

**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](http://www.oregon.gov/OWRD)

**A fee of \$230 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.**

**Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.**

**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 503-979-9103.

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**

**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-11356**

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

APPLICANT/BUSINESS NAME <b>Trudy Draper</b>		PHONE NO. <b>541-443-6781</b>	ADDITIONAL CONTACT NO. <b>541-379-0664</b>
ADDRESS <b>P. O. Box 388</b>			
CITY <b>Pilot Rock</b>	STATE <b>OR</b>	ZIP <b>97868</b>	E-MAIL <b>tjessen@centurytel.net</b>

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 <b>Trudy Jessen</b>		
ADDRESS <b>P. O. Box 388</b>		
CITY <b>Pilot Rock</b>	STATE <b>OR</b>	ZIP <b>97868</b>

**4. Date of Site Inspection:**

**October 3, 2024**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Trudy Jessen</b>	<b>October 3, 2024</b>	<b>Owner</b>

**6. County:**

**Umatilla**

**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 <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

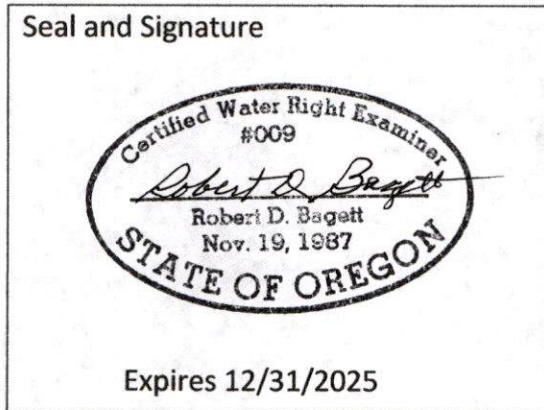
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## SECTION 2 SIGNATURES

### CWRE Statement, Seal and Signature

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



<b>CWRE NAME</b> <b>Robert D. Baggett</b>	<b>PHONE NO.</b> <b>541-575-1251</b>	<b>ADDITIONAL CONTACT NO.</b> <b>541-620-0717</b>
<b>ADDRESS</b> <b>P. O. Box 476</b>		
<b>CITY</b> <b>John Day</b>	<b>STATE</b> <b>OR</b>	<b>ZIP</b> <b>97845</b>
<b>E-MAIL</b> <b>bobbagett@gmail.com</b>		

### 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.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>Trudy Draper</i>	Trudy Draper	Owner	Oct 28, 2025
<i>Formerly: Trudy Jensen</i>			

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### 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
APOD #1	East Birch Creek
APOD #2	East Birch Creek

**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
APOD# 1	0.15 CFS	0.50 cfs	NA
APOD #2	0.15 CFS	0.36 cfs	NA

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## SECTION 4

### SYSTEM DESCRIPTION

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

YES

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):

APOD #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
Preferred Pump	FHC32C750PK	E10033PA	Centrifugal	4"	4"

##### 2. Motor Information

MANUFACTURER	HORSEPOWER
Baldor Reliancer	10

##### 3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
10	50	4 ft.	Zero	0.50 CFS

##### 4. Provide pump calculations:

See Attached Exhibit A

##### 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)
Not in operation	on the day of my	inspection	NA

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

#### 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

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

Attach measurement notes.

### 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

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

### D. Additional notes or comments related to the system:

None.

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## SECTION 4

### SYSTEM DESCRIPTION

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

YES

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):

APOD # 2

#### 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
Preferred Pump	FHC32075CCP7	D10022PA	Centrifugal	4"	4"

##### 2. Motor Information

MANUFACTURER	HORSEPOWER
Baldor Reliancer	7.5

##### 3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
7.5	50	10 ft.	2 ft.	0.36 CFS

##### 4. Provide pump calculations:

See attached EXHIBIT B.

##### 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)
Not in operation on	the day of my	Inspection.	NA

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

#### 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?

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

NO

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### 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

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

### D. Additional notes or comments related to the system:

None.

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## 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	December 14, 2012	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2014	July 15, 2013

\* 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

If "NO", you may delete the following table.

