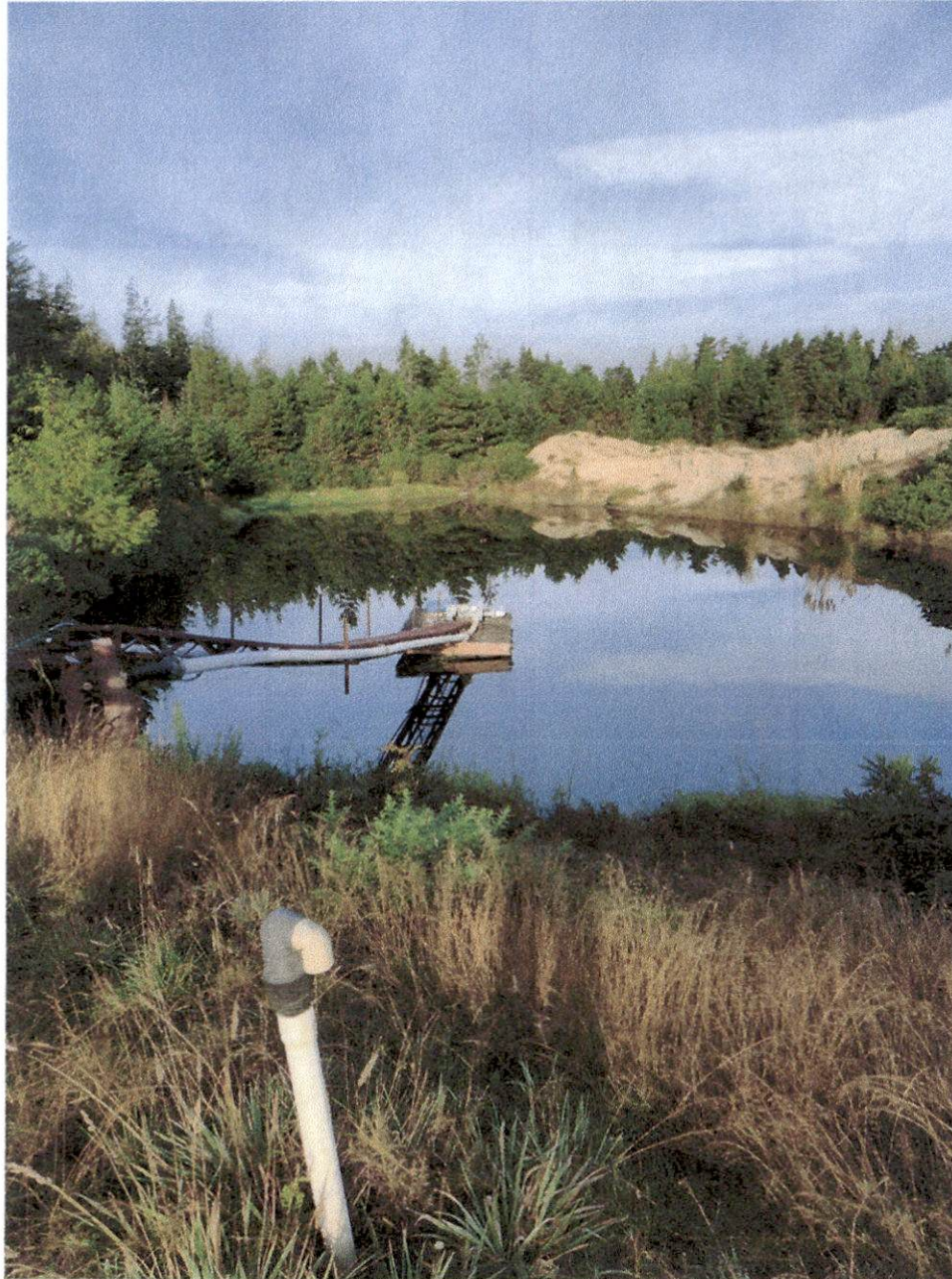


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10/20/24 - Wintersogn COBU - pump house next to creek



