

Completion Checklist for CWRE Claims of Beneficial Use

Application # S-73290

Date Received 8/20/2012

CWRE Name Thomas Hobshell Claim Logged

File Marked

Oversized Map # _____

Read the file and attach a copy of the permit or transfer final order. _____



Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))
- _____ Source illustrated if surface water (OAR 690-014-0170(3))
- _____ Point(s) of diversion or appropriation (illustrated) (OAR 690-014(4) & 690-310-0050)
- _____ Point(s) of diversion or appropriation (coordinates) (OAR 690-014(4) & 690-310-0050)
- _____ Conveyance structures illustrated (pump, pipelines, ditches, etc.) (OAR 690-310-0050)
- _____ Description of the location, in relation to the point of diversion or appropriation, of any fish screens, by-pass devices, and measuring devices required (OAR 690-014(4))
- _____ Place of use (1/4 1/4, or projected 1/4 1/4 lines within DLCs, or Gov Lots; if irrigation, # of acres in each subdivision; if for domestic or human consumption, location of dwelling or spigot) (OAR 690-310-0050, 690-014, 690-380-6010)

Report Review:

- On form or format provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- _____ Tax lot information (OAR 690-014)
- _____ Description of conveyances system (from POD to POU) (OAR 690-014-0100)
- _____ Source(s) of water (OAR 690-014-0100)
- _____ Point of diversion/appropriation location (OAR 690-014-0100)
- _____ Use, period of use, and rate for use (OAR 690-014-0100)
- _____ Place of use location (OAR 690-014-0100)
- _____ Type of use (OAR 690-014-0100)
- _____ Extent of use (OAR 690-014-0100)
- _____ Rate and Duty (OAR 690-014-0100)
- _____ Diversion rate for each use (OAR 690-014-0100)
- _____ Diversion works description (pump make, serial model, capacity, and description) (OAR 690-014-0100)
- _____ System capacity (OAR 690-014-0100)
 - _____ Calculated capacity of system (required)
 - _____ Measured amount of use (optional)
- _____ Permit/Transfer Final Order Conditions (OAR 690-014-0100)
 - _____ Time limits
 - _____ Initial water level measurements
 - _____ Annual static water level measurements
 - _____ Measurement, recording, and reporting
 - _____ Meter/measuring device
 - _____ Water use reporting
 - _____ Fish screening and/or by-pass
 - _____ Pump test (ground water)
 - _____ Other conditions
- CWRE stamp and signature (OAR 690-014-0100)
- _____ Signature(s) of permittee or transfer holder (OAR 690-014-0100)

DEF = deficient

N/A = Not Applicable

Certificate Issuance Processing Checklist

- Map and COBU reviewed
- Conflict check (include copy of plat card printout) Any Conflicts? _____
- Check for ownership

Staff Recommendations:

- _____ Proof to the Satisfaction has been established to the full extent as described in the permit or transfer order.
- _____ Proof to the Satisfaction has been not been established to the full extent as described in the permit or transfer order and the right should be limited as follows: _____
- _____ Proof to the Satisfaction has not been established for the following reasons: _____
Proposed Actions:
Send letter requesting the following items/information: _____
Send letter recommending extension to cure deficiencies: _____

Can certificate be processed further?

_____ Yes

If "Yes":

_____ Proposed
_____ Final

Certificate # _____

Mailing list:

Proposed:

Final:

**CLAIM OF
BENEFICIAL USE
for Permits claiming more
than 0.1 cfs and All Transfers**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

No fee is required for submitting this form for a transfer.

**A fee of \$150 must accompany this form to be accepted for permits
with a priority date of July 9, 1987, or later. (ORS 536.050(1))**

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:
http://www.wrd.state.or.us/OWRD/WR/cwre_info.shtml#.

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.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

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
http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml.

