



Oregon
Kate Brown, Governor

Water Resources Department
725 Summer St NE, Suite A
Salem, OR 97301
(503) 986-0900
Fax (503) 986-0904

December 2, 2020

Russell J Smith & Norma E Smith

On November 30, 2020 the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application S-86477 Permit S-54531

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-86477
Evan Malepsy, 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 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 \$ _____ RECORD FEE \$ _____

0203 GROUND WATER \$ _____ 0204 \$ _____

0205 TRANSFER \$ _____

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR EXAM FEE \$ _____ RECORD FEE \$ _____

LANDOWNER'S PERMIT \$ _____ 0219 \$ _____

OTHER (IDENTIFY) COBU \$ 200.00 0220 \$ _____

0607 TREASURY 0487 HYDROELECTRIC

0233 POWER LICENSE FEE (FWWRD) LIC NUMBER _____ \$ _____

0231 HYDRO LICENSE FEE (FWWRD) _____ \$ _____

HYDRO APPLICATION \$ _____

SPECIAL INSTRUCTIONS:

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-86477	PERMIT # (IF APPLICABLE) S-54531	PERMIT AMENDMENT # (IF APPLICABLE) NA
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Russell J. Smith and Norma E. Smith		PHONE NO. 541-878-3249	ADDITIONAL CONTACT No. none
ADDRESS 20 Meadow Lane			
CITY Shady Cove	STATE OR	ZIP 97539	E-MAIL none NE Smith 4 @ SBC GLOBAL.NET

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 Bill Bryant		
ADDRESS ← Do you know this? UNKNOWN		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD None		
ADDRESS NA		
CITY NA	STATE NA	ZIP NA

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4. Date of Site Inspection:

NOV 30 2020

September 22, 2020

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Russell Smith	9/22/20	Property Owner

6. County:

Jackson

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 None		
ADDRESS NA		
CITY NA	STATE NA	ZIP NA

Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

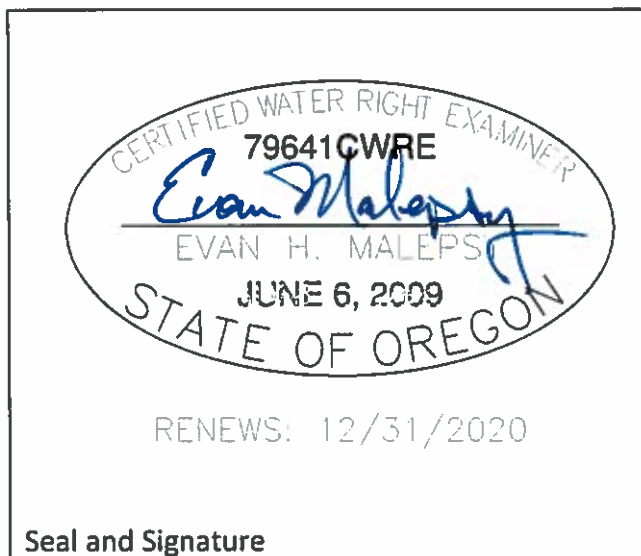
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CWRE Statement, Seal and Signature

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The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME Evan Malepsy		PHONE NO. 541-621-2868	ADDITIONAL CONTACT NO. None
ADDRESS 52 Pineridge Lane			
CITY Eagle Point	STATE OR	ZIP 97524	E-MAIL emalepsy@roguecivil.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
<i>Russel J Smith</i>	Russel J Smith	owner	11-24-20
<i>Norma E Smith</i>	NORMA E SMITH	owner	11-24-20

**SECTION 3
CLAIM DESCRIPTION**

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

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POD NAME OR NUMBER	SOURCE	TRIBUTARY
POD 2	Lost Creek Reservoir	Rogue 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 2	Irrigation	Trees, shrubs, grass	April 1 – October 31	0.043 cfs ↑ about 19 gpm
Total Quantity of Water Used				0.043 cfs

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

Water is withdrawn from the Rogue River (Source is Lost Creek Reservoir) via pump (2HP motor) near bank of river. Fish screen is located at intake in river, and flow meter is located at pump on mainline. Water is delivered from pump to buried 1" distribution lines. Sprinklers and drip irrigation are used to apply water to place of use.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

4. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. **NO**
 (e.g. "The permit allowed three points of diversion. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

None

5. Claim Summary:

POD/ POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POD 2	1.935 AF	0.043 cfs	None	Irrigation	0.43	0.43

**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple PODs?

NO

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

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

POD 2

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A. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, and QQ.

B. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of diversion to the place of use.