10/20/24 - Wintersogn - "Swamp"/bulge
COBU - for IR system

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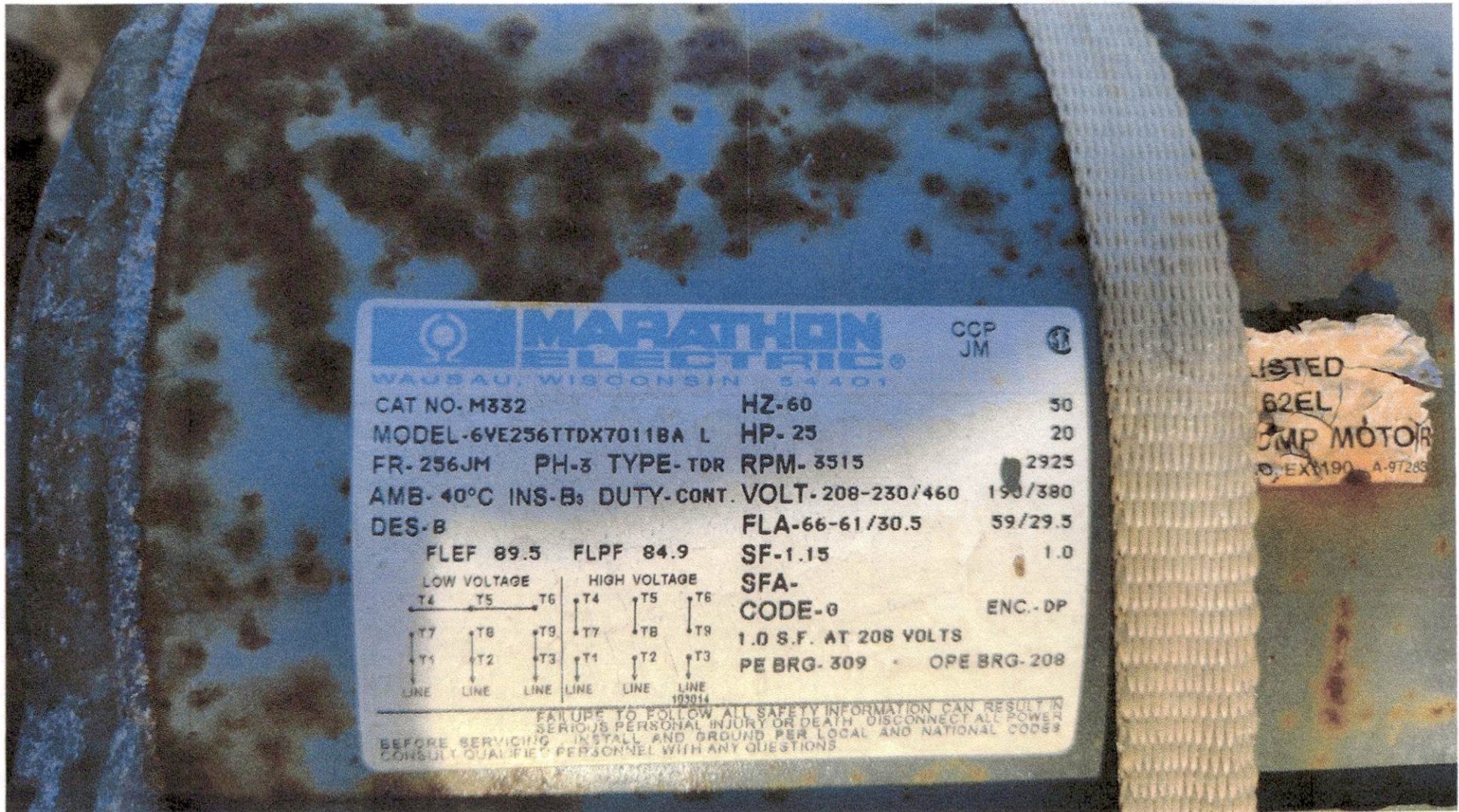
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10/20/24 - Wintersogn CoBU - bulge pumps