#### 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?

YES -

c. Meter Information

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
APOD #1	McCrometer	090985404	Working	080304	2013
APOD#2	McCrometer	080995104	Working	043945	2013

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

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

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## 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 WHOM
2013	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? **NA**

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.**

## 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**

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

**Reminder: If by-pass devices were required, the COBU map must indicate their location in relation to the point of diversion.**

(Provide a letter from ODFW indicating the device is approved or is unnecessary. If there is no letter from ODFW, explain whether or not a by-pass device is necessary.)



DESCRIPTION (E.G. "ODFW HAS APPROVED THE BY-PASS DEVICE" OR "NO BY-PASS DEVICE IS NECESSARY BECAUSE THERE IS A DIRECT DIVERSION FROM THE STREAM VIA A PUMP ON RIVER LEFT STREAM BANK WITH FOOT VALVE DESCENDING DIRECTLY INTO NATURAL POOL.") IN ADDITION, YOU MAY ATTACH PHOTOS TO THIS CLAIM.	IF INSTALLED (DATE)	IF INSTALLED, BY WHOM

**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):

NA

## SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
<b>EXHIBIT A</b>	<b>APOD #1- Pump Capacity Calculations</b>
<b>EXHIBIT B</b>	<b>APOD #1- ODFW Fish Screen Approval Letter</b>
<b>EXHIBIT C</b>	<b>APOD #2- Pump Capacity Calculations</b>
<b>EXHIBIT D</b>	<b>APOD #2- ODFW Fish Screen Approval Letter</b>

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

Used RTK GPS to locate APOD #1, APOD #2, their associated meters & fish screens and the monumented North ¼ Corner, Section 10, Twp. 2S., Rg.32E., W.M.

## 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.)**

- X Map on polyester film
- X Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- X Township, Range, Section, Donation Land Claims, and Government Lots
- X If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- X Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- X Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- NA Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) **\*Not required for this type of Claim of Beneficial Use**
- X Point(s) of diversion or appropriation (illustrated and coordinates)
- X Tax lot boundaries and numbers
- X Source illustrated if surface water
- X Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- X Application and permit number or transfer number
- X North arrow
- X Legend
- X CWRE stamp and signature

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## Pump Capacity Calculation Sheet

using Department designed formula:

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

---

### Data Entry (fill in underlined blanks)

HP = 10  
Efficiency = 6.61  
Lift = 4  
PSI = 50

### Results Calculated

(hp)(efficiency) = 66.1  
Head based on psi = 127.0  
Total dynamic head = 131.0  
(head + lift)

**Pump Capacity = 0.50 feet per second**

TRUDY JESSEN

T-11356

APOD #1

EXHIBIT A

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# Oregon

## Department of Fish and Wildlife

John Day Fish Screening and Passage  
357 Patterson Bridge Rd.

P.O. Box 515

John Day, OR 97845

Voice: 541-575-0561

FAX (541) 575-0868

[www.dfw.state.or.us/](http://www.dfw.state.or.us/)

October 24, 2023

Trudy Jessen  
PO Box 388  
Pilot Rock, OR 97868



Dear Ms. Jessen,

Your fish screen was inspected on 10/24/2023. In reference to water right transfer file number T-11356 this letter confirms that a National Marine Fisheries Service criteria fish screen as approved by ODFW is located on the property near GPS coordinates: 45.411393, -118.806683.

In regards to the inspection of the fish screen located on East Birch Creek, the following has been determined:

1. The screen located at coordinates 45.411393, -118.806683 is a Pump-Rite M-T 260 screen.
2. This screen is approved for water use up to 260 GPM or 0.57 CFS.
3. All screen and pump configurations meet National Marine Fisheries Service criteria at the time of inspection, any changes or modifications to the configurations will not be covered by this certification letter.
4. This screen is an end of pipe screen; therefore, no by-pass is required.

Please contact me if you have any questions regarding this letter.

