

Checklist for Claims of Beneficial Use Received at CSG Counter

| | |
|--------------------------------|----------------------------|
| Application # <u>S-88572</u> | WRD Reviewer <u>Cam M.</u> |
| Transfer # | |
| Date Received <u>1-11-2021</u> | |
| CWRE Name <u>Nathan Reed</u> | |

Priority Date: 4/4/2018
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. \$ _____ |
| 0063 TREASURY 6178 MSC CASH ACCT. | |
| 0407 COPIES _____ OTHER (IDENTIFY) _____ | \$ _____ |
| 0243 Instream Lease _____ 0244 Min Water Mgmt Plan _____ 0245 Cons Water _____ | |
| 0067 TREASURY 6179 WRD OPERATING ACCT. | |
| MISCELLANEOUS | |
| 0407 COPY & TAPE FEES <u>4611</u> | \$ _____ |
| 0410 RESEARCH FEES | \$ _____ |
| 0408 MISC REVENUE (IDENTIFY) | \$ _____ |
| TC-82 DEPOSIT FEE (IDENTIFY) | \$ _____ |
| 0240 EXTENSION OF TRAP | \$ _____ |
| WATER RIGHTS | EXAM FEE RECORD FEE |
| 0201 SURFACE WATER | \$ _____ 0202 \$ _____ |
| 0203 GROUND WATER | \$ _____ 0204 \$ _____ |
| 0205 TRANSFER | \$ _____ |
| WELL CONSTRUCTION | EXAM FEE RECORD FEE |
| 0215 WELL DRILL CONSTRUCTION | \$ _____ 0219 \$ _____ |
| LANDOWNER'S PERMIT | \$ _____ 0220 \$ _____ |
| OTHER (IDENTIFY) <u>COBU</u> | \$ <u>2000.00</u> |
| 0067 TREASURY 6467 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: N/A

Pump Test Required? YES NO Pump Test Submitted? YES NO*

*If no, include pump test flyer w/acknowledgment letter

**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-88572 | PERMIT # (IF APPLICABLE) S-55215 | PERMIT AMENDMENT # (IF APPLICABLE) |
|---------------------------------|--|------------------------------------|

2. Property Owner (current owner information):

| | | | | |
|---|--------------------|----------------------------------|-------------------------------------|--|
| APPLICANT/BUSINESS NAME Bradford and Christa Rackleff | | PHONE NO. 503-880-0295 | ADDITIONAL CONTACT NO. NA | |
| ADDRESS PO BOX 1444 | | | | |
| CITY ROSEBURG | STATE OR | ZIP 97470 | 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.*

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

| | | | | |
|---|--------------------|---------------------|---------------------|--|
| PERMIT HOLDER OF RECORD BRADFORD RACKLEFF | | | | |
| ADDRESS PO BOX 1444 | | | | |
| CITY ROSEBURG | STATE OR | ZIP 97470 | E-MAIL NA | |

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| | | | | |
|--|--------------------|---------------------|---------------------|--|
| ADDITIONAL PERMIT HOLDER OF RECORD CHRISTA SHERWOOD-GARMAN | | | | |
| ADDRESS PO BOX 1444 | | | | |
| CITY ROSEBURG | STATE OR | ZIP 97470 | E-MAIL NA | |

4. Date of Site Inspection:

| |
|-----------------|
| 1-4-2021 |
|-----------------|

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

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|----------------------|-----------------|------------------------------|
| Brad Rackleff | 1-4-2021 | Landowner |
| | | |

6. County:

| |
|----------------|
| DOUGLAS |
|----------------|

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 NA | | | | |
| ADDRESS | | | | |
| CITY | STATE | ZIP | E-MAIL | |

Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

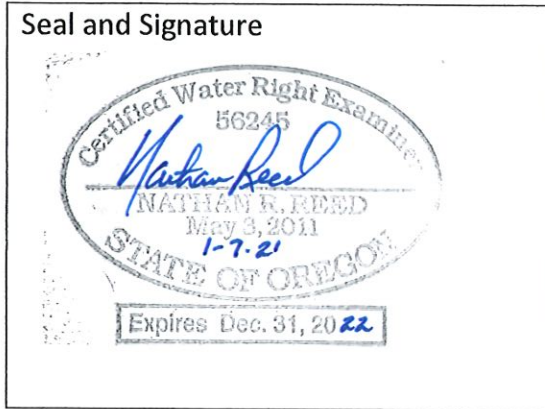
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CWRE Statement, Seal and Signature

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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 NATHAN REED | | PHONE NO. 541-784-7191 | ADDITIONAL CONTACT NO. NA |
| ADDRESS 157 WEST BODIE STREET | | | |
| CITY ROSEBURG | STATE OR | ZIP 97471 | E-MAIL nreed68@hotmail.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 |
|-----------|--------------------|-----------|------------|
| | Brad Rackleff | Landowner | 01-08-2021 |
| | Christa Rackleff | Landowner | 01-08-2021 |

**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 | NORTH UMPQUA RIVER | UMPQUA 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 | DOMESTIC EXPANDED | LAWN/NON-COM GARDEN | YEAR ROUND | 0.01 CFS |
| | | | | |
| | | | | |
| | | | | |
| Total Quantity of Water Used | | | | 0.01 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 pumped from the North Umpqua River with a 1.5 Hp centrifugal pump, through a fish screened intake. The outlet is 2 inch to a 15 gallon pressure bladder to 5 gpm flow restrictor. The main line is 2 inch PVC buried supplying water to six hose bibs across the property.