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**SECTION 1
GENERAL INFORMATION**

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1. File Information

SALEM, OR

APPLICATION # (G, R, S or T) S-73290	PERMIT # (IF APPLICABLE) S-53003	PERMIT AMENDMENT # (IF APPLICABLE) NA
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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME David and Virginia Hughes	PHONE No. 541-347-2785	ADDITIONAL CONTACT No. NONE	
ADDRESS 86639 CROFT LAKE LANE			
CITY BANDON	STATE OR.	ZIP 97411	E-MAIL NONE

If the current property owner is not the permit or transfer holder of record, it is recommended that an assignment be filed with the Department. **The COBU must be signed by each permit or transfer holder of record.**

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

PERMIT OR TRANSFER HOLDER OF RECORD KENNETH HUNNICUTT (DECEASED)		
ADDRESS NA		
CITY	STATE	ZIP

ADDITIONAL PERMIT OR TRANSFER HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
DAVID HUGHES	2/8/2012	OWNER/APPLICANT/GROWER

6. County:

7. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

**Mark "NA" if there are no owners of property not included in this claim

OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

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SECTION 2
SYSTEM DESCRIPTION

A. Points of Diversion/Appropriation

1. Point of diversion/appropriation name or number:

POINT OF DIVERSION/APPROPRIATION (POD/POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
POD #1 (from Reservoir #1)	NA	
POD #2 (from Reservoir #2)	"	

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

2. Point of diversion/appropriation source and, if from surface water, the tributary:

POD/POA NAME OR NUMBER	SOURCE	TRIBUTARY
POD #1	ABE'S CREEK	CROFT LAKE
POD #2	" "	" "

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

POD/POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CR TYPE	SEASON OR MONTHS WHEN WATER WAS USED	RATE OR VOLUME FOR USE (CFS, GPM, OR AF)
POD #1	CRANBERRY OPERATIONS	CRANBERRIES	1/1- 5/31 LIVE FLOW- YEAR ROUND FROM STORAGE RESVS.	3.01 CFS AND 4.1 AF (2.3 RESV.#1 PLUS 1.8 AF RESV.#2)
POD #2	"	"	"	"
Total Quantity of Water Used				3.01 CFS/4.1 AF

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

FROM POD# 2 (RESV.#2) A 10 HP PUMP FEEDS A 4"X 500' BURIED MAINLINE TO THE COMPUTER CONTROLLED 6" PVC OUTLET MANIFOLD FROM RESV.#1. GATE VALVES ALLOW FLOW TO RESV.# 1 FROM THE 4" LINE, AS WELL AS TO AND FROM PUMPS AT SUMPS # 1,2 AND 3 TO RESV.#1.

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SECTION 2

SYSTEM DESCRIPTION (B through H)

Are there multiple PODs or POAs?

YES

If "YES" you will need to copy and complete Sections 2B through 2H for each POD/POA.

POD/POA Name or Number this section describes (only needed if there is more than one):

POD #1 (@ RESV.#1- PERMIT R-12108)

B. 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, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
30S	15W	WM	11	SWNE	NA	NA	CRAN- BERRY	10.8 AC.	6.3 AC
"	"	"	"	SENW	"	"	OPS.	2.3 AC.	1.0 AC.
Total Acres Irrigated								13.1 AC.	7.3 AC.

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.

C. 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/appropriation to the place of use.

1. Is a pump used?

YES

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

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
"BERKLEY"	B4EPBL	7481038	CENTRIFUGAL	4"	4"

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3. Motor Information

MANUFACTURER	HORSEPOWER
GOULD "CENTURY"	30 HP

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4. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
30 HP	45 PSI	5'	5'	1.60 CFS

5. Provide pump calculations:

SEE ATTACHED PUMP CAPACITY CALCULATION SHEET- POD #1

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)
SYSTEM NOT IN	SERVICE AT TIME	OF INSPECTION	

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 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	5400'	PVC	BURIED
6"	700'	"	"

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1"	24,000'	PVC	BURIED

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
1/8 "	40 PSI	2.9 GPM	734	250 (MAX.UNDER ROTATION)	1.6 CFS

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

11. Pivot Information

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

12. Additional notes or comments related to the system:

ABOVE PIPELINE DATA (ITEMS 8 AND 9) CAN BE USED FROM POD #1 OR #2 OR BOTH.

