

**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

Received by OWRD
SEP 19 2025
Salem, OR

A fee of \$345 must accompany this form.

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 # R-87767	PERMIT # R-14983
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Applicant Information:

APPLICANT NAME Carlos Tarrillo		PHONE NO. 503-586-4230	ADDITIONAL CONTACT NO.
ADDRESS 1855 Hawthorne Ave NE			
CITY Salem	STATE OR	ZIP 97301	E-MAIL carlostarrillo@gmail.com

SECTION 2
RESERVOIR INFORMATION

Reservoir Dimensions and Capacity:

AVERAGE LENGTH	AVERAGE WIDTH	AVERAGE DEPTH	MAXIMUM CAPACITY IN ACRE-FEET
80ft	120ft	2.4ft	0.5 Acre Feet

To determine capacity in acre-feet use for the above table, use the following calculation:

$$\text{Acre-feet} = \frac{(\text{Average Length})(\text{Average Width})(\text{Average Depth})}{43,560}$$

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SECTION 3

MAP

Salem, OR

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.

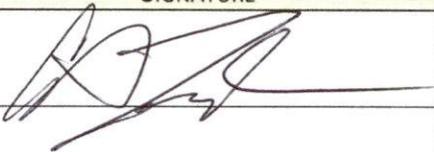
Preparation of the map by a Certified Water Rights Examiner is **not** required for this type of permit, but may be submitted.

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
	Carlos Tarrillo	Owner	9/16/25



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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Carlos Tarrillo
1855 Hawthorne Ave NE Salem OR 97301

Transaction Type: Claim

Fees Received: \$ 345.00

Cash Check: Check No. 2451
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 Lornien
(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.