



Oregon
Kate Brown, Governor

Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

November 25, 2020

Jeannette M Brunell Trust
95536 Coos River Lane
Coos Bay OR 97420

On November 23, 2020 the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application S-87553 Permit S-54772

The COBU included a report and map. The Department hopes to review your submittal within approximately 2 - 4 years. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

If you are interested in having your COBU reviewed sooner, you may pay to have your file processed immediately, using the Reimbursement Authority program, which is described at:

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/Certificate.aspx>

Customer Service phone: (503) 986-0900

Enclosed is your receipt for the \$200.00 COBU recording fee

If you sell the property, please contact the Department, or have the new owners contact the Department about the need to file an assignment.

Cc: file S-87553
Marc J Van Camp, CWRE

Checklist for Claims of Beneficial Use Received at CSG Counter

| | |
|--------------------|---------------|
| Application #: | WRD Reviewer: |
| Transfer #: | |
| Date Received: | |
| CWRE Name: | |
| Priority Date (s): | |

Fees Required:

- YES NO A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES NO A fee of \$200 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.
 Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

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))

Report Review:

- On form 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)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

MONEY SLIP

| | | | |
|---|----------------------------------|-----------------------------|---------------------|
| DATE: _____ | | RECEIPT #: _____ | |
| RECEIVED FROM: _____ | | APPLICATION PERMIT TRANSFER | |
| CASH <input type="checkbox"/> | CHECK # _____ | OTHER (IDENTIFY) _____ | TOTAL RECD \$ _____ |
| 1083 TREASURY 4178 MISC CASH ACCT. | | | |
| 0407 COPIES _____ | OTHER: (IDENTIFY) _____ | | |
| 0243 Instream Lease _____ | 0244 Muni Water Mgmt. Plan _____ | 0245 Cons. Water _____ | |
| 1083 TREASURY 4270 WRD OPERATING ACCT. | | | |
| MISCELLANEOUS | | | |
| 0407 COPY & TAPE FEES | 4611 | \$ _____ | |
| 0410 RESEARCH FEES | | \$ _____ | |
| 0409 MISC REVENUE (IDENTIFY) | | \$ _____ | |
| TC162 DEPOSIT LIAB. (IDENTIFY) | | \$ _____ | |
| 0240 EXTENSION OF TIME | | \$ _____ | |
| WATER RIGHTS | | | |
| 0201 SURFACE WATER | EXAM FEE | 0202 | RECORD FEE |
| 0203 GROUND WATER | \$ _____ | | \$ _____ |
| 0205 TRANSFER | \$ _____ | 0204 | \$ _____ |
| WELL CONSTRUCTION | | | |
| 0218 WELL DRILL CONSTRUCTOR | EXAM FEE | 0219 | RECORD FEE |
| LANDOWNER'S PERMIT | \$ _____ | | \$ _____ |
| OTHER (IDENTIFY) | | 0220 | \$ _____ |
| 0200 | COBU | | \$200.00 |
| 0607 TREASURY 0487 HYDROELECTRIC | | | |
| | | LIC NUMBER | |
| 0233 POWER LICENSE FEE (FWWRD) | | \$ _____ | |
| 0231 HYDRO LICENSE FEE (FWWRD) | | \$ _____ | |
| HYDRO APPLICATION | | | |
| \$ _____ | | | |
| SPECIAL INSTRUCTIONS: | | | |
| | | | |
| <input type="checkbox"/> RETURN TO APPLICANT -- LETTER ATTACHED | | | |

Groundwater File Review:

- Pump Test not required (Priority Date prior to December 20, 1988) *If no, include pump test flyer w/acknowledgment letter
- Pump Test required (Priority Date on or after December 20, 1988)
- Pump Test submitted
- Pump Test not submitted

**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

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**A fee of \$200 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

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 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:
<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

SECTION 1

GENERAL INFORMATION

1. File Information:

| | | |
|---------------------------------|--|---|
| APPLICATION # S-87553 | PERMIT # (IF APPLICABLE) S-54772 | PERMIT AMENDMENT # (IF APPLICABLE) NA |
|---------------------------------|--|---|

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2. Property Owner (current owner information):

| | | | | |
|---|--------------------|----------------------------------|---------------------------------------|--|
| APPLICANT/BUSINESS NAME Jeannette M Brunell Trust DTD 11/4/2005 | | PHONE NO. 541-297-3711 | ADDITIONAL CONTACT NO. OWRD | |
| ADDRESS 95536 Coos River Lane | | | | |
| CITY Coos Bay | STATE OR | ZIP 97420 | E-MAIL NA | |

