CLAIM OF BENEFICIAL USE for Transfer with Multiple Changes – Surface Water



Oregon Water Resources Department

725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900

www.oregon.gov/OWRD

A fee of \$230 must accompany this form for any <u>Transfer final orders</u> 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 | comp | leted | 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

| Type of Auti | ionzed change |
|---|--|
| This Claim is being submitted for a transfer involvi Mark all that apply: | ing multiple changes. YES |
| X Change in POD(s) or Additional POD(s) Change in Character of Use | X Change in Place of Use Change in Character of Use – Reservoir |
| A separate section will be completed for each t | type of change authorized in the transfer final order. Received |

| - | | | | • | | | | | |
|----|-----|----|----|-----|---|---|----|---|----|
| 1. | _ | 10 | in | for | m | 1 | t۱ | ~ | n |
| 1. | 1 1 | | | w | | а | u | u | 11 |

APPLICATION # T-11357

2. Property Owner (current owner information)

| APPLICANT/BUSINESS NAME Trudy Draper | | PHONE No. 541-443-6781 | ADDITIONAL CONTACT No. 541-379-0664 |
|---------------------------------------|-------------|-------------------------------|--|
| ADDRESS P. O. Box 388 | | | |
| CITY Pilot Rock | STATE OR | ZIP E-MA 97868 tjess | en@centurytel.net |

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 Trudy Draper Jessen | | |
|---|-------------|--------------|
| ADDRESS P. O. Box 388 | | |
| CITY Pilot Rock | STATE OR | ZIP 97868 |

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 | | |
|---------------------|-----------------|------------------------------|--|--|
| Trudy Draper Jessen | October 3, 2024 | Owner | | |
| | | | | |

6. County:

| Umatilla | 87. |
|----------|-----|

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 | | |
|-----------------|------------|-----|
| NA | | |
| Address | | |
| NA | | |
| Сіту | STATE | ZIP |
| NA | A STATE OF | |

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.



| CWRE NAME Robert D. Bagett | | PHONE NO 541-620- | |
|----------------------------------|-------|----------------------|-------------------------------|
| ADDRESS 217 North Canyon Blvd | | | |
| CITY John Day | STATE | ZIP 97845 | E-MAIL bobbagett@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.

| | SIGNATURE | PRINT OR TYPE NAME | TITLE | DATE |
|------|------------------------------------|--------------------|-------|--------------|
| de | uch Draper y: drug Draper Sesse | Trudy Draper | Owner | Oct 28, 2025 |
| Some | y: dried Draper Joses | u | | |
| | | | | |

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SECTION 3

Changes Made

Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

New or Additional Point of Diversion

Change in POD(s) or Additional POD(s)

Did the transfer order authorize a change in the points of diversion or additional points of diversion?

If "NO", this Section can be deleted.

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

| POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP) | Source |
|---|------------------|
| POD | East Birch Creek |

| - | | | | D | - | | | | |
|----|---|---|---|---|---|---|---|---|--|
| 2. | V | 2 | r | 2 | t | 0 | n | C | |
| | | | | | | | | | |

| Was the use developed differently from what was authorized by the transfer final order, | |
|---|----|
| or extension final? | NO |

If yes, describe below.

| (e.g. | "The order allowed three new | /additional points of diversion. | The water user only d | leveloped 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 | O.32 CFS | 1.27 CFS | N/A |
| POD | 0.005 CFS | 1.27 CFS | N/A |

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System Description

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

NO

If "YES" you will need to copy and complete Sections A, B, or C in this Section for each POD.