1. Is a pump used?

YES

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

Can you find this?

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Flint and Walling	CJ101B201AB	CJ101B201AB	Centrifugal

CJ101, EL101

3. 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)
2	30	Approx. 20'	Approx. 5'	0.08

4. Provide pump calculations:

See attached pump capacity printout from manufacturer.

5. Measured Pump Capacity (using meter if meter was present and system was operating):

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
45550 gallons	NA (not operating)	NA	NA

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

6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Unlisted (U12F)	30	2.6	16	5	0.029
Unlisted (U12H)	30	1.3	26	5	0.014
					0.043 (total combined)

about 19 gpm

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

7. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
None					

8. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
None					

C. Storage

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

No

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

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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?

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

NO

It was replaced, right? when?

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.

NO

F. Additional notes or comments related to the system:

Due to complex system of buried pipes/drip emitters, exact measurements were not able to be completed. Distribution line locations were estimated. Flow meter was replaced on 7-20 Original meter installed 5/2010.

**SECTION 5
CONDITIONS**

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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	Feb. 12, 2009		
BEGIN CONSTRUCTION (A)	Not Listed	NA	NA
COMPLETE CONSTRUCTION (B)	Oct. 1, 2013	April 2010	Intake, fish screen, flow meter, pump, mainlines, distribution lines, sprinklers and emitters installed
COMPLETE APPLICATION OF WATER (C)	Oct. 1, 2013	April 2010	Water applied to place of use

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

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

NO

If "NO", items a and 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
POD 2	Sensus	69154021	Working	45550 Gallons	4/2010

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? **YES**

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

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

b. Has the fish screening been installed? **YES**

c. When was the fish screening installed?

DATE	BY WHOM
April 2010	Bill Bryant

Reminder: If the permit or transfer final order was issued on or after February 1, 2011, the fish screen is required to be approved by the Oregon Department of Fish and Wildlife regardless of the rate of diversion.

d. If the diversion involves a pump and the total diversion rate of all rights at the point of diversion is less than 225 gpm (0.5 cfs):

- Has the self-certification form previously been submitted to the Department? **No (Letter from ODFW approving fish screen is attached)**

If not, go to <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx> complete and attach a copy of the 'ODFW Small Pump Screen Self Certification' form to this claim, and send a copy of it to the Oregon Department of Fish and Wildlife (ODFW).

Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable determination. The ODFW self certification form needs to have been previously submitted or be attached to this form.

e. If the diversion does not involve a pump or the total diversion rate of all rights at the point of diversion is 225 gpm (0.5 cfs) or greater:

- Has the ODFW approval been previously submitted? **NA**

If not, contact and work with ODFW to ensure compliance. To demonstrate compliance, provide signed documentation from ODFW. A form is available at

<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable determination. In order to receive a favorable approval, the ODFW/WRD "Fish Screen Inspection" form needs to have been previously submitted or be attached to this form.

6. By-pass Devices:

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? **YES**

If "NO", items b and c 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.

b. Have by-pass devices been installed? **NO**

DESCRIPTION (E.G. "ODFW HAS APPROVED THE BY-PASS DEVICE" OR "NO BY-PASS DEVICE IS NECESSARY BECAUSE THERE IS A DIRECT DIVERSION FROM THE STREAM VIA A PUMP ON RIVER LEFT STREAM BANK WITH FOOT VALVE DESCENDING DIRECTLY INTO NATURAL POOL.") IN ADDITION, YOU MAY ATTACH PHOTOS TO THIS CLAIM.	IF INSTALLED (DATE)	IF INSTALLED, BY WHOM
ODFW determined the fish screen was acceptable and a fish passage device is not necessary. Letter from ODFW is attached.	NA	NA

c. Describe the diversion works as related to whether a by-pass device is installed or unnecessary: (Provide a letter from ODFW indicating the device is approved or is unnecessary.)

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):

Riparian area was restored in accordance with State regulations

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Claim Map	Claim of Beneficial Use map
ODFW Letter	Letter from ODFW regarding fish screen and bypass
Pump Calculation	Pump capacity printout from manufacturer
Sprinkler Nozzle	Page from sprinkler manufacturer

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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.

Aerial photos, in conjunction with a site visit, were used to prepare the map. Aerial photo is Google Earth, dated 6/29/18. Jackson County GIS data was used to approximate property boundary lines.