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SECTION 2

SYSTEM DESCRIPTION (B through H)

Are there multiple PODs or POAs?

YES

If "YES" you will need to copy and complete Sections 2B through 2H for each POD/POA.

POD/POA Name or Number this section describes (only needed if there is more than one):

POD #2 (@ RESV. #2 – PERMIT R-12108)

B. 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, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
30S	15W	WM	11	SWNE	NA	NA	CRAN - BERRY	10.8 AC.	6.3 AC.
"	"	"	"	SENE	"	"	OPS.	2.3 AC.	1.0 AC.
Total Acres Irrigated								13.1 AC.	7.3 AC.

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.

C. 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/appropriation to the place of use.

1. Is a pump used?

YES

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

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
PACIFIC PUMP CO.	5K4254XA1 Y1	VTJ701210	CENTRIFUGAL	2"	3" to 4" to POD #1

3. Motor Information

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MANUFACTURER	HORSEPOWER
PACIFIC PUMP CO.	10 HP

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4. Theoretical Pump Capacity

SALEM, OR

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
10 HP	50 PSI	4'	4'	0.49 CFS

5. Provide pump calculations:

SEE ATTACHED PUMP CAPACITY CALCULATION SHEET

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)
SYSTEM WAS	NOT IN SERVICE	AT TIME OF	INSPECTION

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 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	500'	PVC	BURIED to POD # 1 and RES. #1

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
SEE POD #1	PREVIOUSLY	DESCRIBED	DISTRIBUTION SYSTEM

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
NA					

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

11. Pivot Information

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

12. Additional notes or comments related to the system:

ABOVE ONLY DESCRIBED PIPING FROM POD # 2 TO POD #1

D. Groundwater Source Information (Well and Sump)

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D. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)? **NO**

If "NO", items 2 through 8 relating to this section may be deleted.

E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir) **YES**

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

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

Bulge in System / Reservoir **YES**

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
NA		

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
SUMP #1, #2 AND #3	ALL EXCAVATED	3.0 AF

F. 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**

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

G. 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**

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

H. Reservoir (SEE RESERVOIR #1 COBU- APPL. R-73289/PERMIT # R-12108)

1. Does the claim involve a reservoir modified through a transfer? **NO**

Reminder: Complete this section if the reservoir right has been modified through the transfer process. If the claim is for a permitted reservoir use the Claim of Beneficial Use form for reservoirs.

If "NO", items 2 through 9 relating to this section may be deleted.

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SECTION 3 CONDITIONS

All conditions contained in the permit, permit amendment, 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:

Permits, transfer final orders, 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, extension or transfer final order:

	DATE FROM PERMIT OR TRANSFER	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	1/31/1997		
BEGIN CONSTRUCTION (A)	1/31/1998	POD #1 AND #2 PREXISTED APPLICATION	NA
COMPLETE CONSTRUCTION (B)	10/1/1999	“	NA
COMPLETE APPLICATION OF WATER (C)	10/1/2000	“	REPLACED ORIG. PUMPING DOCK AT POD #2 W/NEW PUMP HOUSE IN 2000

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

2. Is there an extension final order(s)?

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If "NO", you may delete item 3 in this section.

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4. Initial Water Level Measurements:

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a. Was the water user required to submit an initial static water level measurement?

NO

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

5. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements?

NO

If "NO", items 5b through 5e relating to this section may be deleted.

6. Pump Test (Required for most ground water permits prior to issuance of a certificate)

a. Did the permit require the submittal of a pump test?

NO

If "NO", items 6b through 6e relating to this section may be deleted.

7. Measurement Conditions:

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

YES

If "NO", items 7b through 7f 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.

