Completion Checklist for CWRE Claims of Beneficial Use

Application # S-83542

Date Received 6/2/2010
CWRE Name Jerry Lee Estabrook Claim Logged yes
File Marked yes
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 of 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

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.

SECTION 1
GENERAL INFORMATION

1. File Information

APPLICATION # (G, R, S OR T)	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
S-83542	**53501**	

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Cary Bogs		**(541)290-2289**	
ADDRESS **87401 LOIS LANE**			
CITY **BANDON**	STATE **OR**	ZIP **97411**	E-MAIL

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 the permit or transfer holder of record.**

3. Is the Property Owner the permit or transfer holder of record? **YES**

If "YES" the remainder of this item may be deleted.

Are there additional permit or transfer holders of record? **NO**

4. Date of Site Inspection: **4-9-2010**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Lynn & Rena CARY	**4-9-2010**	**Owners**

6. County: **Coos**

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 **N/A**		
ADDRESS		
CITY	STATE	ZIP

Are there additional Owners of Record? **NO**

If "NO" the following box may be deleted.

ADDITIONAL OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

RECEIVED
JUN 0 3 2010
WATER RESOURCES DEPT
SALEM, OREGON

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)
P.O.D. 1 = R1		
P.O.D. 2 = R2		
P.O.D. 3 = R3		

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

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):

P.O.D.1 (R1)

B. Place of Use

1. Is the right for municipal use? **NO**

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	Q-Q	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
30	**14**	**WILL.**	**7**	**SWNW**			**CR**	**5**	
Total Acres Irrigated								**5**	

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.

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
UNKNOWN	**UNKNOWN**	**UNKNOWN**	**SUBMERSIBLE**	**----------**	**1¼"**

3. Motor Information

MANUFACTURER	HORSEPOWER
UNKNOWN	**1HP**

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)
1 HP	**40**	**0**	**20**	**.06**

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

POD/POA Name or Number	Source	Tributary
P.O.D. 1 (R1)	**RUNOFF**	**CONNER CREEK**
P.O.D. 2 (R2)	**R1 & R3 & RUNOFF**	**CONNER CREEK**
P.O.D. 3 (R3)	**RUNOFF**	**CONNER CREEK**

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

POD/POA Name or Number	Uses	If Irrigation, List Crop Type	Season or Months When Water was Used	Rate or Volume for Use (CFS, GPM, or AF)
P.O.D. 1 (R1)	**CRANBERRY USE**	**CRANBERRIES**	**YEAR ROUND**	**7.4**
P.O.D. 2 (R2)	**CRANBERRY USE**	**CRANBERRIES**	**YEAR ROUND**	**2.7**
P.O.D. 3 (R3)	**CRANBERRY USE**	**CRANBERRIES**	**YEAR ROUND**	**7.4**
Total Quantity of Water Used				

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:

RESERVOIRS 1&3 ARE FILLED FROM RUNOFF. RESERVOIR 2 IS FILLED FROM RESERVOIRS 1&3 AND RUNOFF. RESERVOIRS 1&3 HAVE 1 HORSEPOWER SUBMERSIBLE PUMPS THAT TRANSFER WATER TO RESERVOIR 2 VIA 1¼ INCH DIAMETER ABS PIPE. RESERVOIR 2 HAS TWO 15-HORSEPOWER PUMPS THAT DISTRIBUTE THE WATER VIA 4-INCH DIMAETER PIPE TO 5-ACRES OF CRANBERRY BOGS. AT THE CRANBERRY BOGS THERE ARE A TOTAL OF 193 SPRINKLERS.

5. Provide pump calculations:

See attached pump 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)
00880500	**Not operating**		

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
1¼ INCH	**150'**	**ABS**	**BURIED**

9. Lateral or Handline Information

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
N/A			

10. Sprinkler Information

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
N/A					

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)
N/A				

12. Additional notes or comments related to the system:

D. Groundwater Source Information (Well and Sump)

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

If "NO", items 6 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) below, unused table may be deleted.

