

# CLAIM OF BENEFICIAL USE for Surface Water Permits claiming more than 0.1 cfs



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 \$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:

June 27, 2025

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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>

Go to "Resources for Water Right Examiners (CWRE)" Page  
<https://www.oregon.gov/OWRD/programs/WaterRights/COBU/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>

## SECTION 1 GENERAL INFORMATION

### 1. File Information:

|                     |                |                               |
|---------------------|----------------|-------------------------------|
| APPLICATION #<br>S- | PERMIT #<br>S- | PERMIT AMENDMENT #<br>T-14352 |
|---------------------|----------------|-------------------------------|

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

|                                                            |                    |                                  |                                    |
|------------------------------------------------------------|--------------------|----------------------------------|------------------------------------|
| APPLICANT/BUSINESS NAME<br><b>Dave &amp; Mary Buchanan</b> |                    | PHONE NO.<br><b>541-753-8754</b> | ADDITIONAL CONTACT NO.             |
| ADDRESS<br><b>26335 Greenberry Road</b>                    |                    |                                  |                                    |
| CITY<br><b>Corvallis</b>                                   | STATE<br><b>OR</b> | ZIP<br><b>97333</b>              | E-MAIL<br><b>tyeewine@peak.org</b> |

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

|                                                     |                    |                     |                                                      |
|-----------------------------------------------------|--------------------|---------------------|------------------------------------------------------|
| PERMIT HOLDER OF RECORD<br><b>David V. Buchanan</b> |                    |                     | <b>Received</b><br><b>JUL 22 2026</b><br><b>OWRD</b> |
| ADDRESS<br><b>26335 Greenberry Road</b>             |                    |                     |                                                      |
| CITY<br><b>Corvallis</b>                            | STATE<br><b>OR</b> | ZIP<br><b>97333</b> |                                                      |

|                                                                   |                    |                     |
|-------------------------------------------------------------------|--------------------|---------------------|
| ADDITIONAL PERMIT HOLDER OF RECORD<br><b>Margaret S. Buchanan</b> |                    |                     |
| ADDRESS<br><b>26335 Greenberry Road</b>                           |                    |                     |
| CITY<br><b>Corvallis</b>                                          | STATE<br><b>OR</b> | ZIP<br><b>97333</b> |

**4. Date of Site Inspection:**

|                      |
|----------------------|
| <b>June 29, 2026</b> |
|----------------------|

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

| NAME          | DATE    | ASSOCIATION WITH THE PROJECT |
|---------------|---------|------------------------------|
| Dave Buchanan | 6-29-26 | Owner                        |
|               |         |                              |

**6. County:**

|               |
|---------------|
| <b>Benton</b> |
|---------------|

**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 |       |     |
| ADDRESS         |       |     |
| CITY            | STATE | ZIP |

Add additional tables for owners of record as needed

## 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.



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|                                                  |                                         |                                                      |
|--------------------------------------------------|-----------------------------------------|------------------------------------------------------|
| <b>CWRE NAME</b><br><b>H. Timothy Fassbender</b> | <b>PHONE NO.</b><br><b>541-485-3136</b> | <b>ADDITIONAL CONTACT NO.</b><br><b>541-913-0216</b> |
| <b>ADDRESS</b><br><b>2896 Sarah Lane</b>         |                                         |                                                      |
| <b>CITY</b><br><b>Eugene</b>                     | <b>STATE</b><br><b>OR</b>               | <b>ZIP</b><br><b>97408</b>                           |
| <b>E-MAIL</b><br><b>htimfass@aol.com</b>         |                                         |                                                      |

### 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     |
|-----------------------------|----------------------|-------|----------|
| <i>David V. Buchanan</i>    | David V. Buchanan    | Owner | 7/9/2026 |
| <i>Margaret S. Buchanan</i> | Margaret S. Buchanan | Owner | 7/9/2026 |
|                             |                      |       |          |
|                             |                      |       |          |
|                             |                      |       |          |



### SECTION 3

#### CLAIM DESCRIPTION

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**1. Point of diversion name or number:**

|                                                                   |
|-------------------------------------------------------------------|
| POINT OF DIVERSION<br>(POD) NAME OR NUMBER<br>(CORRESPOND TO MAP) |
| POD #1                                                            |
|                                                                   |