① Feeds bogs 1+2

② Feeds bogs
3+4

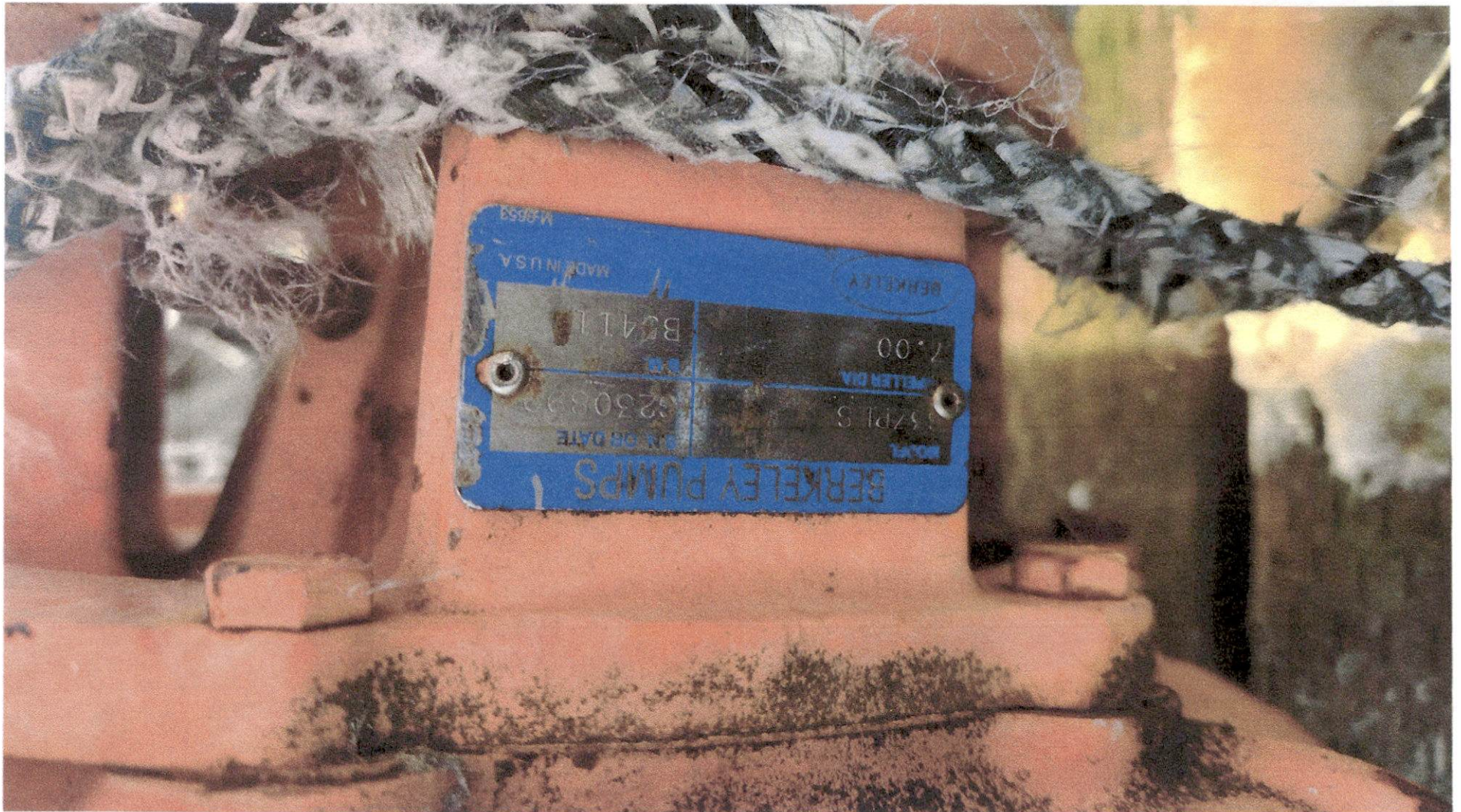


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10/20/24 - Wintersogn COBU - bulge pump 2 motor tag



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10/20/24 - Wintersogon COBU - bulge pump 2 pump tag

THE MOTOR ONLY.
ATTENTION
 NEAUX DE LEVAGE SONT UNIQUEMENT
 ES-A LA MANUTENTION DU MOTEUR.

BALDOR • RELIANCE Super-E Motor

CAT. NO. EJPM25341				CUST. P/N				ENCL OPSB	
SPEC 39E303X2B8		CC 010A		FRAME 284JP		SER. NO. Z2201271097			
HP 30		CLASS F		HZ 60		BEARING SIZE OPP. END 6208DRIVE END 6312			
R.P.M. 3510		PH. 3		DES. B					
VOLTS 230/460		CODE F							
AMPS 66/33		USABLE AT 208 74 A							
RATING 400 AMB-CONT						POLYREX EM			
NEMA NOM. EFF. 91.7		% P.F. 92		% SER.F. 1.15		THERMOSTAT LEADS (WHEN PROVIDED) 115 230 460 575 6.0 3.0 1.5 1.2 USE A MANUAL MOMENTARY START SWITCH ONLY			
USABLE AT 50HZ 30HP 190/380V 82/41A		SF 1.0							
LEADS H1-H2 SPACE HEATERS									
VOLTS		AMPS		TIE LIKE NUMBERS TOGETHER		MAX. SPACE HEATER TEMP. °C			

NP2138LUA

BALDOR ELECTRIC CO. • FT. SMITH, AR. MFG. IN U.S.A.