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
R1	**5 FEET**	**7.4 ACRE-FEET**

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

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

Reminder: This section should only be completed 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.*

2. Does the reservoir require the submittal of as-built plans and specifications? **NO**

*If "**YES**", answer items 3; items 4 through 9 relating to this section may be deleted.*
*If "**NO**", skip items 3; answer items 4 through 9.*

3. Complete the table:

HAVE THE DOCUMENTS BEEN SUBMITTED? YES OR NO	WHEN WERE THE DOCUMENTS SUBMITTED?	HAVE THEY BEEN APPROVED BY THE DEPARTMENT?	NUMBER OF ACRE FEET STORED

4. If the reservoir stores less than 9.2 acre-feet of water or if the dam is less than 10 feet in height, and as-built plans and specifications are not required, complete the table and items 5 through 9.

MAXIMUM DEPTH	AVERAGE DEPTH	SURFACE AREA (IN ACRES)	VOLUME (IN ACRE FEET)
20 FEET	**10 FEET**	**1.0**	**7.4 ACRE-FEET**
20 FEET	**10 FEET**	**0.34**	**2.7 ACRE-FEET**
20 FEET	**10 FEET**	**1.0**	**7.4 ACRE-FEET**

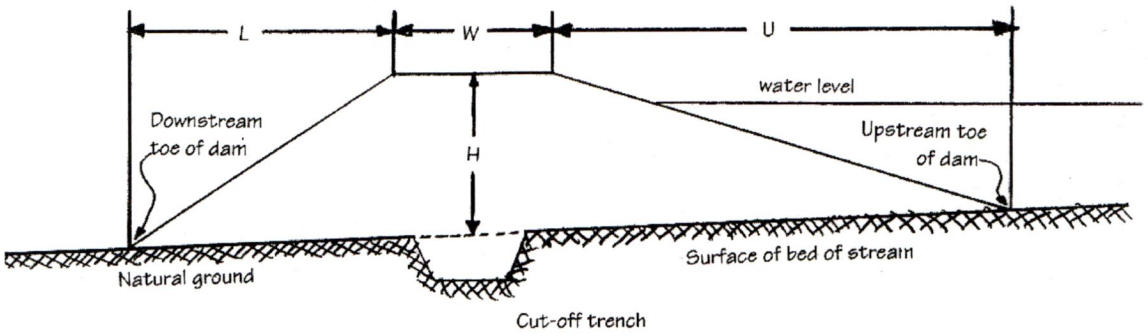
5. Provide reservoir volume calculations:

R1 = .92 AC X 20' X 0.4 = 7.36 (7.4 AC/FT)
R2 = .34 AC X 20' X 0.4 = 2.7
R3= .92 AC X 20' X 0.4 = 7.36 (7.4 AC/FT)

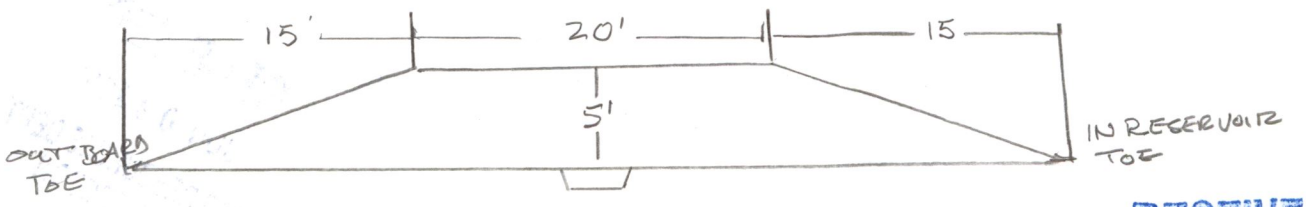
6. Provide the following information concerning the physical characteristics of the dam:

CREST WIDTH (W)	DAM HEIGHT AT CENTERLINE (H)	DISTANCE FROM DOWNSTREAM TOP OF DAM TO DOWNSTREAM TOE (L)	DISTANCE FROM UPSTREAM TOP OF DAM TO UPSTREAM TOE (U)	WATER LEVEL AT INSPECTION	DOWN-STREAM SLOPE	UP-STREAM SLOPE
20'	**5'**	**15'**	**15'**	**20'**	**5%**	**N/A**

Example Dam Profile *This box may be deleted from the form*



7. Provide a drawing showing the cross section of the dam at the maximum section indicating details and dimensions. The drawing should be drawn at a standard even scale.