Map Checklist

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Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

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- 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



Oregon

Kate Brown, Governor

Department of Fish and Wildlife
Rogue Watershed District Office
1495 East Gregory Road
Central Point, OR 97502
(541) 826-8774
Fax: (541) 826-8776
www.odfw.com

October 13, 2020

Russ Smith
20 Meadow Lane
Shady Cove, OR 97539



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Dear Russ,

Regarding OWRD water right permit S-54531, (application S-86477), ODFW is satisfied that the requirement for fish screening has been met, and has determined that neither a fish bypass device, nor fishway are necessary. Thank you.

Sincerely,

Rich Kilbane
SW Field Coordinator
Fish Screening and Passage Program

(541) 826-8774 ext. 243

Cc: Evan Malepsy, CWRE

CJ101 SERIES CENTRIFUGAL PUMPS, LOW LEAD BRASS IMPELLERS

MODEL NO.			HP	STAGES	LIFT FT.	Discharge Pressure PSI										MAX. PRESS. PSI	*MAX. CASE PRESS.	*MAX. LIQUID TEMP.
1 PHASE	3 PHASE	LESS MOTOR				10	20	30	40	50	60	70	80	90				
CAPACITY U.S. GPM																		
CJ101B071AB CJ101B071TAB	CJ101B073AB CJ101B073TAB	CJ101B0710AB	3/4	2	5 15 25	39 38 31	34 33 29	29 26 23	21 18 12	5					54	160psig	200° F	
CJ101B101AB CJ101B101TAB	CJ101B103AB CJ101B103TAB	CJ101B1010AB	1	2	5 15 25	42 40 32	38 36 31	33 31 28	26 24 21	18					62	160psig	200° F	
CJ101B151AB CJ101B151TAB	CJ101B153AB CJ101B153TAB	CJ101B1510AB	1 1/2	2	5 15 25	48 44 34	44 42 33	39 37 32	34 31 29	27 24 20	17	10			69	160psig	200° F	
CJ101B201AB CJ101B201TAB	CJ101B203AB CJ101B203TAB	CJ101B2010AB	2	2	5 15 25	56 50 37	52 49 36	47 45 35	41 39 34	34 31 27	24	19			70	160psig	200° F	
CJ101C201AB CJ101C201TAB	CJ101C203AB CJ101C203TAB		2	3	5 15 25	49 45 35	47 44 34	43 42 33	40 39 32	36 35 31	32 31 29	28 26 23	22 19 15	12	98	160psig	200° F	
CJ101C301AB CJ101C301TAB	CJ101C303AB Δ CJ101C303TAB		3	3	5 15 25	56 50 37	54 49 36	51 48 36	48 46 35	44 42 34	39 37 33	33 31 29	27 24 20	18	95	160psig	200° F	

*Do not exceed the maximum case pressure and maximum liquid temperature rating of the pump. Performance shown for 60Hz models. 50 Hz models also available.
Suction and Discharge Tappings 1-1/2" X 1-1/4"

Δ Less than 50% US content

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Spray and Rotary Nozzles
U-Series Nozzles




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www.rainbird.com/sprays




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U10 Series					
12° Trajectory					
Nozzle	Pressure psi	Radius ft.	Flow gpm	■ Precip In/h	▲ Precip In/h
	15	7	1.16	2.07	2.39
	20	8	1.34	2.01	2.32
	25	9	1.50	1.62	1.87
	30	10	1.64	1.58	1.83
	15	7	0.58	2.07	2.39
	20	8	0.67	2.01	2.32
	25	9	0.75	1.62	1.87
	30	10	0.82	1.58	1.83
	15	7	0.29	2.07	2.39
	20	8	0.33	2.01	2.32
	25	9	0.37	1.62	1.87
	30	10	0.41	1.58	1.83

U10 Series						METRIC	
12° Trajectory						■	▲
Nozzle	Pressure bar	Radius m	Flow m³/h	Flow l/m	Precip mm/h	Precip mm/h	
	1.0	2.1	0.26	4.4	52	60	
	1.5	2.6	0.30	5.3	47	55	
	2.0	3.0	0.34	6.1	41	48	
	2.1	3.1	0.37	6.2	40	46	
	1.0	2.1	0.13	2.2	52	60	
	1.5	2.6	0.15	2.6	47	55	
	2.0	3.0	0.17	3.1	41	48	
	2.1	3.1	0.19	3.1	40	46	
	1.0	2.1	0.07	1.1	52	60	
	1.5	2.6	0.08	1.3	47	55	
	2.0	3.0	0.08	1.5	41	48	
	2.1	3.1	0.09	1.6	40	46	

