CLAIM OF BENEFICIAL USE for Surface Water Permits claiming 0.1 cfs or less

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 permits with priority dates of July 9, 1987, or later.

Enter the date the priority date of the permit:

JANUARY 12, 2017

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

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.

If you have questions regarding the completion of this form, please call 503-986-0900.

The Department has a Reimbursement Authority program that allows it to enter into a voluntary agreement with an applicant for expedited services. Applicants interested in an estimate of the cost and timeline for expedited processing must submit a Reimbursement Authority Estimate Application and required fee. The form and additional information on this program see: https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx

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SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
S- 88353	S- 55126	

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
THOMAS R. CLOUGH, KATHY CLOUGH	541-997-6797	541-590-5557

Address			
83501 JENSEN LANE			
City	State	Zip	E-Mail
FLORENCE	OR	97439	KATHYCLOUGH@OQ.COM

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each*** *permit holder of record must sign this form.*

3. Permit holder of record (this may, or may not, be the current property owner):

Permit Holder of Record		
THOMAS R. CLOUGH, KATHY CLOUGH		
Address		
83501 JENSEN LANE		
City	State	Zip
FLORENCE	OREGON	97439

Additional Permit Holder of Record		
NA		
Address		
NA		
City	State	Zip
NA	NA	NA

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4. Date of Site Inspection:

2-22-2024

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

Name	Date	Association with the Project
THOMAS CLOUGH	2-22-2024	PROPERTY OWNER / APPLICANT

6. County:

LANE

7. If any property described in the place of use of the permit 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		
City	State	Zip
NA	NA	NA

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.

Seal and Signature

CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
EUGENE M. WOBBE		541-997-8411	
ADDRESS PO BOX 3093 (510 KINGWOOD ST)			
CITY FLORENCE	STATE OR	ZIP 97439	E-MAIL WOBBE _ASSOC@MSN.COM

Permit Holder(s) of Record Signature or Acknowledgement

Each *permit 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
Tom Clough	Tom Clough	OWNER	05/20/26
Kathy Clough	Kathy Clough	OWNER	05/20/26

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SECTION 3

CLAIM DESCRIPTION

1. POD source and, if from surface water, the tributary:

POD NAME OR NUMBER	SOURCE	TRIBUTARY
POD	SILTCOOS LAKE	SILTCOOS RIVER

2. Developed use(s), period of use, and rate for each use:

POD NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
POD	DOMESTIC FOR ONE HOUSEHOLD	NA	YEAR-ROUND	0.028 CFS
Total Quantity of Water Used				0.028 CFS

3. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of diversion to the place of use:

A SUBMERSIBLE PUMP WITH A SCREEN IN SILTCOOS LAKE PUMPS WATER THROUGH A 1-1/4" POLY PIPE TO A SHED NEST TO THE HOUSE WITH THE METER. THEN THROUGH A FILTRATION AND TREATMENT SYSTEM WITH 1" PVC PIPE TO AN 81 GALLON STEEL PRESSURE TANK, THEN PIPED THROUGHOUT THE RESIDENCE.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

4. Variations:

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

(e.g. *"The permit allowed three points of diversion. The water user only developed one of the points."* or *"The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres."*)

NA

5. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POD	0.005 CFS	0.032 CFS	0.028 CFS	DOMESTIC FOR ONE HOUSEHOLD	NA	NA

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple PODs? ~~YES~~ **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):

NA

A. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, and QQ.

B. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of diversion to the place of use.

1. Is a pump used? **YES** ~~NO~~

If "NO" items 2 through item 5 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
A.Y. MCDONALD	22075K2	053565686301	SUBMERSIBLE

3. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
0.75	56	0	23	0.032

4. Provide pump calculations:

$$\frac{0.75 \times 7.04}{56 \times 2.54 + 23} = 0.032 \text{ CFS}$$

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)
243554.8	243577.8	110 SECONDS	0.028 CFS

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

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6. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
NA	NA	NA	NA	NA	NA

Reminder: For sprinkler output determination use the reference information at the end of this document.

7. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)
NA	NA	NA	NA	NA	NA

8. Drip Tape Information:

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (CFS)	Additional Information
NA	NA	NA	NA	NA	NA

C. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? **YES** ~~**NO**~~

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank **YES** ~~**NO**~~

Bulge in System / Reservoir ~~**YES**~~ **NO**

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

Material (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried
METAL	81 GALLONS	ABOVE

3. Bulge in System / Reservoir:

Reservoir Name or Number (correspond to map)	Approximate Dam Height	Approximate Capacity (in acre feet)
NA	NA	NA

D. Gravity Flow Pipe

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the system involve a gravity flow pipe? ~~**YES**~~ **NO**

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

2. Complete the table:

Pipe Size	Pipe Type	"C" factor	Amount of Fall	Length of Pipe	Slope	Computed Rate of Water Flow (in cfs)
NA	NA	NA	NA	NA	NA	NA

3. Provide calculations:

NA

4. If an actual measurement was taken, provide the following:

Date of Measurement	Who Made the Measurement	Measurement Method	Measured Quantity of Water (in cfs)
NA	NA	NA	NA

Attach measurement notes.

E. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? ~~YES~~ **NO**

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

2. Complete the table:

Canal or Ditch Type (material)	Top Width of Canal or Ditch	Bottom Width of Canal or Ditch	Depth	"N" Factor	Amount of Fall	Length of Canal / Ditch	Slope	Computed Rate (in cfs)
NA	NA	NA	NA	NA	NA	NA	NA	NA

3. Provide calculations:

NA

4. If an actual measurement was taken, provide the following:

Date of Measurement	Who Made the Measurement	Measurement Method	Measured Quantity of Water (in cfs)
NA	NA	NA	NA

Attach measurement notes.

