## **Checklist for Claims of Beneficial Use Received at CSG Counter**

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

#### **Fees Required:**

 $\Box$  YES NO  $\Box$  A fee of \$200 must accompany this form for <u>permits</u> with priority dates of July 9, 1987, or later.

 $\Box$  YES NO  $\Box$  A fee of \$200 must accompany this form for any <u>transfers</u> 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.

### **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)
- $\Box$  Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- $\Box$  Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

### **Report Review:**

- $\Box$  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 <u>all</u> permittee of transfer holder (OAR 690-014-0100)

#### **Groundwater File Review:**

- D 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

		Number
N	IONEY SL	IP
DATE:	RECEIPT #:	
RECEIVED FROM:		APPLICATION PERMIT TRANSFER
		TOTAL REC'D \$
1083 TREASURY 4170	MISC CASH ACCT.	
0407 COPIES OTHER: (IDENTIF	۲Y)	\$ \$
0243 Instream Lease 024		
1083 TREASURY 4270	WRD OPERATING ACC	CT.
MISCELLANEOUS 0407 COPY & TAPE FEES 0410 RESEARCH FEES 0408 MISC REVENUE (IDENTIFY TC162 DEPOSIT LAB (IDENTIFY) 0240 EXTENSION OF TIME		S S S S RECORD PEE
WATER RIGHTS 0201 SURFACE WATER 0203 GROUND WATER 0205 TRANSFER	S S	0202 \$ 0204 \$
0218 WELL CONSTRUCTION WELL DRILL CONSTRUCTION LANDOWNER'S PERMIT OTHER (IDENTIFY)	0 c Bu	0219 5 0220 5 200-00
0607 TREASURY 046	7 HYDROELECTRIC	
0233 POWER LICENSE FEE (FW 0231 HYDRO LICENSE FEE (FW		SS
HYDRO APPLICATION		\$
SPECIAL INSTRUCTION	NS:	

Fill in App or Transfer

RETURN TO APPLICANT -- LETTER ATTACHED



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

January 15, 2021

Jonathon & Jennifer Catlett 6063 Williams Highway Grants Pass OR 97527

On January 13, 2021, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following Transfer(s):

T-13124

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

For all other questions please call our Customer Service phone: (503) 986-0900.

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 T-13124 Kenna Clay Jordan, CWRE



January 19, 2021

Jonathon & Jennifer Catlett 6063 Williams Highway Grants Pass OR 97527

RE: Transfer T-13124

Dear Transfer Holder,

On January 13, 2021, the Department received the Claim of Beneficial Use that you submitted

for the above referenced file.

Enclosed, you will find a refund check in the amount of \$200.00. You are receiving this check because the right involved in the transfer has a priority date prior to "**July 9, 1987**". Due to the priority date of the right, there was no fee required to submit the Claim.

If you have any additional questions, please feel free to contact me at 503-986-0811.

Sincerely,

Gerry Clark Water Rights Specialist Certificates

cc: OWRD Fiscal Check (1417) file T-13124 Kenna Clay Jordan, CWRE

enclosures

## CLAIM OF BENEFICIAL USE for Transfers Place of Use Only



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.oregon.gov/OWRD

A fee of \$200 must accompany this form for any <u>transfer final orders</u> 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. JAN 1 3 2021

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#### **SECTION 1**

#### **GENERAL INFORMATION**

#### **Type of Authorized Change**

This Claim is being submitted for a transfer where the <u>only</u> authorized change Y was a change in place of use.