U12 Series					
23° Trajectory					
Nozzle	Pressure psi	Radius ft.	Flow gpm	■ Precip In/h	▲ Precip In/h
	15	9	1.80	2.14	2.47
	20	10	2.10	2.02	2.34
	25	11	2.40	1.91	2.21
	30	12	2.60	1.74	2.01
	15	9	0.90	2.14	2.47
	20	10	1.05	2.02	2.34
	25	11	1.20	1.91	2.21
	30	12	1.30	1.74	2.01
	15	9	0.45	2.14	2.47
	20	10	0.53	2.02	2.34
	25	11	0.60	1.91	2.21
	30	12	0.65	1.74	2.01

U12 Series						METRIC	
23° Trajectory						■	▲
Nozzle	Pressure bar	Radius m	Flow m³/h	Flow l/m	Precip mm/h	Precip mm/h	
	1.0	2.7	0.40	6.8	55	63	
	1.5	3.2	0.48	8.3	47	54	
	2.0	3.6	0.59	9.7	46	53	
	2.1	3.7	0.60	9.8	44	51	
	1.0	2.7	0.20	3.4	55	63	
	1.5	3.2	0.24	4.2	47	54	
	2.0	3.6	0.30	4.8	46	53	
	2.1	3.7	0.30	4.9	44	51	
	1.0	2.7	0.10	1.7	55	63	
	1.5	3.2	0.12	2.1	47	54	
	2.0	3.6	0.15	2.4	46	53	
	2.1	3.7	0.15	2.5	44	51	

U15 Series					
23° Trajectory					
Nozzle	Pressure psi	Radius ft.	Flow gpm	■ Precip In/h	▲ Precip In/h
	15	11	2.60	2.07	2.39
	20	12	3.00	2.01	2.32
	25	14	3.30	1.62	1.87
	30	15	3.70	1.58	1.83
	15	11	1.30	2.07	2.39
	20	12	1.50	2.01	2.32
	25	14	1.65	1.62	1.87
	30	15	1.85	1.58	1.83
	15	11	0.65	2.07	2.39
	20	12	0.75	2.01	2.32
	25	14	0.82	1.62	1.87
	30	15	0.92	1.58	1.83

U15 Series						METRIC	
23° Trajectory						■	▲
Nozzle	Pressure bar	Radius m	Flow m³/h	Flow l/m	Precip mm/h	Precip mm/h	
	1.0	3.4	0.60	9.8	52	60	
	1.5	3.9	0.72	11.8	47	55	
	2.0	4.5	0.84	13.7	41	48	
	2.1	4.6	0.84	14.0	40	46	
	1.0	3.4	0.30	4.9	52	60	
	1.5	3.9	0.36	5.9	47	55	
	2.0	4.5	0.42	6.9	41	48	
	2.1	4.6	0.42	7.0	40	46	
	1.0	3.4	0.15	2.5	52	60	
	1.5	3.9	0.18	2.9	47	55	
	2.0	4.5	0.21	3.4	41	48	
	2.1	4.6	0.21	3.5	40	46	

Note: All U-Series nozzles tested on 4" (10.2 cm) pop-ups
 ■ Square spacing based on 50% diameter of throw
 ▲ Triangular spacing based on 50% diameter of throw

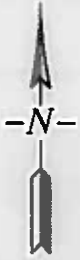
Performance data taken in zero wind conditions
 Radius refers to recommended product spacing. Actual radii along arc may vary

CLAIM OF BENEFICIAL USE MAP

APPLICATION: S-86477
 PERMIT: S-54531 - PRIORITY DATE 1/10/2006
 IRRIGATION

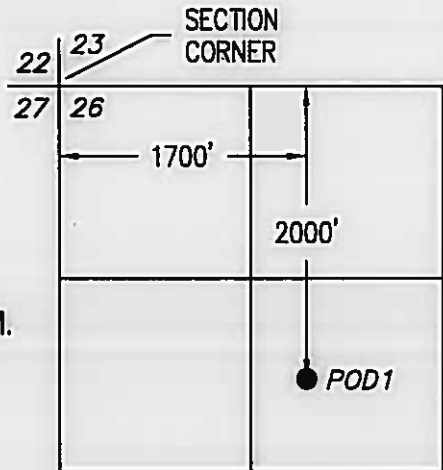
FOR
 RUSSELL J. SMITH & NORMA E. SMITH
 20 MEADOW LANE
 SHADY COVE, OR 97539

SITUATED IN
 SECTION 3, TOWNSHIP 34 SOUTH, RANGE 1 WEST, W.M.
 JACKSON COUNTY, OREGON



0 200 400

SCALE: 1"=400'