**2. Point of diversion source and tributary:**

| POD<br>NAME OR NUMBER | SOURCE       | TRIBUTARY                                     |
|-----------------------|--------------|-----------------------------------------------|
| POD #1                | Beaver Creek | Muddy Creek-Mary's River-<br>Willamette River |
|                       |              |                                               |

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

| POD<br>NAME OR NUMBER               | USES       | IF IRRIGATION,<br>LIST CROP TYPE | SEASON OR MONTHS<br>WHEN WATER<br>WAS USED | ACTUAL RATE OR VOLUME<br>USED<br>(CFS, GPM, OR AF) |
|-------------------------------------|------------|----------------------------------|--------------------------------------------|----------------------------------------------------|
| POD #1                              | Irrigation |                                  | March thru October                         | 0.13 CFS                                           |
|                                     |            |                                  |                                            |                                                    |
| <b>Total Quantity of Water Used</b> |            |                                  |                                            | 0.13 CFS                                           |

**4. 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:

**WATER PUMPED FROM BEAVER CREEK VIA A BURIED 6" DIAMETER MAINLINE TO ABOVE GROUND 2" DIAMETER PIPE SPRINKLER SYSTEM.**

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).

**5. Variations:**

Was the use developed differently from what was authorized by the permit, or permit amendment final order? If yes, describe below.

**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.")

**6. Claim Summary:**

| POD<br>NAME OR # | MAXIMUM RATE<br>AUTHORIZED | CALCULATED<br>THEORETICAL RATE<br>BASED ON SYSTEM | AMOUNT OF<br>WATER<br>MEASURED | USE        | # OF ACRES<br>ALLOWED | # OF ACRES<br>DEVELOPED |
|------------------|----------------------------|---------------------------------------------------|--------------------------------|------------|-----------------------|-------------------------|
| POD #1           | 0.13 CFS                   | 0.53 CFS                                          | 0.13 CFS                       | Irrigation | 10.0                  | 10.0                    |
|                  |                            |                                                   |                                |            |                       |                         |

## SECTION 4

### SYSTEM DESCRIPTION

Are there multiple PODs?

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

#### A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

| TWP                   | RNG | MER | SEC | QQ    | GLOT | DLC | USE        | IF IRRIGATION,<br># PRIMARY<br>ACRES | IF IRRIGATION, #<br>SUPPLEMENTAL<br>ACRES |
|-----------------------|-----|-----|-----|-------|------|-----|------------|--------------------------------------|-------------------------------------------|
| 13 S                  | 5 W | WM  | 8   | SW/NE | 3    |     | Irrigation | 10.0                                 | 0.0                                       |
|                       |     |     |     |       |      |     |            |                                      |                                           |
| Total Acres Irrigated |     |     |     |       |      |     |            | 10.0                                 | 0.0                                       |

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

If "NO" items 2 through item 6 may be deleted.

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2. Pump Information:

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR<br>SUBMERSIBLE) | INTAKE SIZE | DISCHARGE<br>SIZE |
|--------------|-------|---------------|-----------------------------------------------|-------------|-------------------|
| Cornell      | ?     | ?             | Centrifugal                                   | 6"          | 6"                |

3. Motor Information:

| MANUFACTURER | HORSEPOWER |
|--------------|------------|
| Cornell      | 30 hp      |
|              |            |

4. Theoretical Pump Capacity:

| HORSEPOWER | OPERATING PSI | LIFT FROM SOURCE TO PUMP | LIFT FROM PUMP TO<br>PLACE OF USE | TOTAL PUMP<br>OUTPUT<br>(IN CFS) |
|------------|---------------|--------------------------|-----------------------------------|----------------------------------|
| 30 HP      | 130           | 8'                       | 37'                               | 0.53 CFS                         |



## 5. Provide pump calculations:

### 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 = 30  
Efficiency = 6.61  
Lift = 46  
PSI = 130

#### Results Calculated

$(hp)(\text{efficiency}) = 198.3$   
Head based on psi = 330.3  
Total dynamic head = 376.3  
(head + lift)

Pump Capacity = 0.53 cubic feet per second

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## 6. 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) |
|-----------------------|----------------------|---------------------------|----------------------------|
| 247863                | 248738               | 15 min                    | 0.13 CFS                   |

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

## 7. Is the distribution system piped?

YES

If "NO" items 8 through item 13 may be deleted.