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

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD #1	McCROMETER	unkown	working	"033811" (gals x 100)	5/2012
POD #2	MASTERMETER	2215841	working	"00113700"	5/2012

If a meter has been installed, items 7d through 7f relating to this section may be deleted.

8. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? **YES**

If "NO", item 8b relating to this section may be deleted.

b. Have the reports been submitted? **YES**

METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID
SEE APPLICANT SUBMITTALS - PAPER	UNKNOWN

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

9. Fish Screening

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

If "NO", items 9b through 9e relating to this section may be deleted.

10. 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**

If "NO", items 10b and 10c relating to this section may be deleted.

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

- a. Were there special well construction standards? **NO**
- b. Was submittal of a ground water monitoring plan required? **NO**
- c. Was the water user required to restore the riparian area if it was disturbed? **NO**
- d. Was a fishway required? **NO**
- e. Was submittal of a letter from an engineer required prior to storage of water? **NO**
- f. Was submittal of a water management and conservation plan required? **NO**
- g. 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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OWNER STATES SOME "WATER USE REPORTS" HAVE BEEN SUBMITTED – SEE WRD FILE

SECTION 4

VARIATIONS

Include a description of variations from the permit, permit amendment final order, extension final order, or transfer final order. (i.e. *"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."*)

THE PERMIT ALLOWS FOR 22.65 ACRES, 20.4 ACRES ARE DEVELOPED. IT WAS ALSO FOUND 7.3 AC. OF THE ABOVE 20.4 AC IS SUPPLEMENTAL USE TO ACREAGE PROVIDED FOR IN CERTIFICATE #36979.

SECTION 5

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
"EASEMENT"	PROVIDES FOR ACCESS TO RESERVOIR # 2/ POD #2
"AGREEMENT"	" " "
PUMP CALULATIONS	POD #1 AND #2 PUMP CAPACITY SHEETS

COBU MAP

SECTION 6

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 #1 AND #2	3.01 CFS BOTH POD'S 1&2	PUMPS 2.9 CFS, SPRINKLERS 1.6 CFS	SYSTEM NOT IN SERVICE AT INSPECT.	CRAN-BERRY OPS.	22.65 AC	20.4 AC
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SECTION 7

SALEM, OR

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 poly 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.

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 ATTACHED MAP WAS DRAWN BASED ON SITE INSPECTION , COOS COUNTY GIS-ASSESSORS DATA BASE, GOGGLE AND FLASH EARTH ON LINE AERIALS AND APPLICATION MAP BY JOHN PRAHAR (PLS-CWRE).

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.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- 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

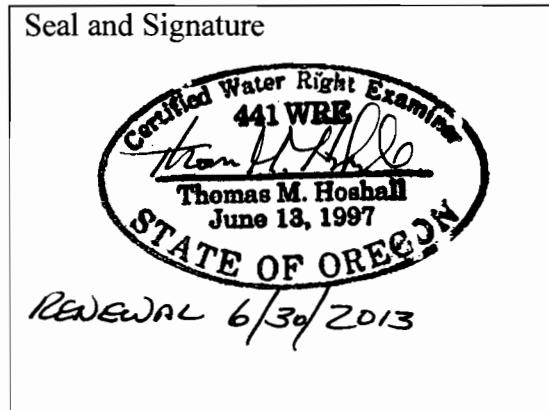
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**SECTION 8
SIGNATURES**

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 THOMAS M. HOSHALL		PHONE NO. 541-267-2872	ADDN. CONTACT NA
ADDRESS PO BOX 118			
CITY COOS BAY	STATE OR.	ZIP 97420	E-MAIL tomhoshall@stuntzner.com

Permit or Transfer Holder's of Record Signature or Acknowledgement

This Claim of Beneficial Use must be signed by each permit or transfer holder of record.