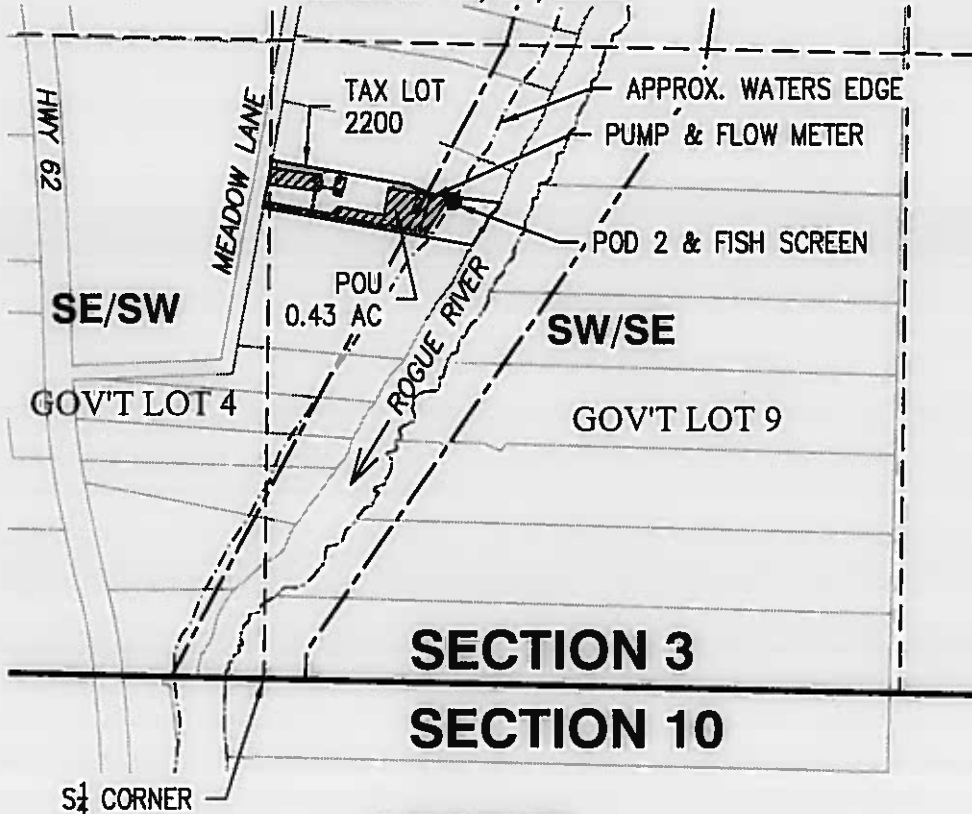
LOST CREEK RESERVOIR
 POINT OF DIVERSION
 T.33S., R.1E., W.M.
 SCALE: 1"=1320'

This map is not intended to provide legal dimensions or locations of property ownership lines.

EHM—November 14, 2020
 ROGUE CIVIL LLC
 emalepsy@rogucivil.com 541-621-2068



RENEWS: 12/31/2020



RECEIVED
 NOV 30 2020
 OWRD

LEGEND

- **POD 2**
 POINT OF RE-DIVERSION AND FISH SCREEN.
 992' SOUTH AND 397' EAST FROM
 S1/4 CORNER, SECTION 3.
- PLACE OF USE—IRRIGATION
- 1/4-1/4 SECTION LINE
- GOVERNMENT LOT BOUNDARY
- BURIED WATERLINE (APPROXIMATE)



After recording return to:
First American Title Insurance
1225 Crater Lake Ave #101
Medford, OR 97504

Until a change is requested all tax
statements shall be sent to the
following address:
Russel J. Smith and Norma E. Smith
20 Meadows Lane
Shady Cove, OR. 97539

File No.: 7161-2447937 (SDB)
Date: May 11, 2015

THIS SPACE RES

Jackson County Official Records **2015-019258**
R-WD
Str=3 MORGANSS 06/19/2015 08:44:13 AM
\$20.00 \$11.00 \$10.00 \$8.00 \$20.00 \$69.00

I, Christine Walker, County Clerk for Jackson County, Oregon, certify
that the instrument identified herein was recorded in the Clerk
records.
Christine Walker - County Clerk

20

STATUTORY WARRANTY DEED

Richard F. Jorgensen and Melonie J. Jorgensen, Grantor, conveys and warrants to **Russel J. Smith and Norma E. Smith as tenants by the entirety**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

LEGAL DESCRIPTION: Real property in the County of Jackson, State of Oregon, described as follows:

See Attached Exhibit A

Subject to:

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$680,000.00**. (Here comply with requirements of ORS 93.030)

RECEIVED

NOV 30 2020

OWRD