YES

If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION #

T-13124

#### 2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Jonathon and Jennifer Catlett		PHONE NO 541 846-3	
Address 6063 Williams Highway			
CITY Crowner Based	STATE	ZIP	E-MAIL
Grants Pass	OR	97527	jcatlett@reagan.com

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. *Each transfer holder of record must sign this form.* 

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

TRANSFER HOLDER OF RECORD			
Murphy Electric Irrigation, Inc.			
Address			
8227 New Hope Road			
Сіту	STATE	Zip	
Grants Pass	OR	97527	

4. Date of Site Inspection:

7/24/2020 Revised-3/2/2020	
netiseu- <i>3/2/2020</i>	

Change in Place of Use Only - Page 1 of 6

COBU Transfer T-13124

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

Name	DATE	Assogiation with the Project
Jonathon Catlett	7/24/2020	Property owner and president of
		Ditch corporation

6. County:

#### Josephine

# **7.** If any property described in the place of use of the transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD			
NA			
ADDRESS			
Сіту	STATE	ZIP	

Add additional tables for owners of record as needed

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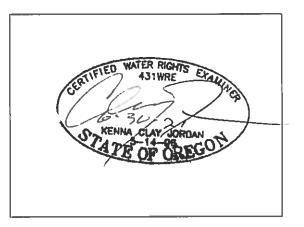
OWRD

## SECTION 2

### SIGNATURES

## CWRE Statement, Seal and Signature

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



CWRE NAME Kenna Clay Jordan		PHONE NO 541 673-1		ADDITIONAL CONTACT N	lo.
Address 460 Jordan Lane					
City Roseburg	STATE OR	ZIP 97471	E-MAIL	2	

### Transfer Holder of Record Signature or Acknowledgement

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**Each** transfer holder of record must sign this form in the space provided below.

### **OWRD**

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.

SIGNATUBE	PRINT OR TYPE NAME	Таце	DATE
no	Jonathon Catlett	President	12/28/20
QU	Jonathon Catlett	Property owner	12/28/20
Authat	Jennifer Catlett	Property owner	12/28/20

#### **SECTION 3**

#### **EXTENT OF CHANGE COMPLETED**

#### 1. Claim Summary:

If Irrigation or Nursery Use:

THE # OF AGRES ALLOWED	THE # OF AGRES DEVELOPED		
2.0	2.0		

#### If the use(s) was not irrigation or nursery:

NA
GLAIM MAP)
(INCLUDE THE LOCATION OF THE DEVELOPED PLAGE USE ON THE
AUTHORIZED UNDER THE ORDER?
WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT

#### 2. Variations:

Was the use developed differently from what was authorized by the transfer final order? **YES NO** If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.") None

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#### **SECTION 4**

#### CONDITIONS

All conditions contained in the transfer, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

#### 1. Time Limits:

1.1.1

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM	DATE THE AUTHORIZED CHANGE WAS COMPLETED
	TRANSPER	*This Date Must Fall Between The "Issuance Date" And The
		"COMPLETENESS DATE"
ISSUANCE DATE	4/7/2020	
COMPLETENESS DATE FROM ORDER (C)	10/1/2021	July 2020

\* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

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

If "NO", you may delete the following table.

If for a transfer extension order, provide the following information:

- 3. Measurement Conditions:
- a. Does the transfer final order require the installation of a meter or

approved measuring device?

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 or appropriation.

	b.	Has a	meter	been	installed?	ł
--	----	-------	-------	------	------------	---

c. Meter Information

POD/POA Name or#	MANUFACTURER	SERIAL#	CONDITION (WORKING OR NOT)	Gurrent Meiter Reaðing	DATE INSTALLED

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

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

WR

OWRD

NO

YES

NO

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE
Scott Ceciliani	Watermaster	8/26/2020

#### f. Measurement Device Description

. .

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
Cipolletti Weir & staff plate	working	Prior to transfer to current date

#### 4. Other conditions required by the transfer final order:

a. Other conditions?

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

SECTION 5

#### **ATTACHMENTS**

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

ATTACEMENT NAME	DESCRIPTION	OWRD
E-mail from Watermaster	Written approval of measuring device	
Sec. of State Corporate Div.	Business registry – Murphy Electric Irrigation, Inc.	

#### **SECTION 6**

#### CLAIM OF BENEFICIAL USE MAP

A 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 polyester 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.

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NO

For the purpose of this Claim, the map must identify the developed new place of use. The existing point(s) of diversion or point(s) of appropriation are required to be included on the Claim map, based on the locations described in the transfer final order.