## 8. Mainline Information:

| MAINLINE SIZE | LENGTH | TYPE OF PIPE | BURIED OR ABOVE GROUND |
|---------------|--------|--------------|------------------------|
| 6" dia        | 3400'  | PVC          | Buried                 |
|               |        |              |                        |
|               |        |              |                        |

**9. Lateral or Handline Information:**

| LATERAL OR HANDLINE SIZE | LENGTH | TYPE OF PIPE | BURIED OR ABOVE GROUND |
|--------------------------|--------|--------------|------------------------|
| Lateral                  | 2400'  | PVC K-line   | Above Ground           |
|                          |        |              |                        |
|                          |        |              |                        |

**10. Sprinkler Information:**

| SIZE  | OPERATING PSI | SPRINKLER OUTPUT (GPM) | TOTAL NUMBER OF SPRINKLERS | MAXIMUM NUMBER USED | TOTAL SPRINKLER OUTPUT (CFS) |
|-------|---------------|------------------------|----------------------------|---------------------|------------------------------|
| 3/16" | 60            | 7.8                    | 72                         | 18                  | 0.28 CFS                     |
|       |               |                        |                            |                     |                              |
|       |               |                        |                            |                     |                              |

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

**11. Drip Emitter Information:**

| SIZE | OPERATING PSI | EMITTER OUTPUT (GPM) | TOTAL NUMBER OF EMITTERS | MAXIMUM NUMBER USED | TOTAL EMITTER OUTPUT (CFS) |
|------|---------------|----------------------|--------------------------|---------------------|----------------------------|
| NA   |               |                      |                          |                     |                            |
|      |               |                      |                          |                     |                            |
|      |               |                      |                          |                     |                            |

**12. 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                        |                  |                      |                             |                         |                        |
|                           |                  |                      |                             |                         |                        |
|                           |                  |                      |                             |                         |                        |

**13. Pivot Information:**

| MANUFACTURER | MAXIMUM WETTED RADIUS | OPERATING PSI | TOTAL PIVOT OUTPUT (GPM) | TOTAL PIVOT OUTPUT (CFS) |
|--------------|-----------------------|---------------|--------------------------|--------------------------|
| NA           |                       |               |                          |                          |
|              |                       |               |                          |                          |
|              |                       |               |                          |                          |

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### C. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

NO

### 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?

NO

### 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?

NO

## SECTION 5 CONDITIONS

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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 permit extension of time:

|                                   | DATE FROM PERMIT | DATE ACCOMPLISHED* | DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS |
|-----------------------------------|------------------|--------------------|---------------------------------------------------------------------------|
| ISSUANCE DATE                     | June 27,2025     |                    |                                                                           |
| BEGIN CONSTRUCTION (A)            | July             | July 2025          | Pipe purchased and construction started                                   |
| COMPLETE CONSTRUCTION (B)         |                  | August 2025        | Pipe and irrigation system installed                                      |
| COMPLETE APPLICATION OF WATER (C) | Oct 1, 2026      | September 2025     | Pipe and irrigation system completed                                      |

\* 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)?

NO

#### 3. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device?

NO



**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? **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? **NO**

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**7. Other conditions required by some permits, permit amendment final orders, or extension final orders:**

- a. Was the water user required to restore the riparian area if it was disturbed? **NO**
- b. Was a fishway required? **NO**
- c. Was submittal of a water management and conservation plan required? **NO**
- d. 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) in the box below. If the condition required the approval of a plan, submit documentation that the plan was approved.

|  |
|--|
|  |
|--|

**SECTION 6**  
**ATTACHMENTS**

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

| ATTACHMENT NAME | DESCRIPTION |
|-----------------|-------------|
|                 |             |
|                 |             |
|                 |             |

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