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.")

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 | 0.01 CFS | 0.01 cfs | Not measured | DOM. EXP. | 0.50 | 0.50 |

**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):

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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.

2. Pump Information:

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) |
|--------------|---------------|---------------|--|
| Gould | T63CXCLU-2103 | JO7858N | Centrifugal |

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) |
|------------|---------------|---|-----------------------------------|----------------------------------|
| 1.5 | 40 | -5 | 30 | 0.08 cfs |

4. Provide pump calculations:

40 psi = 102 feet; $Q = (Hp \times \text{eff.}) / (\text{Sum Total head}) = (1.5 \times 6.61) / (102 - 5 + 30) = 0.08 \text{ cfs}$

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) |
|-----------------------|----------------------|------------------------------|-------------------------------|
| Not Measured | | | |

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) |
|-----------|---------------|------------------------|----------------------------|---------------------|------------------------------|
| osillator | 40 | 3.0 | 2 | 2 | 0.01 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) |
|------|---------------|----------------------|--------------------------|---------------------|----------------------------|
| NA | | | | | |
| | | | | | |
| | | | | | |

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 |
|---------------------------|------------------|----------------------|-----------------------------|-------------------------|------------------------|
| NA | | | | | |
| | | | | | |
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C. Storage

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

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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?

NO

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

F. Additional notes or comments related to the system:

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:

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| | DATE FROM PERMIT | DATE ACCOMPLISHED* | DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS |
|-----------------------------------|------------------|--------------------|---|
| ISSUANCE DATE | 6/10/2019 | | |
| BEGIN CONSTRUCTION (A) | | 10/2020 | Procurement and began underground pipe trenching |
| COMPLETE CONSTRUCTION (B) | | 12/2020 | System tested by installer as complete |
| COMPLETE APPLICATION OF WATER (C) | 6/10/2024 | 12/2020 | Beneficially using the water |

* 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

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?

NO

c. Meter Information

| POD NAME OR # | MANUFACTURER | SERIAL # | CONDITION (WORKING OR NOT) | CURRENT METER READING | 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**

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 |
|-------------------------------|-------------------------|------------------|
| Dwight French (permit signer) | Service Division Admin. | 6-10-2019 |

f. Measurement Device Description

| DEVICE DESCRIPTION | CONDITION (WORKING OR NOT) | DATE INSTALLED |
|-------------------------|-------------------------------|----------------|
| In-line Flow Restrictor | Working | 12/2020 |

4. Recording and reporting conditions:

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

5. Fish Screening:

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? **YES**

If "NO", items b through e 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.

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

c. When was the fish screening installed?

| DATE | BY WHOM |
|---------|----------------------|
| 10/2020 | Tinkers Pump Service |

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.

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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? **NA**

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?

NO

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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):

a. Riparian Area remains intact. An access path for pump placement or maintenance.

SECTION 6

ATTACHMENTS

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

| ATTACHMENT NAME | DESCRIPTION |
|--------------------|-----------------------------|
| ODFW letter | Fish Screen Sign off |
| CBU Map | Final Proof Survey |
| | |

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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.

A Garmin Rino 650 handheld GPS was used to locate coordinates on pertinent features. Along with using Douglas County's GIS with 2014 aerial with 0.5 foot resolution.

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.)

- 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



Oregon

Kate Brown, Governor

Department of Fish and Wildlife

Rogue Watershed District Office

1495 E Gregory Rd

Central Point, OR 97502-9430

(541) 826-8774

Fax: (541) 826-8776

www.myodfw.com

January 05, 2021

Christa Sherwood-Garman
Bradford Rackleff
1122 Echo Dr.
Roseburg, OR 94470



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Dear Christa,

Regarding OWRD water right permit # S-55215 (application file number S-88572), ODFW has determined that the fish screen at the pump point-of-diversion meets current fish protection criteria, and fish bypass devices are not necessary. Thank you.

