

**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

**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

Received

AUG 26 2025

OWRD

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 # G-18563 | PERMIT # (IF APPLICABLE) G-18319 | PERMIT AMENDMENT # (IF APPLICABLE) |
|---------------------------------|--|------------------------------------|

2. Property Owner (current owner information):

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

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:**Received****AUG 26 2025****OWRD****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:**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 15877 N APPLGATE RD LLC/STARGAZER RANCH | | PHONE NO. 541.863.9794 | ADDITIONAL CONTACT NO. |
| ADDRESS 15877 N APPLGATE RD | | | |
| CITY GRANTS PASS | STATE OR | ZIP 97527 | E-MAIL SSALTON@GOLIGHTHOUSE.COM |

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:

| |
|------------------|
| 7/24/2025 |
|------------------|

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 |
|----------------|

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

Received by OWRD

AUG 28 2025

Salem, OR

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.



Received
AUG 26 2025
OWRD

| | | | |
|----------------------------------|--------------------|----------------------------------|--|
| CWRE NAME RICK PARSONS | | PHONE NO. 541.499.0257 | ADDITIONAL CONTACT NO. 303.667.5067 |
| ADDRESS 1619 MINEAR RD | | | |
| CITY MEDFORD | STATE OR | ZIP 97501 | E-MAIL RICK.PARSONS@PARSONSWATER.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 |
|-----------|--------------------|---------|---------|
| | SCOTT Salton | Trustee | 7/24/25 |
| | | | |
| | | | |
| | | | |

SECTION 3

CLAIM DESCRIPTION

OWRD

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):

Received
AUG 26 2025

A. Place of Use

OWRD

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?

YES

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

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:

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

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) |
|------|------------------|----------------------------|-----------------------------|------------------------|-------------------------------|
| 1/2" | 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 |
|---------------------------------|---------------------|----------------------------|-----------------------------------|-------------------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Received
AUG 26 2025
OWRD

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-WILLIAM'S 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) | 12/6/2024 | SPRING 2020 | GREENHOUSE AND NURSERY OPERATIONS INSTALLED AND BEGIN TO BE USED. NOTE EXISTING WELL WAS DRILLED IN 1977 AND DEEPEMED IN 2004. |
| COMPLETE CONSTRUCTION (B) | | | |
| COMPLETE APPLICATION OF WATER (C) | | | |

* 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

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 **YES**
to the well?

| WELL ID # | DATE ATTACHED TO WELL |
|---------------|-----------------------|
| L70881 | 7/8/2004 |
| | |

- 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 |
|------------------|-------------|
| WELL LOGS | |
| | |
| | |

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

