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 <u>application</u> was submitted on July 9, 1987, or later.

Enter the date the transfer application was submitted:

September 4, 2025

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 <u>only</u> authorized change was a change in place of use.

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

YES NO

1. File Information

APPLICATION #

T-14255

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Gaylord Family Trust dba Flying T Land & Cattle, Inc.		PHONE No. 209-853-2855		Additional Contact No.
Address				
P.O Box 362				
Сіту	STATE	ZIP	E-MAIL	
La Grange	CA	95329	joslyn@jtca	attlecompany.com

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. <u>Each</u> 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 RECO	ORD		
Gaylord Family Trust d	ated July 26, 2004 dba F	ying T Land & Cattle, Inc.	
Address			
P.O. Box 362			
CITY	STATE	ZIP	
La Grange	CA	95329	

4. Date of Site Inspection:

8	/13	/2025

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

Name	DATE	ASSOCIATION WITH THE PROJECT	
Ted Gaylord	8/13/2025	Owner	

6. County:

Klamath		
Klamath		
Nidilidili		

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

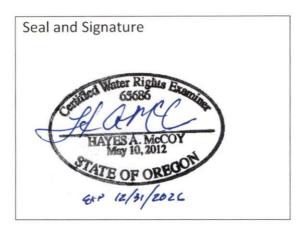
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SIGNATURES

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 Hayes McCoy, H.A. McCoy Engineering		PHONE NO 541-923-	2011 2011 2011 2011 2011 2011 2011 2011
ADDRESS 1180 SW Lake Road #2			
CITY	STATE	ZIP	E-MAIL
Redmond	OR	97756	hayes@ham-engr.com

Transfer Holder(s) of Record Signature or Acknowledgement

<u>Each</u> 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
	Ted S. Gaylors	Owner	8/13/25

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EXTENT OF CHANGE COMPLETED

1. Claim Summary:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED	
1.3 acres primary	1.3 acres primary	
307.8 acres supplemental	307.8 acres supplemental	

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

YES	NO	NA	
			CLAIM MAP)
(INCL	UDE THE	LOCATIO	ON OF THE DEVELOPED PLACE USE ON THE
		AUTHOR	RIZED UNDER THE ORDER?
WAS	S THE NE	W PLACE	OF USE DEVELOPED TO THE FULL EXTENT

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? **YES** If yes, describe below.



(e.g. "The order authorized a change in place of use for 40 acres. The water user on
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CONDITIONS

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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	July 2, 2024	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2025	April, 2025

^{*} 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)? If "NO", you may delete the following table.

YES



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

- 3. Measurement Conditions:
- a. Does the transfer final order require the installation of a meter or approved measuring device?



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?



NO

c. Meter Information

POD/POA Name or #	MANUFACTURER	SERIAL#	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	McCrometer	23- 05221- 16	Working	1.11	April, 2025

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

- 4. Other conditions required by the transfer final order:
 - a. Other conditions?





vith the condition	on and describe the water user	s actions to comply

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION	
COBU Map	Claim of Beneficial Use Map	

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CLAIM OF BENEFICIAL USE MAP

A 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 polyester 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.

For the purpose of this Claim, the map must identify the developed new place of use. The existing point(s) of diversion or point(s) of appropriation are required to be included on the Claim map, based on the locations described in the transfer final order.

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.

Aerial Photos and OWRD Mapper	



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.)

\boxtimes	Map on polyester film.
\boxtimes	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
\boxtimes	Township, Range, Section, Donation Land Claims, and Government Lots
	Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
\boxtimes	Locations of meters and/or measuring devices in relationship to point of diversion
	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) *Not required for this type of Claim of Beneficial Use
\boxtimes	Point(s) of diversion or appropriation (illustrated and coordinates)
\boxtimes	Tax lot boundaries and numbers
\boxtimes	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")
\boxtimes	Transfer application number
\boxtimes	North arrow
\boxtimes	Legend
\boxtimes	CWRE stamp and signature

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