Sincerely,

Josh Kelsey
Senior Fish Screen Technician
Fish Screening and Passage Program

Office (541) 857-2424

Cell (541)-601-4512

Cc: Nathan Reed, CWRE



CLAIM OF BENEFICIAL USE MAP

FOR: BRADFORD & CRISTA RACKLEFF

BY: NATHAN REED, PE, CWRE

T26S, R5W, W.M. SECTION 23 DLC 41

APPLICATION NO. S-88572

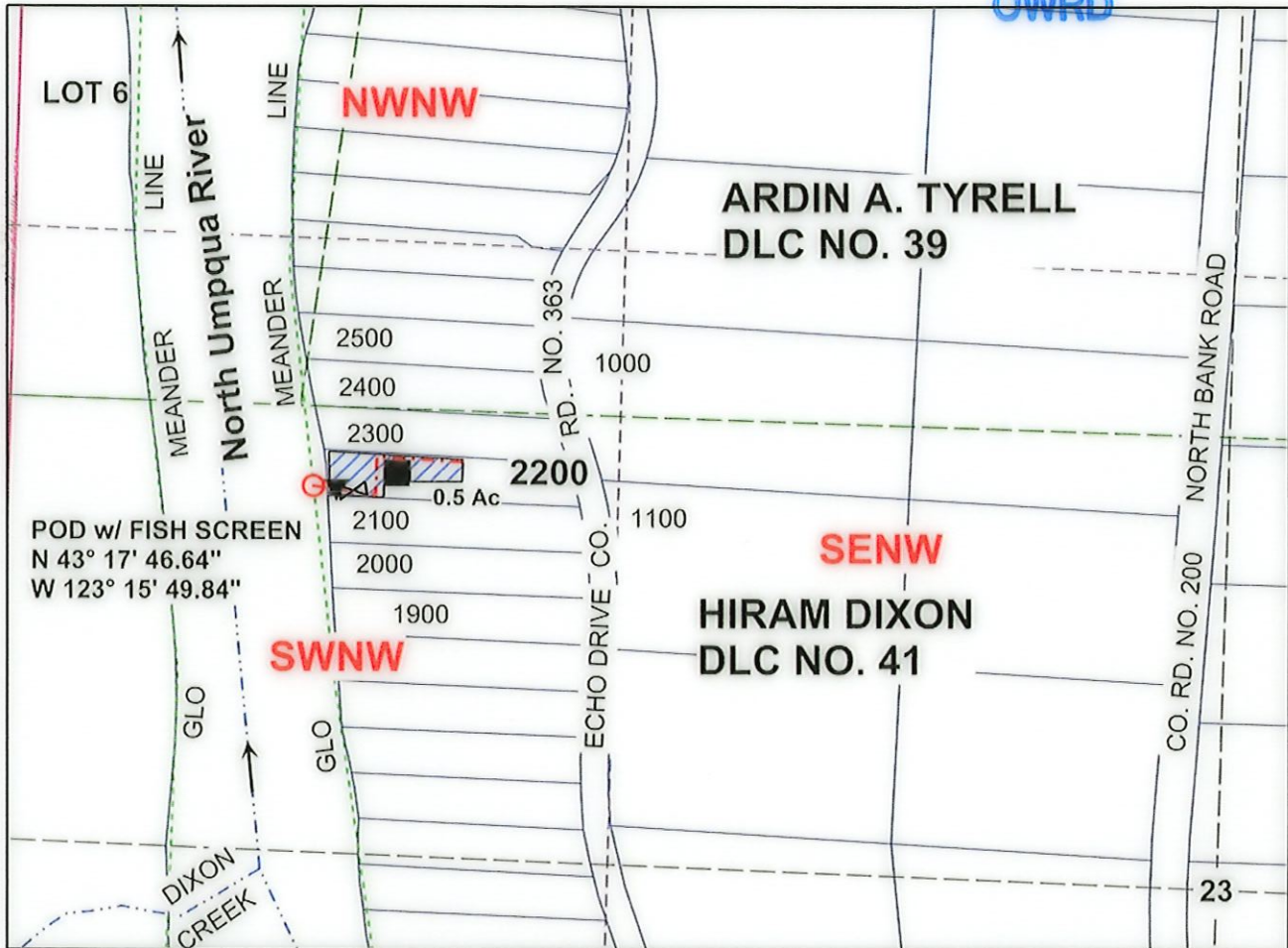
PERMIT NO. S-55215

DATE SURVEYED: JANUARY 4, 2021



RECEIVED SCALE: 1" = 400'

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POD IS LOCATED 776 FEET NORTH AND 658 FEET EAST FROM THE W1/4 CORNER, SECTION 23 AS PROJECTED IN DLC NO. 41.

Legend

| | | | | | |
|--|----------|--|-----------------|--|-----------|
| | Stream | | Flow Restrictor | | DLC |
| | POD | | House | | Quarter |
| | PUMP | | Flow arrow | | Sixteenth |
| | Pipeline | | Meander | | Parcels |

MAP PREPARED FOR:
BRADFORD & CRISTA RACKLEFF
PO BOX 1444
ROSEBURG, OR 97470



THE PURPOSE OF THIS MAP IS TO IDENTIFY THE LOCATION OF THE WATER RIGHT. IT IS NOT INTENDED TO PROVIDE INFORMATION RELATIVE TO THE LOCATION OF PROPERTY OWNERSHIP BOUNDARY LINES.

MAP PREPARED BY:
NATHAN R. REED, PE, CWRE
157 WEST BODIE STREET
ROSEBURG, OR 97471