

**CLAIM OF
BENEFICIAL USE
for Transfer New or Additional
POD 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:

5/13/2024

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 8" 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 either point(s) of diversion or additional point(s) of diversion, or a combination of both. **YES**

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

1. File Information

APPLICATION #

T-14457

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Jim English / Panel Processing, INC		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 3090 Memorial Drive			
CITY Klamath Falls	STATE OR	ZIP 97601	E-MAIL

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		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

8/25/2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Bruce Cullen		

6. County:

Klamath

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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OCT 16 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.



CWRE NAME Marc J Van Camp	PHONE NO. 541-297-1880	ADDITIONAL CONTACT No.
ADDRESS P.O. Box 995		
CITY Coos Bay	STATE OR	ZIP 97458
E-MAIL vancampconsulting@gmail.com		

Transfer Holder 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.

SG NATURE	PRINT OR TYPE NAME	TITLE	DATE
	Jim English	General Manager	

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OCT 16 2025

Salem, OR

SECTION 3

CLAIM DESCRIPTION

Note: The Claim only needs to describe the new or additional point(s) of diversion. This Claim does not need to provide information for the original point(s) of diversion unless the original point of diversion is either a new or additional point of diversion on another right involved in this transfer.

1. New or additional point of diversion name or number:

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)	SOURCE
POD #1	Klamath River

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, **NO** or extension final? If yes, describe below.

(e.g. "The order allowed three new/additional points of diversion. The water user only developed one of the points.")

3. Claim Summary:

NEW OR ADDITIONAL POD NAME OR #	MAXIMUM RATE AUTHORIZED IN ORDER	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
POD #1	0.05cfs	2.72 cfs	0.05 cfs

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OCT 29 2025
Salem, OR

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OCT 16 2025
Salem, OR

SECTION 4
SYSTEM DESCRIPTION

Are there multiple new or additional Points of Diversion (POD)s?

NO

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

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

POD 1

A. POD System Information

Provide the following information concerning the point of diversion. Information provided must describe the equipment used to appropriate water from the point of diversion.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Peerless	6AF-15	67299	Centrifugal	10"	10"

2. Motor Information

MANUFACTURER	HORSEPOWER
BURKE	125 HP

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
125	95	14	20	2.72

4. Provide pump calculations:

See Calculations

5. 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)
43	54	30 seconds	0.05 cfs

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

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OCT 16 2025
Salem, OR

B. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the diversion involve a gravity flow pipe?

NO

C. Gravity Flow Canal or Ditch

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

1. Does the diversion involve a gravity flow ditch or canal?

NO

D. Additional notes or comments related to the system:

Calculated pump capacity is based on fire suppression system's full capacity used for fire suppression.

SECTION 5 CONDITIONS

All conditions contained in the transfer final order, 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 NEW AND/OR ADDITIONAL POD(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	6/23/2025	
COMPLETENESS DATE FROM ORDER (C)	10/1/2026	7/1/2025 Fish Screen and TFM installed, first system pressure test conducted

* 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)?

NO

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other 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 diversion.

b. Has a meter been installed?

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YES

OCT 29 2025

Salem, OR

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OCT 16 2025

Salem, OR

c. Meter Information

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD#1	Georg Fischer Signer LLC	6230511 0639	Working	54 gallons	7/1/2025

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

4. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? **NO**

5. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? **YES**

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

Reminder: If fish screening devices were required, the COBU map must indicate their location in relation to the point of diversion.

b. Has the fish screening been installed? **YES**

c. When was the fish screening installed?

DATE	BY WHO M
7/1/2025	Owner

Reminder: If the permit or transfer final order was issued on or after February 1, 2011, the fish screen is required to be approved by the Oregon Department of Fish and Wildlife regardless of the rate of diversion.

d. If the diversion involves a pump and the total diversion rate of all rights at the point of diversion is less than 225 gpm (0.5 cfs) and the permit was issued prior to February 1, 2011:

- Has the self-certification form previously been submitted to the Department? **NA**

If not, go to <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>, complete and attach a copy of the 'ODFW Small Pump Screen Self Certification' form to this claim, and send a copy of it to the Oregon Department of Fish and Wildlife (ODFW).

Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable determination. The ODFW self certification form needs to have been previously submitted or be attached to this form.

e. If the diversion does **not** involve a pump or the total diversion rate of all rights at the point of diversion is 225 gpm (0.5 cfs) or greater:

- Has the ODFW approval been previously submitted? **YES**

If not, contact and work with ODFW to ensure compliance. To demonstrate compliance, provide signed documentation from ODFW. A form is available at:

<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable determination. In order to receive a favorable approval, the ODFW/WRD "Fish Screen Inspection" form needs to have been previously submitted or be attached to this form.

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OCT 16 2025

Salem, OR

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OCT 20 2025

Salem, OR

6. By-pass Devices

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion?

NO

7. Other conditions required by the transfer final order or extension final order:

a. Was the water user required to restore the riparian area if it was disturbed?

NO

b. Was a fishway required?

NO

c. Other conditions?

NO

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

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SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Pump Capacity Calculator	OWRD Pump Capacity Calculator
ODFW Fish Screen Approval	ODFW Fish Screen Approval letter
COBU Map	Claim of Beneficial Use Map

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 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 identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of diversion, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

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

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OCT 29 2025

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OCT 16 2025

Salem, OR

basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

GPS Survey

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 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 or appropriation
- ☒ 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")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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Pump Capacity Calculation Sheet

using Department designed formula:

$$(\text{hp})(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 125
Efficiency = 6.61
Lift = 10
PSI = 109

Results Calculated

(hp)(efficiency) = 826.25
Head based on psi = 276.9
Total dynamic head = 286.9
(head + lift)

Pump Capacity = 2.88 feet per second

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OCT 16 2025
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Oregon

Tina Kotek, Governor

Department of Fish and Wildlife

Rogue Watershed District Office

1495 East Gregory Rd.

Central Point, OR 97502

Phone: 541-826-8774

Fax: 541-826-8776

www.odfw.com



June 18, 2025

Panel Processing of Oregon
Jim English
3090 Memorial Drive
Klamath Falls, OR 97601

Dear Jim,

Regarding OWRD Transfer T-14457, ODFW has determined the fish screen at the point-of-diversion (42.183471, -121.787671) meets current fish protection criteria, and fish bypass devices are not necessary. POD is used for fire suppression during emergency situations. Emergency situations require simplistic operation, allowing ODFW to see benefit and waive self-cleaning screens and baffling. During an emergency, Panel Processing of Oregon can remove screens to allow for structure and human safety (if needed). This approval is contingent on the following: current conditions remain unchanged, screens are installed so effective screen area is submerged during operation (unless noted elsewhere), the screen is regularly inspected and maintained to ensure it remains in working order (including debris removal), and the screen is annually inspected when it is not in use. Thank you.

Sincerely,

Josh Kelsey
Screens and Passage Coordinator
Fish Screening and Passage Program
(541) 857-2424

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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Jim English / Panel Processing Inc
3090 Memorial Dr. Klamath Falls, OR 97601

Transaction Type: COBU

Fees Received: \$ 345.00

☐ Cash

☒ Check:

Check No. 28357

Name(s) on Check: Panel Processing Inc

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: Sarah Benham
(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.



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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Jim English/Panel Processing
3090 Memorial Dr. Klamath Falls OR 97601

Transaction Type: Claim

Fees Received: \$ 345.00

☐ Cash

☒ Check:

Check No. 28357

Name(s) on Check: Panel Processing Inc.

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

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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: Conie 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).
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Oregon

Tina Kotek, Governor

Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

www.oregon.gov/owrd

October 20, 2025

Panel Processing Inc.
C/O Jim English
3090 Memorial Drive
Klamath Falls, OR 97601

RE: Transfer T-14457

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OCT 29 2025

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Dear Water User,

The Department has received the Claim of Beneficial Use (CBU) for the above referenced file. With this letter, I am returning your CBU and requesting the following action:

The CBU you recently submitted to the Department is being returned because it was not signed by the permit holder(s) of record as required by OAR 690-014-0100(15). In order for the Department to accept the CBU, you will need to take the following action:

Have the permit holder of record sign the document and return all CBU documents and check to the Department.

Please find enclosed the CBU materials that you recently submitted along with your check in the amount of \$345.00.

If you have any additional questions, please feel free to contact me at 503-979-9103.

Sincerely,

Sarah Benham
Customer Service Representative
Oregon Water Resources Department

cc:

file T-14457

Marc J. Van Camp, CWRE

Enclosures: CBU application and Check (28357)