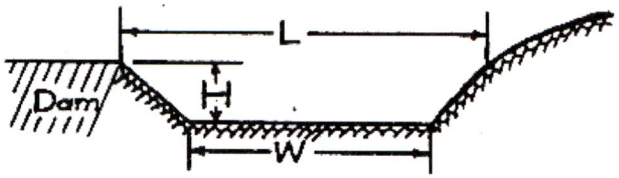


8. Describe the outlet works (size and type of the outlet conduit and location):

R1 has an 8-inch diameter pipe and gate valve that run under the dam on the northwest end of the reservoir. The gate valve is accessed via a plank from the shore.

9. Describe the emergency spillway (dimensions and location):

BOTTOM WIDTH (W)	TOP WIDTH (L)	SPILLWAY DEPTH (H)
4 FEET	**6 FEET**	**10”**



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):

P.O.D.2 (R2)

B. Place of Use

1. Is the right for municipal use? **NO**

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	Q-Q	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
30	**14**	**WILL.**	**7**	**SWNW**			**CR**	**5**	
Total Acres Irrigated								**5**	

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.

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
2-BALDOR			**CENTRIFUGAL**	**4"**	**4"**

3. Motor Information

MANUFACTURER	HORSEPOWER
2-MARATHON	**15HP**

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)
15	**40**	**0**	**20**	**0.78 per pump**

5. Provide pump calculations:

See attached pump 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)
N/A			

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 INCH	**1450'**	**PVC Schedule 40**	**BURIED**

9. Lateral or Handline Information

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
1¼ - 3 INCH	**6650**	**PVC Schedule 40**	**BURIED**

10. Sprinkler Information

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
1/8"	**40**	**2.9**	**193**	**193**	**0.956**

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)

12. Additional notes or comments related to the system:

D. Groundwater Source Information (Well and Sump)

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

If "NO", items 6 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) below, unused table may be deleted.

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
R2	**N/A**	**2.7 ACRE-FEET**

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

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

Reminder: This section should only be completed 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.*

2. Does the reservoir require the submittal of as-built plans and specifications? **NO**

*If "**YES**", answer items 3; items 4 through 9 relating to this section may be deleted.*
*If "**NO**", skip items 3; answer items 4 through 9.*

3. Complete the table:

HAVE THE DOCUMENTS BEEN SUBMITTED? YES OR NO	WHEN WERE THE DOCUMENTS SUBMITTED?	HAVE THEY BEEN APPROVED BY THE DEPARTMENT?	NUMBER OF ACRE FEET STORED

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):

P.O.D.3 (R3)

B. Place of Use

1. Is the right for municipal use? **NO**

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	Q-Q	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
30	**14**	WILL.	**7**	**SWNW**			**CR**	**5**	
Total Acres Irrigated								**5**	

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.

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
UNKNOWN	UNKNOWN	UNKNOWN	**SUBMERSIBLE**	----------	**1¼"**

3. Motor Information

MANUFACTURER	HORSEPOWER
UNKNOWN	**1HP**

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)
1HP	**40**	**0**	**20**	**.06**

5. Provide pump calculations:

See attached pump 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)
00780600	**Not operating**		

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
1¼ INCH	**600'**	**PVC**	**BURIED**

9. Lateral or Handline Information

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
N/A			

10. Sprinkler Information

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
N/A					

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)
N/A				

12. Additional notes or comments related to the system:

D. Groundwater Source Information (Well and Sump)

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

If "NO", items 6 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) below, unused table may be deleted.