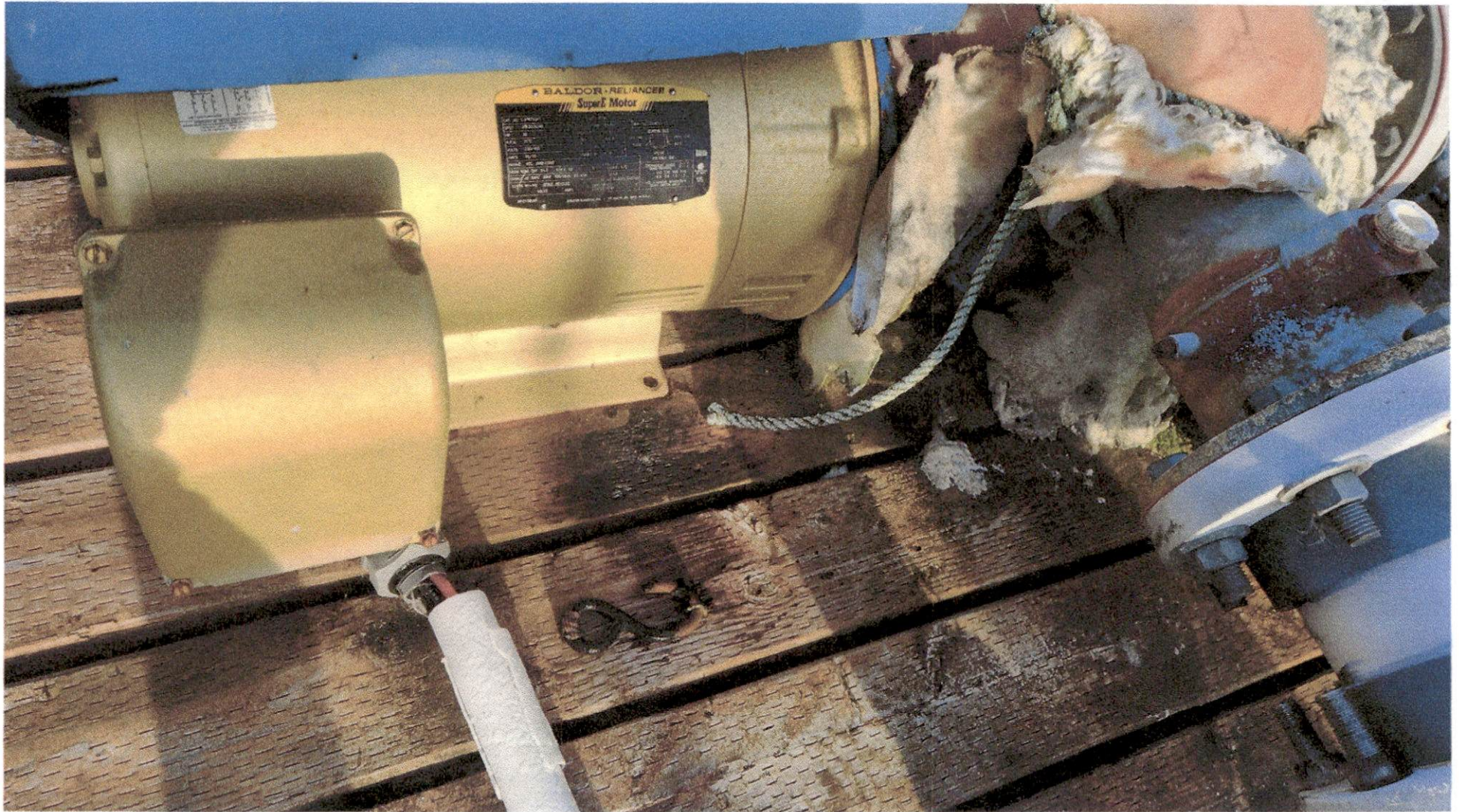
NEMA

Energy Efficient
 MC 18301

UL

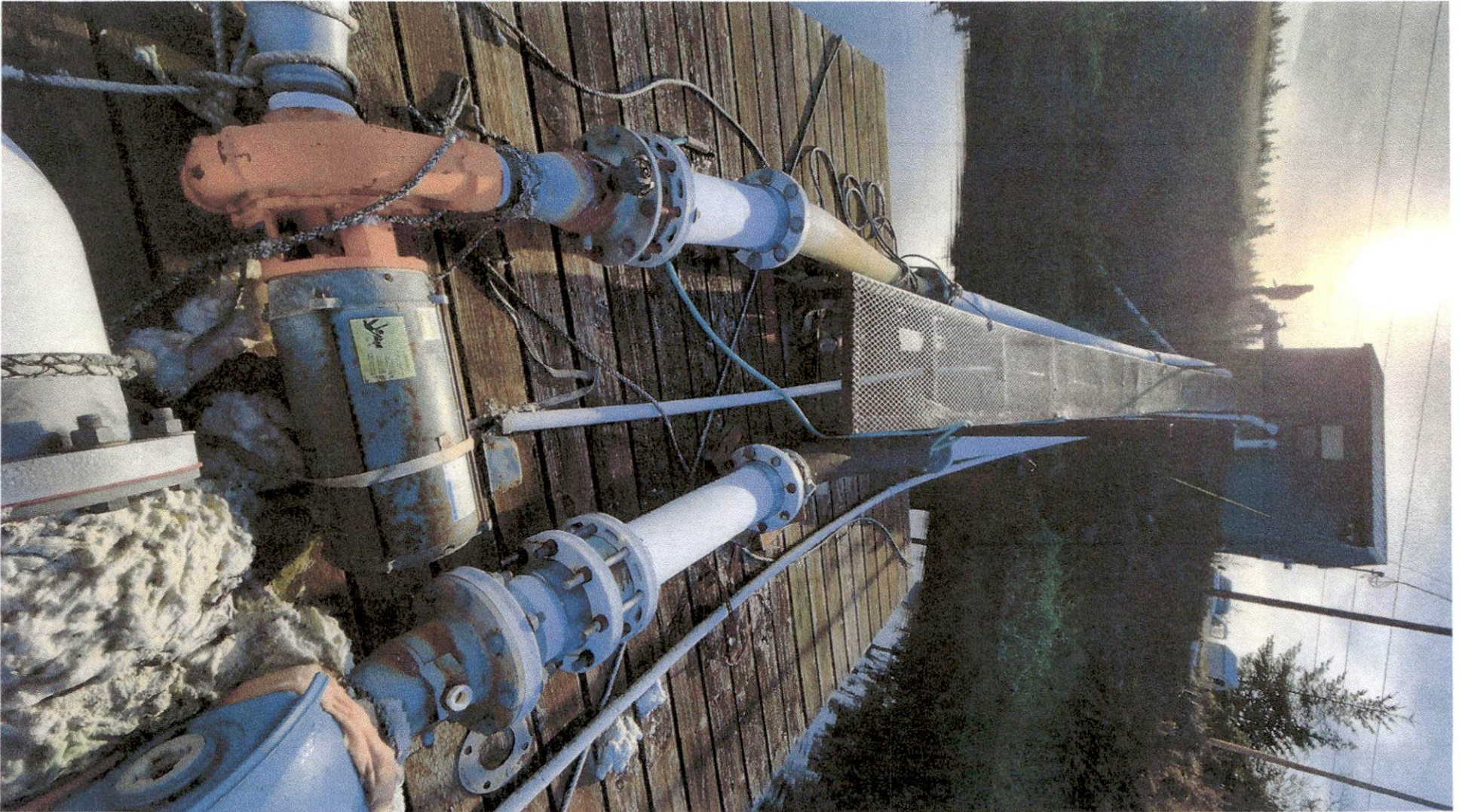
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10/20/24 - Wintersign Cabu - bulge pump 1 motor tag



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10/20/24 - Wintersogn COBU - bulge pump 1



10/10/24
-
Wintersogn
-
lobb
-
Cattalk
and lines
from bulge
pumps to
bogs

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10/20/24 - Wintersogn
cobu ← lines from bulge pumps
in pumpchase before bags
for chemigation.

