

**CLAIM OF  
BENEFICIAL USE  
for Ground 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](http://www.oregon.gov/OWRD)

**A fee of \$345 must accompany this form for permits  
with priority dates of July 9, 1987, or later.**

Enter the priority date of the permit:

10/2/2017

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**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:

<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 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 503-986-0900.

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>

## **SECTION 1**

### **GENERAL INFORMATION**

**1. File Information:**

APPLICATION # <b>G-18563</b>	PERMIT # (IF APPLICABLE) <b>G-18319</b>	PERMIT AMENDMENT # (IF APPLICABLE)
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>15877 N APPLEGATE RD LLC/STARGAZER RANCH</b>		PHONE NO. <b>541.863.9794</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>15877 N APPLEGATE RD</b>			
CITY <b>GRANTS PASS</b>	STATE <b>OR</b>	ZIP <b>97527</b>	E-MAIL <b>SSALTON@GOLIGHTHOUSE.COM</b>

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. *Each permit holder of record must sign this form.*

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

PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
SCOTT SALTON	7/24/2025	AGENT FOR PERMITTEE
DOUG HERNDON	7/24/2025	PROPERTY MANAGER

**6. County:**

JACKSON
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**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		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

Superseded

**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>15877 N APPLEGATE RD LLC/STARGAZER RANCH</b>	PHONE NO. <b>541.863.9794</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>15877 N APPLEGATE RD</b>		
CITY <b>GRANTS PASS</b>	STATE <b>OR</b>	ZIP <b>97527</b>
E-MAIL <b>SSALTON@GOLIGHTHOUSE.COM</b>		

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. *Each permit holder of record must sign this form.*

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

PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

<b>7/24/2025</b>
------------------

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<b>JACKSON</b>
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OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

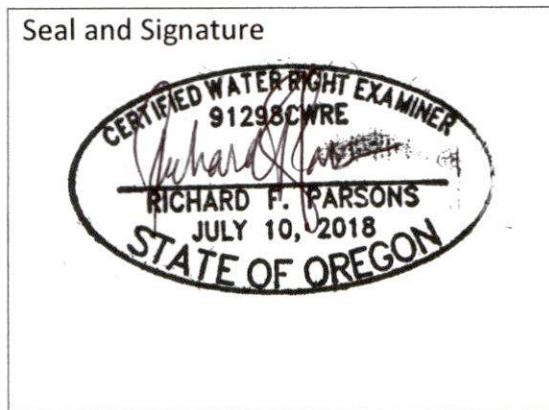
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SECTION 2  
SIGNATURES

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



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CWRE NAME <b>RICK PARSONS</b>	PHONE NO. <b>541.499.0257</b>	ADDITIONAL CONTACT NO. <b>303.667.5067</b>
ADDRESS <b>1619 MINEAR RD</b>		
CITY <b>MEDFORD</b>	STATE <b>OR</b>	ZIP <b>97501</b> E-MAIL <b>RICK.PARSONS@PARSONSWATER.COM</b>

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
	Scott Salton	Trustee	7/24/25

## SECTION 3

## CLAIM DESCRIPTION

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## 1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
JOSE 55932	JOSE 55932, SUBJECT WELL LOGGED AS JACK 17618 WHEN INITIALLY DRILLED IN 1977. COUNTY MIS-IDENTIFIED IN LOG WHEN WELL DEEPENED IN 2004.	L70881

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
JOSE 55932	IRRIGATION, INCL. NURSERY	HEMP, SHRUBS, TREES, VEGETABLES	JAN – DEC	0.04 CFS
Total Quantity of Water Used				0.04 CFS

## 3. Provide a general narrative description of the distribution works. This description must trace the water system from each point of appropriation to the place of use:

**WELL PUMPED THROUGH 1-1/2" PVC LINE UP TO SIX 2500-GAL TANKS IN SERIES PRIOR TO DELIVERY TO GREENHOUSE AND OUTDOOR TERRACED CROPS**

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.

NO

(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.")

## 5. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
JOSE 55932	0.04 CFS	0.06 CFS	0.04 CFS	IRRIG, INCL. NURSERY	5.5	5.5

## SECTION 4

### SYSTEM DESCRIPTION

Are there multiple POAs?

NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

POA Name or Number this section describes (only needed if there is more than one):

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#### A. Place of Use

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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. Groundwater Source Information (Well)

##### 1. Is the appropriation from a well?

YES

*If "NO", items 2 through 4 relating to this section may be deleted.*

##### 2. Describe the access port (type and location) or other means to measure the water level in the well:

1/2" PORT ON WELL CAP

##### 3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY

##### 4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

JACK 17618 IS THE WELL ORIGINAL LOG ID. JOSE 55932 IS THE CORRESPONDING DEEPENING LOG ID  
ALTHOUGH ITS LOGID SUGGESTS IT IS LOCATED IN JOSEPHINE COUNTY.

#### C. Groundwater Source Information (Sump)

##### 1. Is the appropriation from a dug well (sump)?

NO

#### D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

## 1. Is a pump used?

If "NO" items 2 through item 9 may be deleted.

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## 2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
BERKELEY	L20P4HMGS-04	UNKNOWN	SUBMERSIBLE		1.25"

## 3. Motor Information:

MANUFACTURER	HORSEPOWER

## 4. Theoretical Pump Capacity – Pump at Well:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE DEPTH TO WATER FROM THE GROUND SURFACE MEASURED AT THE WELL DURING PUMPING)	LIFT TO PLACE OF USE (THE LIFT FROM THE GROUND SURFACE AT THE WELL TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
3	60	230	75	0.06

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

## 5. Provide pump calculations:

$$Q = (HP)(EFFICIENCY) / TOTAL DYNAMIC HEAD = (3 * 6.51) / [LIFT (230) + HEAD ((30/0.433) * 1.1] = 0.06 \text{ CFS} / 28.6 \text{ GPM}$$

## 6. Measured Pump Capacity (using meter if meter was present and system was operating):

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)

## 7. Theoretical Pump Capacity – Pump at Sump:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE LIFT FROM THE WATER SURFACE TO THE PUMP)	LIFT TO PLACE OF USE (THE LIFT FROM THE PUMP TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)

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

## 8. Provide pump calculations:


**9. Measured Pump Capacity (using meter if meter was present and system was operating):**

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)

**10. Is the distribution system piped?**

YES

*If "NO" items 11 through item 16 may be deleted.***11. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1.25"	600 FT	PVC	BURIED

**12. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND

**13. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)

**Reminder: For sprinkler output determination use the reference information at the end of this document.****14. Drip Emitter Information:**

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL Emitter OUTPUT (CFS)
½"	6 – 60 PSI	0.015	7500	1500	0.05

**15. Drip Tape Information:**

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION

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**16. Pivot Information:**

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

**E. Storage**

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir)?

YES

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank

YES

Bulge in System / Reservoir

NO

Complete appropriate table(s), unused table may be deleted.

**2. Storage Tank:**

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
FIBERGLASS	15000	ABOVE GROUND

**F. Gravity Flow Pipe**

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAMS FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

NO

If "NO", items 2 through 4 relating to this section may be deleted.

**G. Gravity Flow Canal or Ditch**

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

NO

If "NO", items 2 through 4 relating to this section may be deleted.

**H. Additional notes or comments related to the system:**

## SECTION 5

### 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 PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	12/6/2019		
BEGIN CONSTRUCTION (A)			GREENHOUSE AND NURSERY OPERATIONS INSTALLED AND BEGIN TO BE USED.
COMPLETE CONSTRUCTION (B)			
COMPLETE APPLICATION OF WATER (C)	12/6/2024	SPRING 2020	NOTE EXISTING WELL WAS DRILLED IN 1977 AND DEEPENED IN 2004.

\* 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

*If "NO", items a and b relating to this section may be deleted.*

#### 3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? YES

*If "NO", items b through d relating to this section may be deleted.*

b. What month was the initial measurement to be taken in?

**MARCH**

c. Was the measurement submitted to the Department? YES

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

#### 4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? YES

*If "NO", items b through e relating to this section may be deleted.*

b. Provide the month, or months, in which the static water level measurement(s) were to be made:

**MARCH**

c. Were the static water level measurements taken in the month(s) required? YES

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d. If "YES", were those measurements submitted to the Department?