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 photo – Google 6-29-18, current Oregon Map aerial photo, and Josephine County GIS, scaled and oriented to survey map CS-173-69

### Map Checklist

1 . . .

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
- NA 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.) \*Not required for this type of Claim of Beneficial Use
- 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")
- Transfer application number
- North arrow
- Legend
- CWRE stamp and signature

1 .... +

Business Registry Business Name Search

Attachment I COBU: T-13124

Business Registry Business Name Search

<u>New Sea</u>								10-05-2020 15:22		
Registry	Nbr	<u>Entity</u> <u>Type</u>		<u>tity</u> htus	Jurisdiction Registry Date Date				Renewal Due?	
045796-	·II	DNP		CT /	ORE	GON	07-11-	-1947	07-11-2021	
Entity Na	ame	MURPHY	ELE	CTRIC I	RRIGAT	ION INCO	RPORAT	ГED		
Foreign N	lame									
Non Pro		MUTUAL	BEN	IEFIT W	TTH ME	MBERS			F	RECEIVED
										JAN 1 3 2021
New Sear	<u>ch</u>				Ass	ociated	Name	es		OWRD
Туре	PPB	PRINCIPA BUSINESS		ACE OF						
Addr 1	8227	NEW HOP	E RE	)						
Addr 2							13			
CSZ	GRA	NTS PASS	OR	97527		Cou	ntry UN	VITED S	TATES OF AM	ERICA
Please clic	k <u>here</u>	for general	l info	rmation of	about reg	istered age	ents and s	service o	f process.	
Туре	AGT	REGISTEI	RED	AGENT		Start	Date	02-11- 2017	Resign D	ate
Name	DEB	BIE		B	ECKER-I	KIDWELL				
Addr 1	8227	NEW HOP	E RI	)						u su
Addr 2										
CSZ	GRA	NTS PASS	OR	97527		Cou	Intry UN	VITED S	TATES OF AM	ERICA
	hat			DECC						
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## 10/5/2020

New Search

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Business Registry Business Name Search

## Name History

Business Entity Name	<u>Name</u> <u>Type</u>	<u>Name</u> Status	Start Date	End Date
MURPHY ELECTRIC IRRIGATION INCORPORATED	EN	CUR	07-11-1947	

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## Please read before ordering Copies.

## JAN 1 3 2021

<u>New Sear</u>		Sum		01400		
Image Available		Transaction Date	Effective Date	<u>Status</u>	Name/Agent Change	OWRD Dissolved By
	AMENDED ANNUAL REPORT	06-15-2020		Fl		
Ø	AMENDED ANNUAL REPORT	07-09-2019		FI		
	AMENDED ANNUAL REPORT	06-20-2018		FI		
	AMENDED ANNUAL REPORT	07-06-2017		Fl		
	AMNDMT TO ANNUAL RPT/INFO STATEMENT	02-11-2017		FI	Agent	
e	AMENDED ANNUAL REPORT	06-09-2016		FI		
6	AMENDED ANNUAL REPORT	06-10-2015		FI		
6	AMENDED ANNUAL REPORT	06-06-2014		Fl		
	AMENDED ANNUAL REPORT	06-17-2013		FI	Agent	
	AMENDED ANNUAL REPORT	06-12-2012		FI		
	AMENDED ANNUAL REPORT	06-06-2011		FI		
Ð	AMENDED ANNUAL REPORT	06-04-2010		FI		
	AMENDED ANNUAL REPORT	06-11-2009		FI		
	AMENDED ANNUAL REPORT	06-10-2008		FI		
	ANNUAL REPORT	06-07-2007		FI		
	ANNUAL REPORT PAYMENT	06-08-2006		SYS		
	ANNUAL REPORT PAYMENT	06-06-2005		SYS		
	ANNUAL REPORT PAYMENT	06-04-2004		SYS		
	ANNUAL REPORT PAYMENT	06-10-2003		SYS		
	ANNUAL REPORT PAYMENT	06-07-2002		SYS		
	AMENDED ANNUAL	06-14-2001		FI		

egov.sos.state.or.us/br/pkg\_web\_name\_srch\_inq.show\_detl?p\_be\_rsn=752139&p\_srce=BR\_INQ&p\_print=TRUE