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F. Additional notes or comments related to the system:

B.2 CURRENT PUMP IS A REPLACEMENT PUMP, SAME SIZE AS ORIGINAL PUMP.
B.5 FILTRATION AND TREATMENT EQUIPMENT WILL CONTRIBUTE ADDITIONAL HEAD TO THE PUMP SYSTEM RESULTING IN LESSER MEASURED FLOW THAN THE CALCULATED FLOW.

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SECTION 5

CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or extension final order:

	Date from Permit	Date Accomplished*	Description of Actions Taken by Water User to Comply with the Time Limits
Issuance Date	03-27-2018		
Begin construction (A)	03-27-2023	03-27-2018	RESIDENCE AND WATER SYSTEM EXISTED PRIOR TO THIS DATE
Complete construction (B)	03-27-2023	05-12-2021	INSTALLATION OF METER AND FISH SCREEN
Complete application of water (C)	03-27-2023	05-12-2021	WATER USED WITHIN CONDITIONS OF THE PERMIT FOR THE EXISTING RESIDENCE.

* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)? ~~YES~~ **NO**

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

a. Did the Extension Final Order require the submittal of Progress Reports? ~~YES~~ **NO**

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

b. Were the Progress Reports submitted? NA ~~YES~~ ~~NO~~

If the reports have not been submitted, attach a copy of the reports if available.

3. Measurement Conditions:

a. Does the permit, permit amendment, or any extension 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.

b. Has a meter been installed? **YES** ~~NO~~

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c. Meter Information

POD Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
METER	MASTER METER	19940157	WORKING	0243577.8	05-12-2021

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? NA ~~YES~~ ~~NO~~

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

Name	Title	Approximate Date
NA	NA	NA

f. Measurement Device Description

Device Description	Condition (working or not)	Date Installed
NA	NA	NA

4. Recording and reporting conditions:

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

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

b. Have the reports been submitted? NA ~~YES~~ ~~NO~~
If the reports have not been submitted, attach a copy of the reports if available.

5. Fish Screening:

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? **YES** ~~NO~~

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** ~~NO~~

c. When was the fish screening installed?

Date	By Whom
05-12-2021	OWNER

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

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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):

- Has the self-certification form previously been submitted to the Department? **NA** ~~**YES**~~ ~~**NO**~~

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** ~~**YES**~~ ~~**NO**~~

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? **YES** ~~**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.

b. Have by-pass devices been installed? ~~**YES**~~ **NO**

c. Describe the diversion works as related to whether a by-pass device is installed or unnecessary:

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
ODFW HAS DETERMINED THAT BY-PASS DEVICES ARE NOT REQUIRED IN A LAKE. SEE ATTACHED LETTER FROM ODFW	NA	NA

(Provide a letter from ODFW indicating the device is approved or is unnecessary.)

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7. Other conditions required by permit, permit amendment final order, or extension final order:

a. Was the water user required to restore the riparian area if it was disturbed? ~~YES~~ **NO**

b. 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 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
ODFW LETTER APRIL 20, 2026	ODFW LETTER STATING NO BY-PASS REQUIRED AND APPROVING FISH SCREEN.

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Oregon
Tina Kotek., Governor

Department of Fish and Wildlife
The Dalles Screen Shop
3561 Klindt Drive
The Dalles, OR 97058
(541) 296-8026
FAX (541) 296-7889
odfw.com

April 20, 2026

Attn. Thomas Clough
83501 Jensen Lane
Florance, OR 97439

RE: Permit S-55026

To whom it may concern,

Oregon Department of Fish and Wildlife has reviewed the fish screen associated with your point of diversion (POD) on Siltcoos lake at N 43.900643 W -124.09267, Permit S-55026. This site was inspected virtually with photos submitted by the landowner.

The fish screen that is in use at this point of diversion is a custom made submersible passive screen. This screen, when installed and maintained properly, is capable of screening up to 45 gpm or 0.10 cfs, while protecting all age classes of native fish present from entrapment and impingement. ODFW concludes that this screen will meet current state and federal fish screening criteria. A bypass device is not required at this point of diversion as this is an end of pipe screen.

This approval is contingent on the following: the screen is installed prior to any withdraw of water, the screen is installed so that the effective screen area is submerged during operation, and the screen is regularly inspected and maintained to ensure it remains in working order, including removing debris as necessary, and the screen is annually inspected when it is not in use.

Please contact me at 541-296-8026 if you need any additional information or have further questions.

Sincerely,

Toby Schuyler 4/20/2026

Fish Screen and Passage Coordinator

CC: Eugene Wobbe, Wobbe & Associates, Inc.

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WOBBE & ASSOCIATES, INC.
510 KINGWOOD STREET P.O. Box 3093
FLORENCE, OR 97439

541-997-8411 Fax 541-997-2095

LETTER OF TRANSMITTAL

1193

6/29/2026

DATE ~~5/24/2026~~ JOB NO. F16-28

ATTENTION Claims of Beneficia Use

RE: Permit S55126

TO Codi Holmes
Jonnine Skaug

WE ARE SENDING YOU ☐ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1	5/20/26		Claim of Beneficial Use
1	~~5/20/26~~ 6/15/26 OR		Final Proof Survey with Lat-Long
1	4/20/26		Letter from ODFW
1	5/4/26		Check in amount of $345.00

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

☐ FOR BIDS DUE _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

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COPY TO _____

SIGNED: Eugene M. Wobbe

If enclosures are not as noted, kindly notify us at once