Sincerely,

Nathaniel Ashley  
Fish Screening and Passage Coordinator

CC: Oregon Water Resources Department

Received

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EXHIBIT B



## Pump Capacity Calculation Sheet

using Department designed formula:

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

---

### Data Entry (fill in underlined blanks)

HP = 7.5  
Efficiency = 6.61  
Lift = 12  
PSI = 50

### Results Calculated

(hp)(efficiency) = 49.575  
Head based on psi = 127.0  
Total dynamic head = 139.0  
(head + lift)

**Pump Capacity = 0.36 feet per second**

TRUDY JESSEN

T-11356

APOD #2

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EXHIBIT C



# Oregon

## Department of Fish and Wildlife

John Day Fish Screening and Passage

357 Patterson Bridge Rd.

P.O. Box 515

John Day, OR 97845

Voice: 541-575-0561

FAX (541) 575-0868

[www.dfw.state.or.us/](http://www.dfw.state.or.us/)

October 24, 2023

Trudy Jessen  
PO Box 388  
Pilot Rock, OR 97868



Dear Ms. Jessen,

Your fish screen was inspected on 10/24/2023. In reference to water right transfer file number T-11356 this letter confirms that a National Marine Fisheries Service criteria fish screen as approved by ODFW is located on the property near GPS coordinates: 45.412830, -118.80808.

In regards to the inspection of the fish screen located on East Birch Creek, the following has been determined:

1. The screen located at coordinates 45.412830, -118.80808 is a Pump-Rite M-T 130 screen.
2. This screen is approved for water use up to 130 GPM or 0.28 CFS.
3. All screen and pump configurations meet National Marine Fisheries Service criteria at the time of inspection, any changes or modifications to the configurations will not be covered by this certification letter.
4. This screen is an end of pipe screen; therefore, no by-pass is required.

Please contact me if you have any questions regarding this letter.

Sincerely,

Nathaniel Ashley  
Fish Screening and Passage Coordinator

CC: Oregon Water Resources Department

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EXHIBIT D



Hi Trudy,

This is the email I received from Gerry Clark. Please attach this to claims T-11356 and T-11357.

Please call me if you have any questions,  
My best,  
Bob

---

**From:** CLARK Gerald E \* WRD <Gerald.E.CLARK@water.oregon.gov>

**Sent:** Tuesday, October 28, 2025 12:27 PM

**To:** bobbagett@gmail.com

**Subject:** RE: Follow-Up - T-11356 and T-11367

Bob,

I realized that a few of my messages did not make it through due to you current email address (I had used your old one).

Gerry

---

**From:** CLARK Gerald E \* WRD

**Sent:** Tuesday, October 28, 2025 12:24 PM

**To:** bob@johndaysurveyors.com

**Subject:** RE: Follow-Up - T-11356 and T-11367

Bob,

As we discussed, I am approving the use of the earlier version of the CBU form that you have completed from 2021. I realize that some of these projects can take time to work through.

In addition, due to the statutory changes in our fees, a fee is required to be submitted for both of these Claims. The new fee per Claim is \$345.

Please let me know if you have any questions.

Gerry

Gerry Clark

**Oregon Water Resources Department**

Program Analyst, Certificate Section, Water Right Services Division

725 Summer Street NE, Suite A Salem, OR 97301 | Phone 503-979-9103

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**From:** CLARK Gerald E \* WRD

**Sent:** Wednesday, October 22, 2025 1:57 PM

**To:** bob@johndaysurveyors.com

**Subject:** Follow-Up - T-11356 and T-11367

Received

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Bob,

I wanted to provide you with a quick follow-up to our conversation. Feel free to attach this message to the Claims when they are submitted.

Currently:

T-11356 - Trudy Jensen

T-11357 – Trudy Draper Jensen

Submit the Claims and have Judy sign with her current name (Judy Draper). The signatures in the claim would look as follows:

T-11356 – Trudy Draper (Formerly Trudy Jensen)

T-11367 – Trudy Draper (Formerly Trudy Draper Jensen)

Please have Trudy submit a letter with the Claim that indicates that she realizes that by signing the Claim as “Trudy Draper” will not cause the Department to make official changes to the record. To officially change the name on the transfers, an Assignment will be required.

I hope this helps. Have a great day!

Gerry

Gerry Clark

**Oregon Water Resources Department**

Program Analyst, Certificate Section, Water Right Services Division

725 Summer Street NE, Suite A Salem, OR 97301 | Phone 503-979-9103

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