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

| vised 7/1/2021 | Transfer SW Multiple Dago 4 of 10 |
|----------------|-----------------------------------|

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 | INTAKE SIZE | DISCHARGE |
|-------------------------|-------------|---------------|-------------------------------|-------------|-----------|
| | | | SUBMERSIBLE) | | SIZE |
| General Electric | SK256JL1190 | 32942 | Centrifugal | 4" | 4" |

2. Motor Information

| MANUFACTURER | Horsepower |
|------------------|------------|
| General Electric | 25 |
| | |

3. Theoretical Pump Capacity

| Horsepower | OPERATING PSI | LIFT FROM SOURCE TO PUMP | LIFT FROM PUMP TO | TOTAL PUMP |
|------------|---------------|--------------------------|-------------------|--------------------|
| | | | PLACE OF USE | OUTPUT (IN CFS) |
| 25 | 45 | 10 ft. | 6 ft. | 1.27 CFS |

| 4. | Provide | nump | ca | lcu | lations: |
|----|---------|--------|----|-----|----------|
| T. | LIGNIAC | Pullip | Cu | LU | acions. |

| Attached Exhibit A | Atta | ched | Exhi | bit A |
|--------------------|------|------|------|-------|
|--------------------|------|------|------|-------|

5. Measured Pump Capacity (using meter if meter was present and system was operating)

| INITIAL METER READING | ENDING METER READING | DURATION OF TIME | TOTAL PUMP OUTPUT |
|-----------------------|----------------------|------------------|-------------------|
| | | OBSERVED | (IN CFS) |
| NA | NA | NA | NA |

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

6. Additional notes or comments related to the system:

| None. | · · · |
|-------|-------|
| | |
| | |

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.

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.

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Change #2

Change in Place of Use

Did the transfer order authorize a change in the place of use?

YES

If "NO", this Section can be deleted.

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

| THE # OF ACRES ALLOWED | THE # OF ACRES DEVELOPED |
|------------------------|--------------------------|
| 25.96 | 25.50 |
| | |

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 only developed 38 acres.")

The order authorized a change in place of use from a well. The water user did not develop this change. No ground water was involved in this transfer.

Change #3

Change in Character of Use

Did the transfer order authorize a change in character of use?

NO

If "NO", this Section can be deleted.

Change #4

Change in Character of Use - Reservoir

Did the transfer order authorize a change in character of use for a reservoir?

NO

If "NO", this Section can be deleted.

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SECTION 4

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 | *This Date Must Fall Between The "Issuance Date" And The "Completeness Date" |
|----------------------------------|--------------------|--|
| ISSUANCE DATE | November 6, 2012 | |
| COMPLETENESS DATE FROM ORDER (C) | October 1, 2014 | July 1, 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)?

YES

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

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

| VOLUME | PAGE | DATE EXTENDED TO |
|--------|------|------------------|
| 113 | 1204 | October 1, 2020 |

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

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 |
|-----------------|--------------|----------------|----------------------------|--------------------------|----------------|
| POD | McCrometer | 0809951 -04 | Working | 043945 | May 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.

- 5. Fish Screening
- a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion?

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 | Ву Wном |
|-----------|---------|
| June 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** <u>and</u> 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** <u>or</u> 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?

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.

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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?

b. Was a fishway required?

c. Other conditions?

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s): **SECTION 5**

ATTACHMENTS

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

| ATTACHMENT NAME | DESCRIPTION |
|-----------------|----------------------------------|
| Exhibit A | Pump Capacity Calculations |
| Exhibit B | ODFW Fish Screen Approval Letter |

SECTION 6

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 the POD, fish screen, pump, flow meter, buried mainlines, place of use and the monumented South ¼ corner of Section 3, T2N, R32E, W.M.

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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
- 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
- X Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- 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)(efficiency) / (lift + psi head) = capacity in cfs

Efficiency:

Centrifugal = 6.61 Turbine = 7.04

Data Entry (fill in underlined blanks)

Results Calculated

(hp)(efficiency) = 165.25 Head based on psi = 114.3 Total dynamic head = 130.3 (head + lift)

Pump Capacity = 1.27 feet per second

TRUDY DRAPER JESSEN

T-11357

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EXHIBIT A



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/

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-11357 this letter confirms that a National Marine Fisheries Service criteria fish screen as approved by ODFW is located on the property near GPS coordinates: 45.41439, -118.80946.

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 45.41439, -118.80946 is a Pump-Rite M-T 195 screen.
- 2. This screen is approved for water use up to 195 GPM or 0.43 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

Nathir Schly

Fish Screening and Passage Coordinator

CC: Oregon Water Resources Department

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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 <u>approving</u> 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

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

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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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