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	DATE
<i>David Hughes</i>	DAVID HUGHES	<i>8-16-12</i>
<i>Virginia Hughes</i>	VIRGINIA HUGHES	<i>8-16-12</i>

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SALEM, OR

EASEMENT

NOTE: FROM RES. #2
GRANTOR IS PRIOR OWNER
PERM. #50352

KNOW ALL MEN BY THESE PRESENTS, that I, DORIS GEORGE,
do hereby grant unto ERNEST A. STORM, his heirs and assigns, an
easement to reconstruct, maintain and operate an irrigation pipe-
line, pump, diversion facility and electric power line at the
place of existing facilities generally described as being a point
of diversion 1047 feet West and 390 feet South from the Southeast
corner of the SW 1/4 NE 1/4 of Section 11, Township 30 South,
Range 15 West of the Willamette Meridian and running thence along
the pipe line Northerly to and across Croft Lake Road to the said
SW 1/4 NE 1/4. This easement is appurtenant to the SW 1/4 NE 1/4
of Section 11, Township 30 South, Range 15 West of the Willamette
Meridian and that portion of the E 1/2 SE 1/4 NW 1/4 of said Sec-
tion 11 described as beginning at Southwest corner of NW 1/4 NE 1/4
of said Section 11; thence South to Southwest corner of SW 1/4
NE 1/4 of said section; thence Westerly along the quarter section
line 250 feet to a stake; thence in a straight line in a North-
easterly direction to the point of beginning.

Witness my hand this 27th day of SEPTEMBER,
1973.

Doris George

STATE OF OREGON)
) ss
County of Coos)

On the 27th day of SEPTEMBER, 1973, there appeared before me
the aforementioned Doris George, who personally acknowledged to me that
she executed the foregoing instrument freely and voluntarily for the
uses and purposes therein set forth.

WITNESS my hand and official seal the day and year last above written.

William E. [Signature]
Notary Public for Oregon
My Commission expires: Oct. 12, 1976

Application No. G13329
Permit No.

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SALEM, OR

POD #1 PUMP CALC'S

Pump Capacity Calculation Sheet

using Department designed formula:

$$(\text{hp})(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 30
Efficiency = 6.61
Lift = 10
PSI = 45

Results Calculated

(hp)(efficiency) = 198.3
Head based on psi = 114.3
Total dynamic head = 124.3
(head + lift)

Pump Capacity = 1.60 feet per second

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SALEM, OR

Pump Capacity Calculation Sheet

using Department designed formula:

$$(\text{hp})(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 10
Efficiency = 6.61
Lift = 8
PSI = 50

Results Calculated

(hp)(efficiency) = 66.1
Head based on psi = 127.0
Total dynamic head = 135.0
(head + lift)

Pump Capacity = 0.49 feet per second

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SALEM, OR

CLAIM OF BENEFICIAL USE

LOCATED IN THE SE $\frac{1}{4}$ -NW $\frac{1}{4}$, SW $\frac{1}{4}$ -NE $\frac{1}{4}$, NE $\frac{1}{4}$ -SW $\frac{1}{4}$ & NW $\frac{1}{4}$ -SE $\frac{1}{4}$, SEC. 11,
T.30S., R.15W., W.M., COOS COUNTY, OREGON

