CLAIM OF BENEFICIAL USE for Transfer New or Additional POA Only

OREGON WATER RESOURCES DEPARTMENT
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:

2/27/2006

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 503-986-0900.

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 point(s) of appropriation or additional point(s) of appropriation, or a combination of both. **YES**
If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION #
T-10103

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2. Property Owner (current owner information)

Applicant/Business Name	Phone No.	Additional Contact No.
Roth & Kenagy, LLC	**(541) 430-5323**	

Address			
56146 Arrow Gap Road			
City	State	Zip	E-Mail
Silver Lake	**OR**	**97638**	**KyleKenagy@hotmail.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		
Stan Adams		
Address		
P.O. Box 806		
City	State	Zip
Christmas Valley	**OR**	**97641**

4. Date of Site Inspection:

9/4/2025

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

Name	Date	Association with the Project
Kyle Kenagy	**9/4/2025**	**Owner**

6. County:

Lake

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		
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.

Seal and Signature

RENEWAL 12/31/2026

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CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Scott D. Montgomery		**(541) 548-5833**	**(541) 420-0401**
ADDRESS **P.O. Box 767**			
CITY **Terrebonne**	STATE **OR**	ZIP **97760**	E-MAIL **Scott@apeands.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
Kyle R Kenagy	**Kyle Kenagy**	**Member**	11/5/25
Amy S Kenagy	**Amy Kenagy**	**Member**	10/22/25
Stanley Lyle Adams	**Stan Adams**	**Property Owner**	11/5/25

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SECTION 3

CLAIM DESCRIPTION

Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

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

Point of Appropriation (POA) Name or Number (correspond to map)	Well Log ID # For All Work Performed on the Well (if applicable)	Well Tag # (if applicable)	Source (If Listed In Transfer Final Order)
#3	**LAKE 51815/51866**	**L88371**	**Fort Rock Basin**

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Variations:

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 appropriation. The water user only developed one of the points."*)

3. Claim Summary:

New or Additional POA Name or #	Maximum Rate Authorized	Calculated Theoretical Rate Based on System	Amount of Water Measured
#3	**1/80 cfs per acre**	**1.52 cfs**	**Not on**

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)? **NO**

#3

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake Size	Discharge Size
Gould	**UNK**	**UNK**	**Turbine**	**14"**	**10"**

2. Motor Information:

Manufacturer	Horsepower
GE	**50**

3. Theoretical Pump Capacity – Pump at Well:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the depth to water from the ground surface measured at the well during pumping)	Lift to Place of Use (the lift from the ground surface at the well to the place of use)	Total Pump Output (in cfs)
50	**30**	**150'**	**5'**	**1.52**

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

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4. Provide pump calculations:

Q = 7.04ft^4/s/hp x hp = (7.04)(50) = 1.52 cfs
Total head, ft 231.2
Total head = 76.2' + 150' + 5' = 231.2'

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 on			

B. Groundwater Source Information (Well and Sump)

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1. Is the appropriation from a dug well (sump)? **NO**

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 POA(s) Were Ready For Use *This Date Must Fall Between The "Issuance Date" And The "Completeness Date"
Issuance Date	**7/14/2006**	
Completeness Date From Order (C)	**10/1/2007**	**10/1/2006**

* 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**

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**

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 appropriation.

b. Has a meter been installed? **YES**

c. Meter Information

POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
#3	**McCrometer**	**06-09264-08**	**Not running**	**726.557 AF**	**2006**

4. Recording and reporting conditions

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

5. Other conditions required by the transfer final order or extension final order:

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan 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):

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well logs	**Well ID reports for LAKE 51815 and LAKE 51866**
Site photos	**Location/time stamped pics of well and irrigation system**
Aerial imagery	**USDA/FSA 2006 imagery**

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 appropriation, 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.

The well & conveyance to the existing system was tied to approximate boundaries using a Topcon FC 6000 data collector. Point data was imported into statewide Lambert Projection and overlaid with aerial imagery to confirm accuracy.

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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.)