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
R3	**5 FEET**	**7.4 ACRE-FEET**

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

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

Reminder: This section should only be completed 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.*

2. Does the reservoir require the submittal of as-built plans and specifications? **NO**

*If "**YES**", answer items 3; items 4 through 9 relating to this section may be deleted.*
*If "**NO**", skip items 3; answer items 4 through 9.*

3. Complete the table:

HAVE THE DOCUMENTS BEEN SUBMITTED? YES OR NO	WHEN WERE THE DOCUMENTS SUBMITTED?	HAVE THEY BEEN APPROVED BY THE DEPARTMENT?	NUMBER OF ACRE FEET STORED

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):

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."*)

P.O.D. 1 IS LOCATED NORTH 655 FEET AND EAST 252 FEET, PERMIT CALL IS 455 FEET NORTH AND 60 FEET EAST. P.O.D. 2 IS LOCATED NORTH 717 FEET AND EAST 477 FEET, PERMIT 540 FEET NORTH AND 360 FEET EAST. P.O.D. 3 IS LOCATED NORTH 248 FEET AND EAST 852 FEET, PERMIT CALL IS 390 FEET NORTH AND 700 FEET EAST ALL FROM THE W¼ OF SECTION 7. THE PERMIT ALLOWS 10.6 ACRES OF CRANBERRY USE ONLY 5.0 ACRES WERE DEVELOPEDD

SECTION 5

ATTACHMENTS

If you are attaching any documents to this report, provide a list:

ATTACHMENT NAME	DESCRIPTION
Pump Calculations	**OWRD pump calculation sheets**
Sprinkler Calculations	**OWRD sprinkler calculation sheets**

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
1, 2 &3	**56.6**	**15.8 ac/ft**	**15.8 ac/ft**	**Cranberry**	**10.6**	**5**

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 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 claim of beneficial use survey was conducted using a hand compass and a Bushnell electronic distance measure for bearings and distances. Aerial photo 9.0-76 2002 was used for bog and reservoir configuration and confirmed during the site visit.

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, fish by-pass devices, meters and 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

SECTION 3

CONDITIONS

Please pay special attention to this section. 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 is to be completed by. 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	**Nov. 13, 1998**		
BEGIN CONSTRUCTION (A)	**June 8, 1999**	**April 1999**	**Began construction**
COMPLETE CONSTRUCTION (B)	**June 19, 2002**	**June 19, 2002**	**Completed construction**
COMPLETE APPLICATION OF WATER (C)	**Oct. 1, 2002**	**Oct. 1, 2002**	**Application of water for cranberry use.**

* 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)? **NO**

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

4. Initial Water Level Measurements:

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 6d 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
P.O.D. (R1)	**Sensus**	**67978909**	**Working**	**00880500**	
P.O.D.(R3)	**Sensus**	**67978908**	**Working**	**00780600**	

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? **N/A**

If a meter has been installed, items 7e through 7g 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
Yes Paper	

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.

Reminder: If fish screening devices were required, the COBU map must indicate their location in relation to the point of diversion.

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.

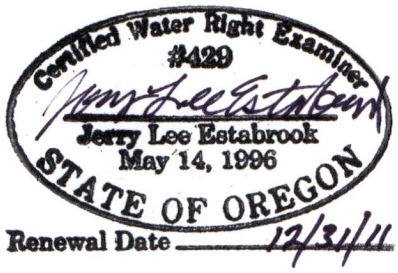
Reminder: If by-pass devices were required, the COBU map must indicate their location in relation to the point of diversion.

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.

Seal and Signature



CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Jerry Lee Estabrook		**(541)267-2872**	
ADDRESS **P.O. Box 118**			
CITY **Coos Bay**	STATE **OR**	ZIP **(7420**	E-MAIL

Permit or Transfer Holder's of Record Signature or Acknowledgement

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
Lynn A. Cary	**Lynn Cary**	5/31/10
Rena Cary	**Rena Cary**	5-31-10

RECEIVED
JUN 02 2010
WATER RESOURCES DEPT
SALEM, OREGON