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

| | | | | |
|------------------------------------|-------|-----|--|--|
| ADDITIONAL PERMIT HOLDER OF RECORD | | | | |
| ADDRESS | | | | |
| CITY | STATE | ZIP | | |

4. Date of Site Inspection:

8/7/2020

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

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|------------------|-----------------|---|
| John Todd | 8/7/2020 | Operator, Installer, Trust Power of Attorney |
| | | |

6. County:

Coos

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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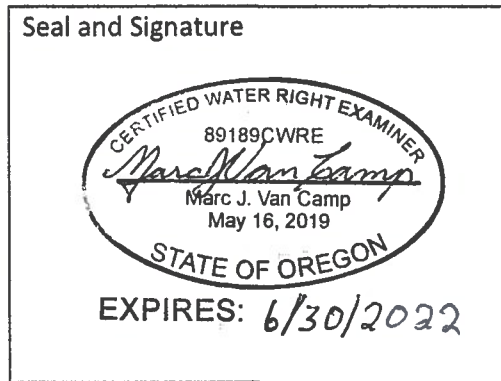
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SECTION 2
SIGNATURES

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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 Marc J. Van Camp | | PHONE NO. 541-297-1880 | ADDITIONAL CONTACT NO. | |
| ADDRESS P.O. Box 995 | | | | |
| CITY Coos Bay | STATE OR | ZIP 97420 | E-MAIL vancampconsulting@gmail.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 |
|-----------|----------------------------|--------------------------------|------|
| | Jeannete M. Brunell | Owner | |
| | John Todd | Trust Power of Attorney | |

SECTION 3

CLAIM DESCRIPTION

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1. POD source and, if from surface water, the tributary:

| POD NAME OR NUMBER | SOURCE | TRIBUTARY |
|-----------------------|----------------|------------|
| POD #1 | Unnamed Stream | Coos River |
| POD #2 | Unnamed Stream | Coos 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 #1 | Domestic Expanded | | Year-round | 0.015 CFS |
| POD #2 | Domestic Expanded | | Year-round | 0.015 CFS |
| Total Quantity of Water Used | | | | 0.03 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:

The entire system is gravity fed from both points of diversions (PODs) to the entire place of use (POU). Both PODs have a 1.5" PVC line for less than 100' that diverts water from POD to adjacent sedimentation tanks. POD 1 has 2 2,500 gallon tanks and POD 2 has a single 800 gallon tank. Each POD has a totalizing flow meter directly downstream of the sedimentation tanks. From the sedimentation tanks each POD is gravity fed 1&1/4" buried PVC that join into a common 1&1/4" mainline within TL 1900. At the first POU in TL 1900 there is a 2500 Gallon above ground plastic tank with an ozone water treatment system. From the treatment system the buried 1&1/4" buried PVC delivers water to all 5 POU's. POU in TL1900 is a barn plumbed with water and water treatment system and used daily with several water spigots, for drinking water and a single RV hookup. POU in TL 2000, 1800, 1700, 1600 are all single family households.

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. **YES**
 (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.")

The permit allowed domestic expanded use for 6 households, only 5 were developed.

5. Claim Summary:

| POD / POA NAME OR # | MAXIMUM RATE AUTHORIZED | CALCULATED THEORETICAL RATE BASED ON SYSTEM | AMOUNT OF WATER MEASURED | USE | # OF ACRES ALLOW ED | # OF ACRES DEVELOPED |
|------------------------|----------------------------|---|--------------------------------|------------------------------|------------------------|-------------------------|
| POD #1 | 0.03 | 0.015 | NA | Domestic Expanded | | |
| POD #2 | 0.03 | 0.015 | NA | Domestic Expanded | | |

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple PODs?

YES

If "YES" you will need to copy and complete a separate Section 4 for each POD.

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

POD #1

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?

NO

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

6. Sprinkler Information:

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

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) |
|------|---------------|----------------------|--------------------------|---------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

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

C. Storage

1. Does the distribution system include in-system storage (e.g. 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
 Bulge in System / Reservoir

YES

NO

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

2. Storage Tank:

| MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.) | CAPACITY (IN GALLONS) | ABOVE GROUND OR BURIED |
|---|--------------------------|------------------------|
| Plastic Sedimentation tank | 2500 X 2 | Above Ground |
| Plastic – water treatment tank | 2500 | Above Ground |

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?

