

**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:

March 7, 2023

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 # S-89346	PERMIT # (IF APPLICABLE) S-55502	PERMIT AMENDMENT # (IF APPLICABLE)
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Edward Kopilec & Toni Jorn Kopilec		PHONE NO. 213-503-0956	ADDITIONAL CONTACT NO.
ADDRESS PO Box 173			
CITY Westlake	STATE OR	ZIP 97493	E-MAIL edkopilec@gmail.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 Same as above		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

8-11-2026

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Ed Kopilec	8-11-2026	Owner

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		
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.



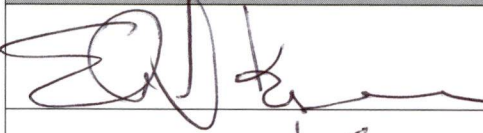
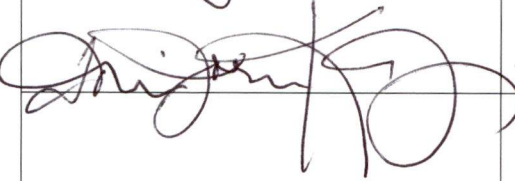
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CWRE NAME H. Timothy Fassbender		PHONE NO. 541-485-3136	ADDITIONAL CONTACT NO. 541-913-0216
ADDRESS 2896 Sarah Lane			
CITY Eugene	STATE OR	ZIP 97408	E-MAIL htimfass@aol.com

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
	Edward Kopilec	Owner	9/14/26
	Toni Jorn Kopilec	Owner	9/14/26

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	None	January 1-December 31	0.007 CFS
Total Quantity of Water Used				0.007 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:

Water pumped from Siltcoos lake to house for domestic use.

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.

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.")

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	0.01 CFS	0.05 CFS	0.007 CFS	Domestic	0	0

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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):

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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

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Flint & Walling	4F10S10301	unkown	Centrifugal

3. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
1 HP	40	5'	19'	0.05 CFS

4. Provide pump calculations:

$(1)(6.61)/(24)+(92.4)= 0.05 \text{ CFS}$

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)
979180	979230	15 min	0.007 CFS

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

6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
None					

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)
None					

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
None					

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

F. Additional notes or comments related to the system:

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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	10-20-23		
BEGIN CONSTRUCTION (A)	3-1-24	11-1-23	Pump & screen installed
COMPLETE CONSTRUCTION (B)		11-8-23	All connections made to house
COMPLETE APPLICATION OF WATER (C)	10-1-28	11-14-23	Water beneficially used in house

* 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? YES

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.

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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	Hersey	03356944	Working	979230	11-1-12

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? YES

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	BY WHOM
11-1-23	Chuck's Plumbing

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.

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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? **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**
- 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 permit, permit amendment final order, or extension final order:

- a. Was the water user required to restore the riparian area if it was disturbed? **NO**
- b. 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):

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SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Dunes City Fish Screen Program	Dunes City fish screen information form
ODFW Fish Screen	Approval of fish screen

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For City Use:

POD # _____

Dunes City

Fish Screening Program - Information Request Form

Water supply from Woahink Lake is available to the registered residents of Dunes City under the Oregon Water Resources Department water right Permit S-33923, which allows for individuals to place diversions (pump intakes) in the lake. As a condition of the City's permit, each diversion point must have a fish screen approved by the Department of Fish and Wildlife to protect native fish species that spawn in Woahink and surrounding lakes. Such approval must be acquired by October 1, 2022 to ensure that the residents of Dunes City continue to have permission to divert from Woahink Lake. Please fill out the following information to the best of your knowledge and return this form so the City can document compliance with the fish screening condition of Permit S-33923.

Address of Diversion: 82713 Myrtlewood Ln.Tax Lot #: 1912342402001Name of Resident: Edward Kopiec Phone/Email: 213-503-0956How was your diversion screen made? ☐ Store-bought ☒ Custom-madeWho made the screen? Chuck's Plumbing ODFW Approved
Company or Individual ModelWho installed the screen? Chuck's Plumbing 10/2023
Company or Individual Approx. DateLocation of the screen (GPS if available): n/aScreen diameter (in): 12" Screen length (in): 24"Mesh/hole size of screen: .060 Diameter of diversion pipe (in): 1 1/2"Shape of the screen: ☒ Cylindrical ☐ Square ☐ Other: _____Pump details: Flint+Wallington 4FIDS10301 1 HP/196PM yes
Brand Model Horse Power Treatment?

Any other notes:

WHEN RECORDED, PLEASE RETURN TO:

DUNES CITY

P.O. Box 97

Westlake, OR 97493-0097

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From: Stewart & Dustee Myrick <myrickplumber@gmail.com>
Sent: Thursday, September 3, 2026 12:06 PM
To: edward kopilec
Subject: Fwd: Fish Screens
Attachments: Coastal Range Co. 45 gpm passive screen.jpg; Fish Screen.jpg; Finished Screen 2.jpg

Hi Ed, Below is the chain of emails in regards to what the approved fish screens are.

Thank you,
Stew & Dustee Myrick
Chucks Plumbing, INC.
Office | 541-997-7567



----- Forwarded message -----

From: **MACNAB Bryce A * ODFW** <Bryce.A.MACNAB@odfw.oregon.gov>
Date: Wed, Apr 20, 2022 at 10:02 AM
Subject: RE: Fish Screens
To: Stewart & Dustee Myrick <myrickplumber@gmail.com>

Thanks for checking in on that. I am only aware of 2 designs of screens being made down there. There is the sample style that Dunes City has, and there is another version being made by Coastal Range Co that uses rolled perforated plate that doesn't need the inner support. Both of these screens are rated for 45 gpm and would cover all the single house pumps. There are some larger versions of screens that Oregon Water Services out of Eugene has fabricated and installed on larger community pumps but they are similar in design. I have attached some photos of those screens. I would assume Heather is just referring to using one of those and not the stock screen on the pump. If she has any more questions feel free to direct her my way.

Thanks,

Bryce Macnab

Oregon Dept. of Fish and Wildlife

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Fish Screen & Passage Coordinator

The Dalles Screen Shop

3561 Klindt Drive,

The Dalles, OR 97058

Direct Line: 541-967-2162

Office: 541-296-8026

Cell: 541-705-5021

From: Stewart & Dustee Myrick <myrickplumber@gmail.com>

Sent: Wednesday, April 20, 2022 9:51 AM

To: MACNAB Bryce A * ODFW <Bryce.A.MACNAB@odfw.oregon.gov>

Subject: Fish Screens

Hi Bryce, I had a customer call, Heather Cherry and she wanted to confirm we were using the larger sized fish screens for the pumps. I'm not exactly sure what she is talking about, so I figured I better ask. I was only aware of the one size.

Thank you,

Dustee & Stew Myrick

Chucks Plumbing, INC.

Office | 541-997-7567

Cell | 541-991-6102

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