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Nelson rotator
sprinkler nozzles

Wintersogn -
COBU

10/20/24 -

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10/20/24 - Wintersog'n COBU - Cranberry bog

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BLUE-WHITE INDUSTRIES

MODE
RESRT

GALLONS PER MINUTE

Rate - Totalizer

F-1000-RT

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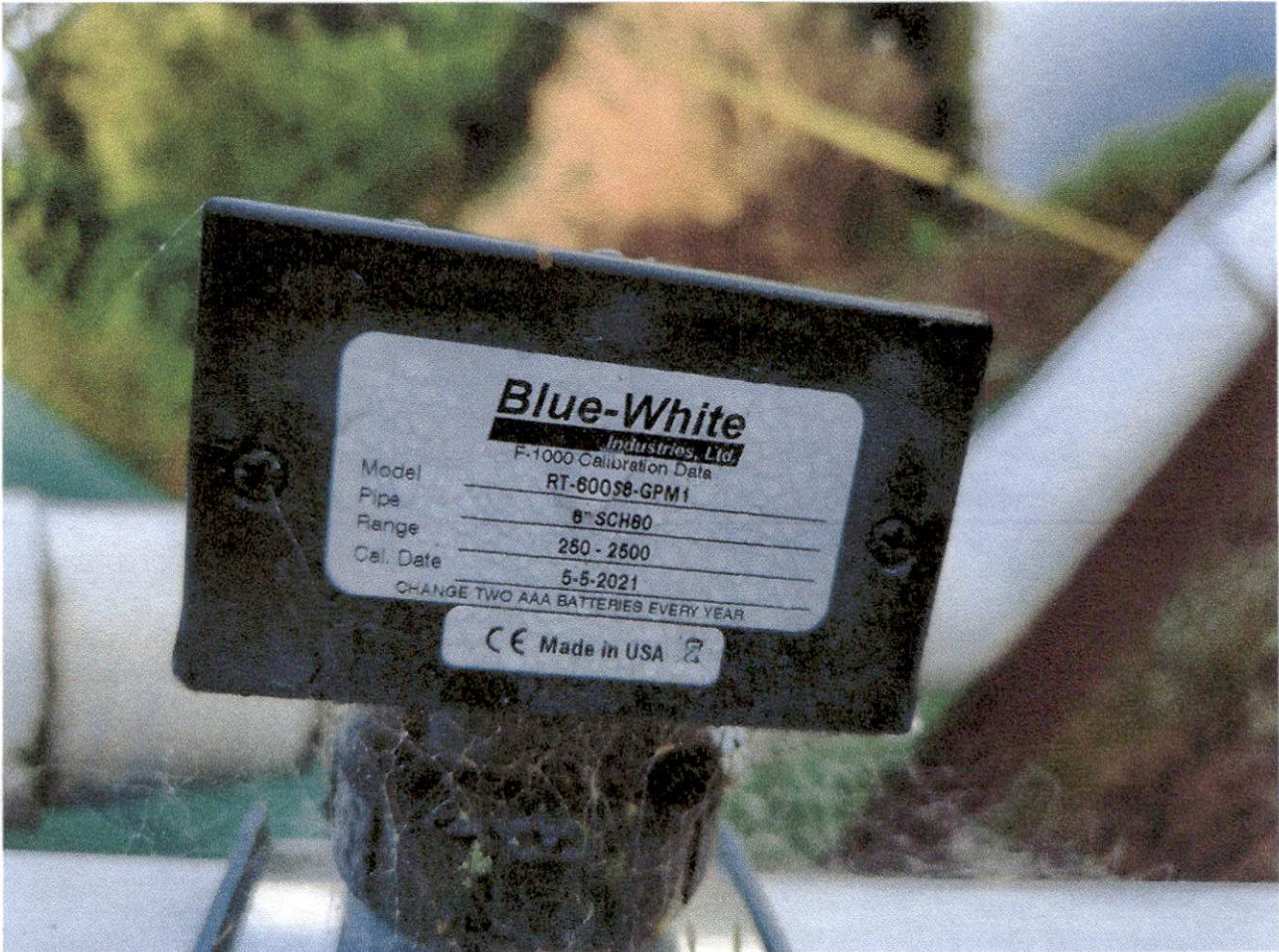
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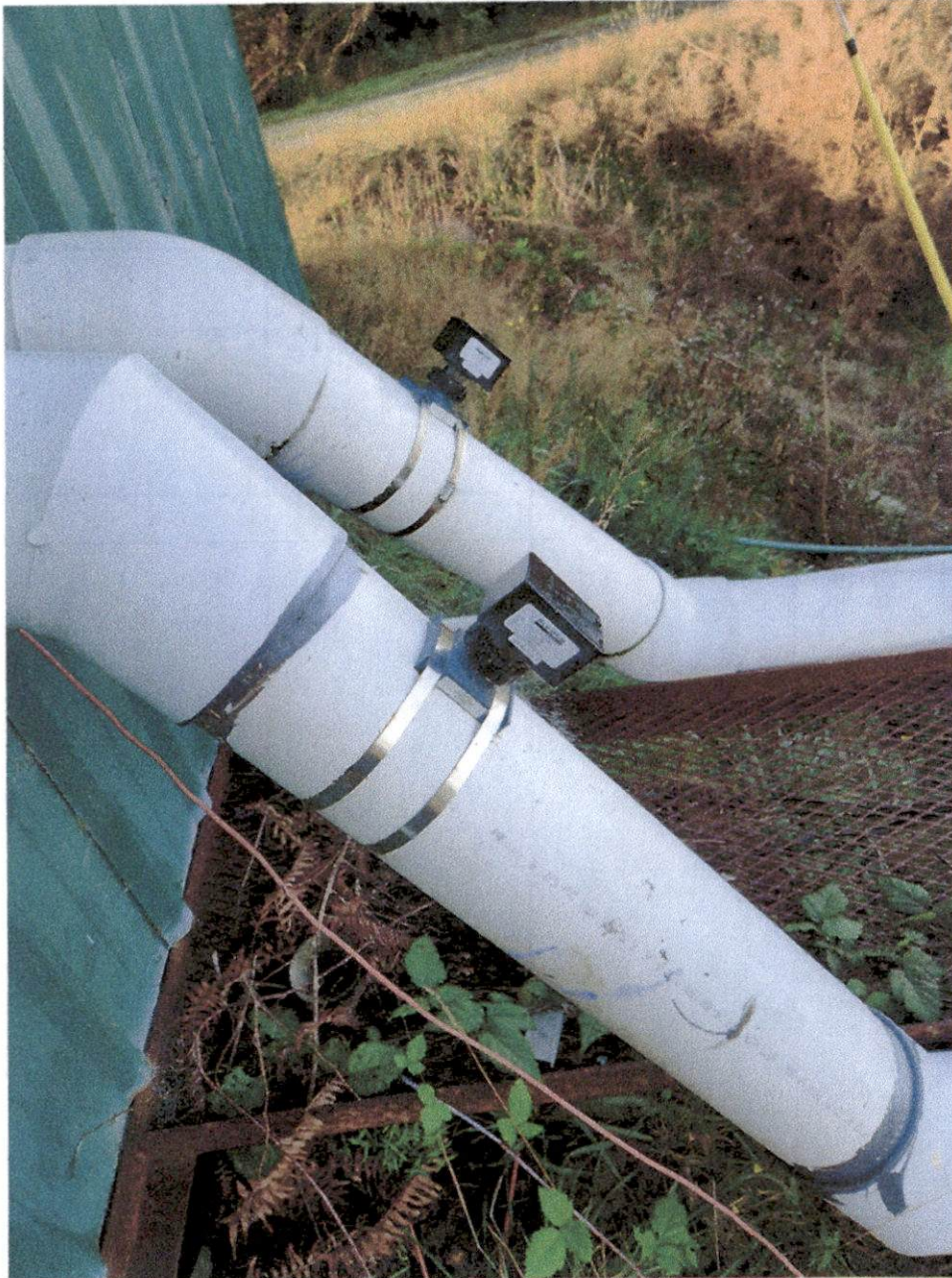
10/20/24 - Wintersogn COBU - flow meter on
line from bulge pump 1

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10/20/24 - Wintersogn COBU - Flow meter on line
from bulge pump 2

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10/20/24 - Wintersogn - Flow meters on
Cobu lines from bulge pumps

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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Winter Sign Farm LLC
PO Box 9457 Surprise AZ 85374

Transaction Type: Claim

Fees Received: \$ 345.00

☐ Cash

☒ Check:

Check No. 2444

Name(s) on Check: Will McGill Surveying

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,

OWRD Customer Service Staff

Submission received by: Corie Lounien
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.