YES

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

2. Complete the table:

| PIPE SIZE | PIPE TYPE | "C" FACTOR | AMOUNT OF FALL | LENGTH OF PIPE | SLOPE | COMPUTED RATE OF WATER FLOW (IN CFS) |
|-----------|-----------|------------|----------------|----------------|-------|--------------------------------------|
| 1&1/4" | PVC | 150 | 25' | 3760' | 0.7% | 0.015 CFS |

3. Provide calculations:

See Attachment Pipe Capacity Calculator POD #1.
 No measurement taken because system was not operating.

4. If an actual measurement was taken, provide the following:

| DATE OF MEASUREMENT | WHO MADE THE MEASUREMENT | MEASUREMENT METHOD | MEASURED QUANTITY OF WATER (IN CFS) |
|---------------------|--------------------------|--------------------|-------------------------------------|
| | | | |

Attach measurement notes.

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

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

F. Additional notes or comments related to the system:

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

POD #2

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A. Place of Use

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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?

NO

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

6. Sprinkler Information:

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

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) |
|------|---------------|----------------------|--------------------------|---------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

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

C. Storage

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

YES

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

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir

YES

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NO

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

2. Storage Tank:

| MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.) | CAPACITY (IN GALLONS) | ABOVE GROUND OR BURIED |
|---|--------------------------|------------------------|
| Metal – sedimentation tank | 800 | Above Ground |
| Plastic – water treatment tank | 2500 | Above Ground |

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?

YES

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

2. Complete the table:

| PIPE SIZE | PIPE TYPE | "C" FACTOR | AMOUNT OF FALL | LENGTH OF PIPE | SLOPE | COMPUTED RATE OF WATER FLOW (IN CFS) |
|-----------|-----------|------------|----------------|----------------|-------|--------------------------------------|
| 1 1/4" | PVC | 150 | 55' | 7541' | 0.7% | 0.015 |

3. Provide calculations:

See Attachment Pipe Capacity Calculator POD #2.
No measurement taken because system was not operating.

4. If an actual measurement was taken, provide the following:

| DATE OF MEASUREMENT | WHO MADE THE MEASUREMENT | MEASUREMENT METHOD | MEASURED QUANTITY OF WATER (IN CFS) |
|---------------------|--------------------------|--------------------|-------------------------------------|
| | | | |

Attach measurement notes.

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?

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

**SECTION 5
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 | 8/23/2012 | | |
| BEGIN CONSTRUCTION (A) | NA | 9/1/2012 | Both POD's were developed before 1907 and prior to permit issuance, Construction under this permit entailed laying a new mainline from POD #2 to the POD #1 mainline and installing the sedimentation tanks at both PODs. |
| COMPLETE CONSTRUCTION (B) | 10/1/2020 | 8/7/2020 | POD #2 was connected to POD #1 and water from both POD's delivered water to all POUs, totalizing flow meters installed at each POD. |
| COMPLETE APPLICATION OF WATER (C) | 10/1/2020 | 8/7/2020 | POD #2 was connected to POD #1 and water from both POD's delivered water to all POUs, totalizing flow meters installed at each POD. |

* 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)?

YES

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

a. Did the Extension Final Order require the submittal of Progress Reports?

NO

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

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.

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

c. Meter Information

| POD NAME OR # | MANUFACTURER | SERIAL # | CONDITION (WORKING OR NOT) | CURRENT METER READING | DATE INSTALLED |
|---------------|--------------|----------|----------------------------|-----------------------|----------------|
| #1 | DLJ Meter | 09041723 | working | 380310 | 10/1/2012 |
| #2 | DAE | 19012883 | working | 25500 | 8/1/2020 |

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

4. Recording and reporting conditions:

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

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

5. Fish Screening:

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

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**

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? **YES**

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):

Both PODs were in place prior to permit issuance, no disturbance of riparian area was required.

**SECTION 6
ATTACHMENTS**

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

| ATTACHMENT NAME | DESCRIPTION |
|---------------------------------|-----------------------------------|
| Pipe Capacity Calculator POD #1 | OWRD gravity pipe flow calculator |
| Pipe Capacity Calculator POD #2 | OWRD gravity pipe flow calculator |
| COBU Map | COBU map |

SECTION 7

CLAIM OF BENEFICIAL USE MAP

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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 predominant survey method was GPS, however some traversing with chain and compass was done in areas of dense overbrush that degraded GPS accuracy.