YES

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

**5. Pump Test:**

a. Is a pump test required?

YES

Ground water permits with priority dates on or after December 20, 1988, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

*If "NO", items b through e relating to this section may be deleted.*

b. Has the pump test been previously submitted to the Department?

YES

c. Is the pump test attached to this claim?

NO

d. Has the pump test been approved by the Department?

NO

e. Has a pump test exemption been approved by the Department?

NO

**\*\*The Claim will not be reviewed until a pump test or exemption has been approved by the Department.**

**6. Measurement Conditions:**

a. Does the permit, permit amendment, or any extension 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 appropriation.**

b. Has a meter been installed?

YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
JOSE 55932	MASTER METER	9045310	WORKING	3,493,870	SPRING 2020

*If a meter has been installed, items d through f relating to this section may be deleted.*

**7. Recording and reporting conditions:**

a. Is the water user required to report the water use to the Department?

YES

*If "NO", item b relating to this section may be deleted.*

b. Have the reports been submitted?

YES

*If the reports have not been submitted, attach a copy of the reports if available.*

**8. Other conditions required by permit, permit amendment final order, or extension final order:**

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **NO**

c. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL ID #	DATE ATTACHED TO WELL
<b>L70881</b>	<b>7/8/2004</b>

d. Other conditions? **YES** **NO**

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

**SECTION 6**  
**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>WELL LOGS</b>	

## SECTION 7

### 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, AERIAL PHOTOS, SITE VISIT**

#### 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
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation.
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- 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")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature



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(Do not write above this line)

(1) OWNER: WATER RESOURCES DEPT.  
Name KRAUSE RANCH, INC. SALEM, OREGON  
Address 15877 N. APPLEGATE Rd.  
GRANTS PASS, ORE

(2) TYPE OF WORK (check):

New Well  Deepening  Reconditioning  Abandon   
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary  Driven   
Cable  Jetted   
Dug  Bored

(4) PROPOSED USE (check):

Domestic  Industrial  Municipal   
Irrigation  Test Well  Other

(5) CASING INSTALLED:

6" Diam. from 0 ft. to 59 ft. Gage 250  
" Diam. from ft. to ft. Gage  
" Diam. from ft. to ft. Gage

(6) PERFORATIONS:

Perforated?  Yes  No

Type of perforator used

Size of perforations in. by in.

perforations from ft. to ft.  
perforations from ft. to ft.  
perforations from ft. to ft.

(7) SCREENS:

Well screen installed?  Yes  No

Manufacturer's Name

Type Model No.

Diam. Slot size Set from ft. to ft.

Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made?  Yes  No If yes, by whom? DRILLER

q.d. 18 gal./min. with 50 ft. drawdown after 1 hrs.

Baller test

gal./min. with ft. drawdown after hrs.

Artesian flow

g.p.m.

perature of water 50 Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used CEMENT

Well sealed from land surface to 20 ft.

Diameter of well bore to bottom of seal 10 in.

Diameter of well bore below seal 6 in.

Number of sacks of cement used in well seal 8 1/2 sacks

How was cement grout placed? PUMPED

Was a drive shoe used?  Yes  No Plugs Size: location ft.

Did any strata contain unusable water?  Yes  No

Type of water? depth of strata

Method of sealing strata off

Was well gravel packed?  Yes  No Size of gravel:

Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County JACKSON Driller's well number

1/4 Section 8 T. 38 S. R. 46 W.M.

Bearing and distance from section or subdivision corner

7th Lot 00200

(11) WATER LEVEL: Completed well.

Depth at which water was first found 62 ft.

Static level 7 ft. below land surface. Date 7-27-77

Artesian pressure lbs. per square inch. Date

(12) WELL LOG: Diameter of well below casing 6"

Depth drilled 100 ft. Depth of completed well 100 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL From To SWL

SEDIMENT CLAY 0 27 7

BRADCLAY, FRACTURED 27 53

BASALT

FRACTURED BASALT 53 100