10/5/2020

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06-15-2000	Fl		
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06-12-1992	FI		
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05-30-1989	FI		
05-31-1988	FI		
06-03-1987	FI		
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	06-03-1999     06-19-1998     06-03-1997     05-30-1996     05-30-1996     05-30-1996     06-07-1995     06-03-1994     06-04-1993     06-12-1992     05-30-1989     05-31-1988     06-03-1987	06-03-1999   F1     06-19-1998   F1     06-03-1997   F1     05-30-1996   F1     05-30-1996   F1     05-30-1996   F1     06-07-1995   F1     06-03-1994   F1     06-03-1994   F1     06-04-1993   F1     06-12-1992   F1     05-29-1991   F1     05-30-1989   F1     05-31-1988   F1     06-03-1987   F1     06-02-1986   F1	06-03-1999 F1   06-19-1998 F1   06-03-1997 F1   05-30-1996 F1   05-30-1996 F1   05-30-1996 F1   06-07-1995 F1   06-03-1994 F1   06-03-1994 F1   06-04-1993 F1   06-12-1992 F1   05-30-1989 F1   05-30-1989 F1   05-31-1988 F1   06-03-1987 F1   06-02-1986 F1

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JAN 1 3 2021

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Attachment 2 COBU: T-13124

#### Norm Daft

From:	CECILIANI Scott C * WRD <scott.c.ceciliani@oregon.gov></scott.c.ceciliani@oregon.gov>	RECEIVED
Sent: To:	Wednesday, August 26, 2020 11:31 AM normthewaterguy@charter.net	JAN 1 3 2021
Cc: Subject:	WRD_DL_transferreviews; JARAMILLO Lisa J * WRD T-13124: WM Review Correction	JAN A CLOCK
Subject.		OWRD

Norm,

Regarding T-13124

I need to make an alteration to the review I completed for T-13124. In my review i indicated that a totalizing flow meter must be installed at all new and existing points of diversion. I'm rescinding the totalizing flow meter requirement.

POD 1 (37s-5w-21 SENW)- The Murphy Electric Irrigation Inc. (pump station) is not being utilized and my understanding is that this pump station has not been utilized for quite some time. Conversations I've had lead me to believe that the pump station is in disrepair and not operational. At this time, I'm not requiring a meter to be installed at the pump station. In the future, if the pump station is brought back into operation a measuring device notice will most likely be issued.

POD 2 (38s-4w-6 SWSW) - The Northside Ditch is currently equipped with a staff plate, which has been accepted as a suitable measuring device for this diversion. With regards to T-13124, a staff plate will be viewed as a suitable measuring device and must be in place prior to diverting water.

Please contact me with any questions.

Thank you,

Scott

Scott Carlo Ceciliani, GIT Watermaster, District 14 700 NW Dimmick St. Grants Pass, OR 97526 Cell: (541) 261-2213



Jordan Engineering Structural-Civil-Geotech 460 Jordan Lane Roseburg, OR 97471 541-673-1931

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JAN 1 3 2021

OWRD

Water Resources Department Mr. Gerry Clark 725 Summer St. NE, Suite A Salem, OR 97301 Claim Of Beneficial Use: Application: T-13124

January 11, 2021

Mr. Clark:

Inclosed are the Claim of Beneficial Use (COBU) form, Mylar map, Attachment 1 and 2 and a check #1417 in the sum of \$200 made out to the Department.

If there are any questions please officially contact the applicant with a copy to me.

Respectfully,

Clay Jordan, P.E., S.E., Geotech, CWRE

cc: Mr. Jonathon Catlett file: Catlett COBU T-13124-wrd.wpd

