

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 application was submitted on July 9, 1987, or later.

Enter the date the transfer application was submitted:

October 18, 1994

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 only authorized change was a change in place of use. YES NO

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

1. File Information

APPLICATION #

T-13078

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME James S. Cowan & Alissa J. Cowan		PHONE NO. 541-788-3868	ADDITIONAL CONTACT NO.
ADDRESS 16800 Ponderosa Cascade Dr.			
CITY Bend	STATE OR	ZIP 97703	E-MAIL cowanfamilyceed@gmail.com

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 Same		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
James S. Cowan	7/16/2025, 8/12/2025 & 8/21/2025	Owner/Transfer Holder of Record

6. County:

Deschutes

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 n/a		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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Superseded

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME James S. Cowan & Alissa J. Cowan	PHONE NO. 541-788-3868	ADDITIONAL CONTACT NO.
ADDRESS 16800 Ponderosa Cascade Dr.		
CITY Bend	STATE OR	ZIP 97703
E-MAIL cowanfamilyceed@gmail.com		

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 Same		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

7/16/2025 & 8/12/2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
James S. Cowan	7/16/2025, 8/12/2025 & 8/21/2025	Owner/Transfer Holder of Record

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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.



CWRE NAME Bryce Michael Withers	PHONE NO. 541-408-1400	ADDITIONAL CONTACT NO. John Short 541-389-2837
ADDRESS PO Box 1830		
CITY Bend	STATE OR	ZIP 97709 E-MAIL brycewrss@gmail.com johnshort@usa.com

Transfer Holder(s) 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
	James S. Cowan	Transfer Holder of Record	11-07-25
	Alissa J. Cowan	Transfer Holder of Record	11/7/25

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SECTION 3

EXTENT OF CHANGE COMPLETED

1. Claim Summary:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
10.0	10.0

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

WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER?
(INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
<u>YES</u> <u>NO</u> <u>NA</u>

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? YES NO

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.")

SECTION 4

CONDITIONS

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	8/1/2019	
COMPLETENESS DATE FROM ORDER (C)	10/1/2020, extended to 10/1/2025	8/12/2025

* 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)?

YES NO

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

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

VOLUME	PAGE	DATE EXTENDED TO
122	30	10/1/2023
129	688	10/1/2025

3. Measurement Conditions:

a. Does the transfer final order require the installation of a meter or approved measuring device?

YES 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.

4. Other conditions required by the transfer final order:

a. Other conditions?

YES NO

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
CBU Map	Claim of Beneficial Use Map

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SECTION 6

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.

On-site direct measurement, ESRI Imagery, Google Earth Imagery.

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
- n/a Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- n/a Locations of meters and/or measuring devices in relationship to point of diversion
- n/a 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.)
- n/a Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Transfer application number
- North arrow
- Legend
- CWRE stamp and signature