- ☒ 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
- ☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☐ Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- ☐ 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.)
- ☐ Source illustrated if surface water
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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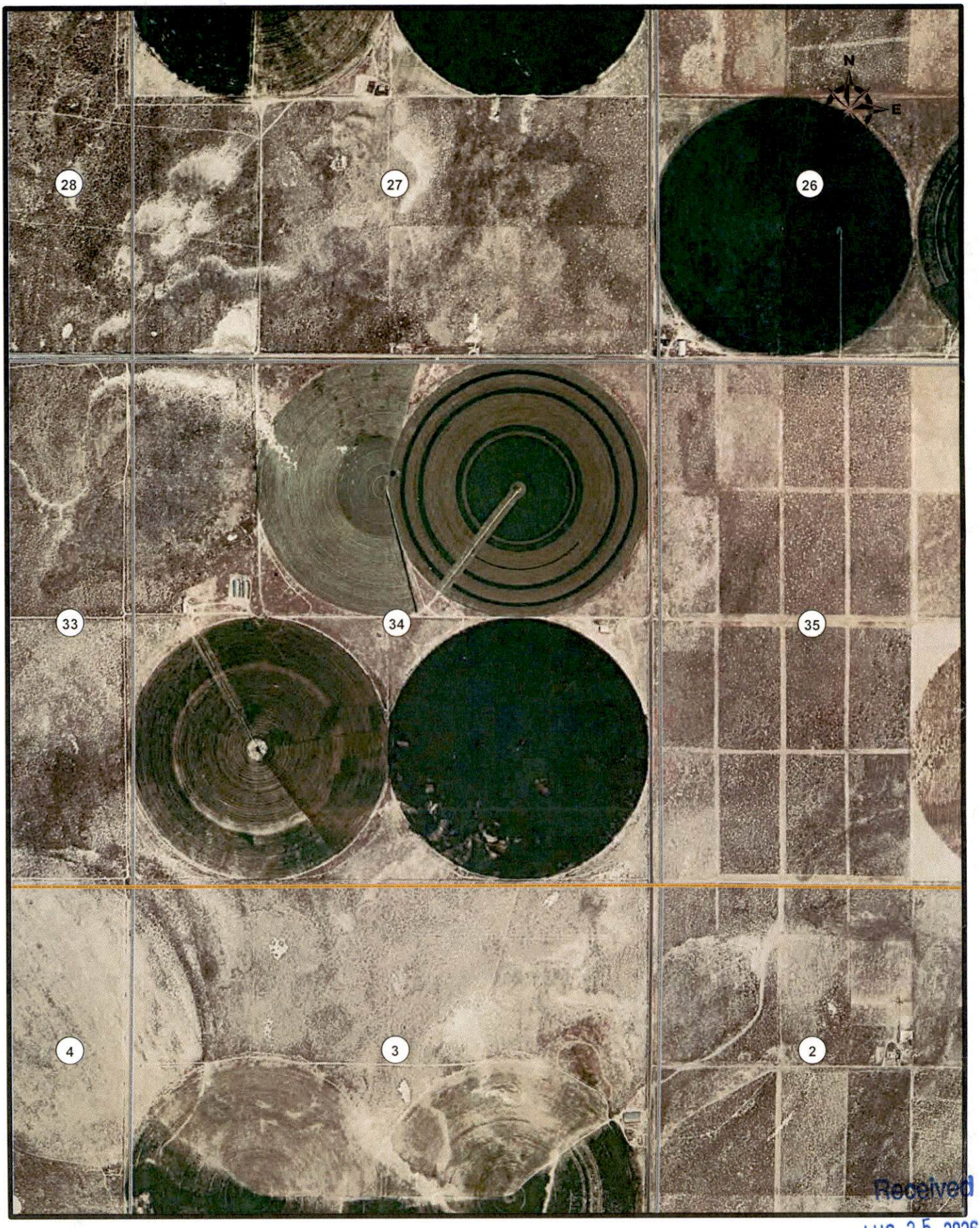
T 27S, R 16E, W.M.



Feet
0 600 1,200 2,400 3,600 4,800

2006 aerial imagery downloaded from NRCS Gateway website and imported into ESRI ArcMap GIS software with Oregon Statewide Lambert Projection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2025-09-04 12:38:05
Lat: 43°10'53.01600", Lon: -120°48'53.18700"

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OWRD
2025-09-04 12:40:39
Lat: 43°10'52.95240", Lon: -120°48'53.43720"


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2025-09-04 12:41:46
Lat: 43°10'52.85274", Lon: -1[redacted]0°48'53.7408[redacted]"