DATE: FEB. 2012

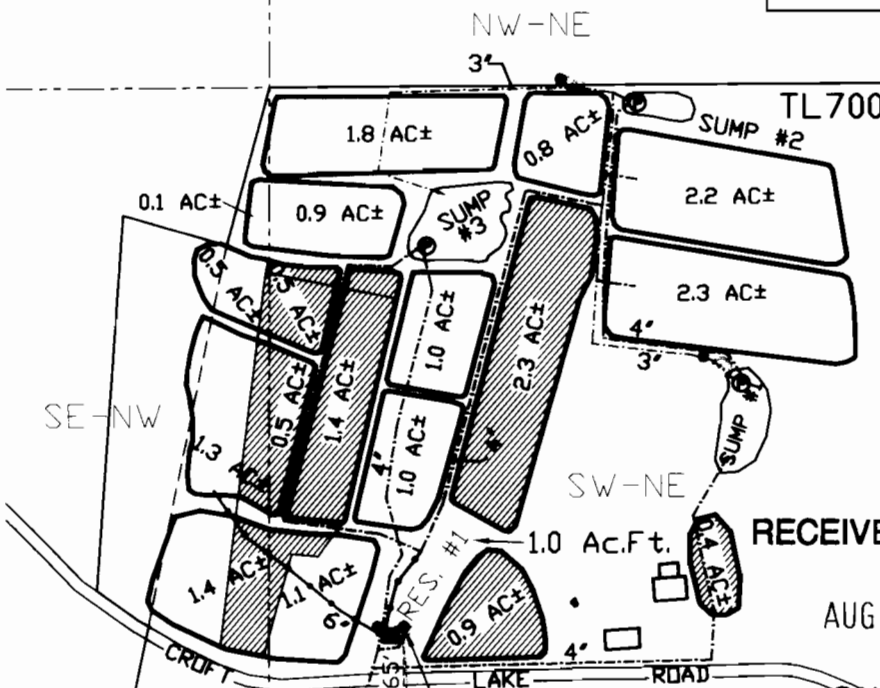
APPLICATION: S-73290

PREPARED FOR: DAVE HUGHES

PERMIT: S-53003

PREPARED BY: STUNTZNER ENG.
& FORESTRY, COOS BAY, OREGON

	ACRES:	PRIMARY-SUPP.
SW-NE ACRES:	17.1 Ac.±	10.8 6.3
SE-NW ACRES:	3.3 Ac.±	2.3 1.0
TOTAL	20.4 AC.±	13.1 7.3



PIPELINE LENGTHS SHOWN:

3'x 1600'±	(BURIED)
4'x 5400'±	(BURIED)
6'x 700'±	(BURIED)

P.O.A.#	NORTH	EAST
#1:	710'±	940'±
#2:	1300'±	635'±

MEASURED FROM CK
(SHOWN THUS: ----635'±----)

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LEGEND

- ⊙ GOVT. CORNER
- EXIST. BOGS
- - - SECTION LINE (PER ASSESSOR)
- ▭ EXIST. BUILDINGS
- ⊙ EXISTING WELL
- ⊙ PUMP HOUSE WITH FLOW METERS
- PIPELINES (6')
- - - PIPELINES (3'&4' AS NOTED)
- ⊙ FLOW METER
- RESERVOIRS
- ▨ SUPPLEMENTAL TO CERT. #36979
- - - EXISTING CREEKS
- ⊕ P.O.D. (POINT OF DIVERSION)
- ⊙ SURFACE PUMP

NOTE: 4" MAINLINE FR. CERT.#36979

AREAS OF SUMPS

SUMP 1:	0.42 Ac±
SUMP 2:	0.16 Ac±
SUMP 3:	0.64 Ac±

P.O.D.#1
SEE EASEMENT (ATTACHED)

ABE'S CR.
TRIB.

P.O.D.#2

7.7 Ac.Ft.
PERMIT #R-12108

SCALE 1" = 400 FT.



Certified Water Right Examiner
441WRE
Thomas M. Hoshall
Thomas M. Hoshall
June 13, 1997
STATE OF OREGON

Stuntzner Engineering & Forestry, L.L.C.
PLANNING • DESIGN • CONSTRUCTION
195 South 4th St.
Coos Bay, Oregon 97408
Phone: (541) 867-8978
Fax: (541) 867-0500

Date: Feb. 2012
Sheet: 12-3-000

THE PREPARATION OF THIS MAP WAS FOR THE PURPOSE OF IDENTIFYING THE LOCATION OF THE WATER RIGHT ONLY AND HAS NO INTENT TO PROVIDE DIMENSIONS OR LOCATION OF PROPERTY OWNERSHIP.

EXPIRES 06/30/2013