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
- 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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Pipe Capacity Calculator POD #1
for pipes flowing full, using the Hazen-Williams Formula

Data Entry (fill in underlined blanks)

Interior Diameter = 1.38 inches, or 0.115 feet
Roughness Coefficient (C) = 150
Fall = 25 feet per 3760 feet of distance
Grade = 0.0066489 , or 0.7%

Results calculated

Area of cross-section = 0.01039 square feet
Wetted Perimeter = 0.36128 feet
Hydraulic Radius = 0.02875
Velocity = 1.41005 feet per second

Pipe Capacity = 0.015 cubic feet per second

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Pipe Capacity Calculator POD #2
for pipes flowing full, using the Hazen-Williams Formula

Data Entry (fill in underlined blanks)

Interior Diameter = 1.38 inches, or 0.115 feet
Roughness Coefficient (C) = 150
Fall = 55 feet per 7541 feet of distance
Grade = 0.0072935 , or 0.7%

Results calculated

Area of cross-section = 0.01039 square feet
Wetted Perimeter = 0.36128 feet
Hydraulic Radius = 0.02875
Velocity = 1.48229 feet per second

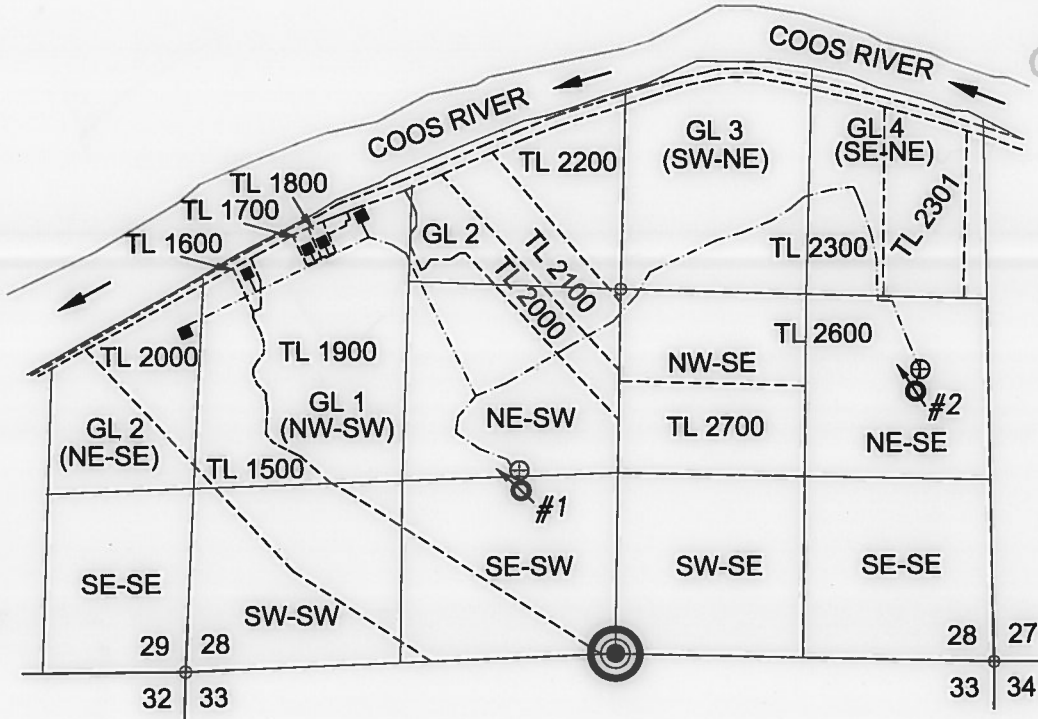
Pipe Capacity = 0.015 cubic feet per second

CLAIM OF BENEFICIAL USE MAP
 APPLICATION# S-87553 PERMIT# S-54772
 SEC. 28 & 29, T. 25 S., R. 12 W., W.M.
 COOS COUNTY, OREGON

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| POD | DISTANCE FROM POB | |
|-----|-------------------|----------|
| #1 | 640' W. | 1118' N. |
| #2 | 2078' E. | 1793' N. |

LEGEND

- POINT OF BEGINNING (POB).
S. 1/4 COR. SEC. 28, T. 25 S.,
R. 12 W., W.M.
- POINT OF DIVERSION (POD)
- TOTALIZING FLOW METER
- PLACE OF USE - DOMESTIC
EXPANDED
- MAINLINE
- TAXLOT BOUNDARIES
- 1/4-1/4 LINES



NORTH

1" = 1320'



EXPIRES 06/30/2022

VCC
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Project:
 CLAIM OF BENEFICIAL
 USE MAP
 PERMIT # S-54772

Date:
 8/14/2020

DISCLAIMER: THIS MAP WAS PREPARED FOR THE PURPOSE OF IDENTIFYING THE LOCATION OF WATER RIGHT ONLY AND IS NOT INTENDED TO PROVIDE LEGAL DESCRIPTIONS OR LOCATIONS OF PROPERTY LINES.