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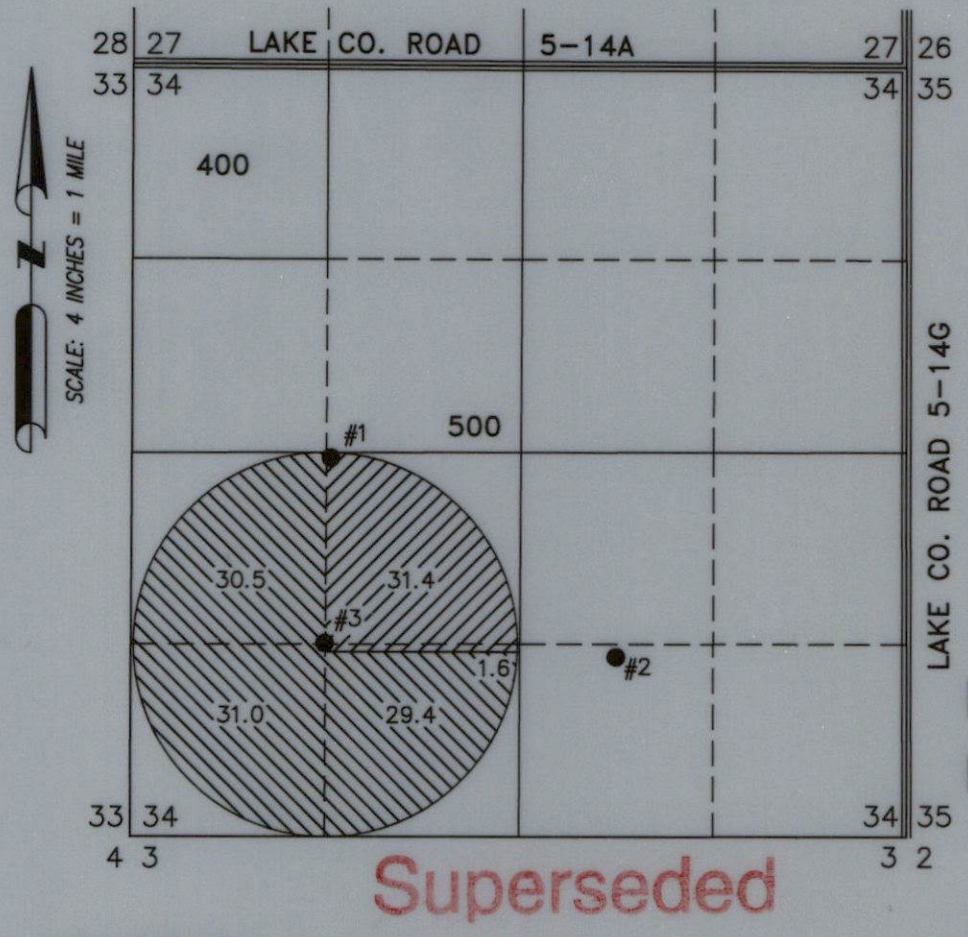
AUG 25 2026
OWRD
2025-09-04 12:45:28
Lat: 4[redacted]°11'04.27382", Lon: -120°49'01.80507"

CLAIM OF BENEFICIAL USE MAP

TO ADD A POINT OF APPROPRIATION FOR APPLICATION T-10103

SOUTHWEST 1/4 OF SECTION 34,
TOWNSHIP 27 SOUTH, RANGE 16 EAST, W.M.
TAX LOT: 500



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33.0 AC IR FROM C 75812
(TRANSFER T-10103)

90.9 AC IR FROM C 75733
(TRANSFER T-10103)

Superseded

- POA 1 (LAKE 918)
  LOCATED IN THE NE 1/4 SW 1/4 SECTION 34, T27S R16E, W.M. AND 30 FEET SOUTH AND 1360 FEET EAST FROM THE W 1/4 CORNER OF SECTION 34.
- POA 2 (LAKE 919/920)
  LOCATED IN THE SW 1/4 SE 1/4 SECTION 34, T27S R16E, W.M. AND 1230 FEET NORTH AND 2000 FEET WEST FROM THE SE CORNER OF SECTION 34.
- POA 3 (LAKE 51815/51866)
  LOCATED IN THE NE 1/4 SW 1/4 SECTION 34, T27S R16E, W.M. AND 1325 FEET NORTH AND 1330 FEET EAST FROM THE SW CORNER OF SECTION 34. FLOW METER LOCATED 15 FEET WEST ON DELIVERY PIPE.

Certified Water Right Examiner
#51324 WRE
Scott D. Montgomery
May 21, 2001
STATE OF OREGON

RENEWAL DATE: 12/31/2026

THIS MAP IS FOR THE PURPOSE OF LOCATING A WATER RIGHT ONLY AND HAS NO INTENT TO PROVIDE LEGAL DIMENSIONS OR THE LOCATION OF PROPERTY LINES

PREPARED FOR:	PREPARED BY:
ROTH & KENAGY, LLC 56146 ARROW GAP ROAD SILVER LAKE, OR 97638	ALL POINTS ENGINEERING AND SURVEYING, INC. P.O. BOX 767 TERREBONNE, OR 97760 (541) 548-5833 www.APEandS.com

ALL POINTS
ENGINEERING & SURVEYING
P.O. Box 767 (CRR)
Terrebonne, Oregon 97760

TRANSMITTAL

To:
Oregon Water Resources Department
725 Summer St. NE Suite A
Salem, OR 97301-1266

Date: 11/21/2025 Job: 25-074

Attention: Certificates

Re: T-10103

[x] Prints [] Plans [x] Map/Plat [] Specifications [] Change order [X] Other

Copies	No.	Description
1	1	COBU map (1 sheet letter mylar)
1	2	COBU report (14 sheets letter bond)
1	3	COBU fee (check #2148 for $345)
1	4	Assignment form (1 sheet letter bond)
1	5	Assignment fee (check #2149 for $120)

These are transmitted as checked below:

[x] For OWRD approval [] Approved as submitted [] Approved as noted
[] Copies for distribution [] Returned for corrections [] Returned corrected prints
[] Review and comment [] For bids due [] Other

Remarks:
Please find attached my claim report and map for T-10103.
Thanks and if you have questions please don't hesitate to call (541) 548-5833.

Signed: _____

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