### **MONEY SLIP**

DAT	E: 2-24-20	21	RECEIPT #:	134626	2122
	ED FROM: Christ	45.	melvin melvin	APPLICATION PERMIT TRANSFER	
CASH	снеск <u>4</u> Д <u>4</u> 410		OTHER (IDENTIFY)	TOTAL REC'D	\$ 200.00
1083 TI	REASURY	4170 M	ISC CASH ACCT.		
0407	COPIES OTHER: (IDE	ENTIFY)			\$ \$
0243 In	stream Lease	0244 N	luni Water Mgmt. Plan	0245 Co	ons. Water
1083 TI	REASURY	4270 W	RD OPERATING AC	CT.	
0407 0410 0408 TC162 0240 0201 0203 0205 0218	MISCELLANEOUS COPY & TAPE FEES RESEARCH FEES MISC REVENUE (IDEN DEPOSIT LIAB. (IDEN' EXTENSION OF TIME WATER RIGHTS SURFACE WATER GROUND WATER TRANSFER WELL CONSTRUCTION WELL DRILL CONSTRUCTION		EXAM FEE \$ \$ \$ EXAM FEE \$	0202 0204 0219 0220	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	OTHER (IDEN	TIFY)			
0607 TF	EASURY	0467 H	YDROELECTRIC		
0233 0231	POWER LICENSE FEE HYDRO LICENSE FEE				\$
	HYDRO APPLICATION				\$

SPECIAL INSTRUCTIONS:

my larys

LICANT -- LETTER ATTACHED



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

March 5, 2021

Eric J & Christy K Melvin 598 Cherokee Ave Roseburg OR 97471

On February 26, 2021 the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application S-87906 Permit S-54911

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-87906 Nathan Reed, CWRE

### **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

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

Application $\# S - 879 Ce$	WRD Reviewer Can M.
Transfer #	
Date Received 1-20-2021	RECEIVED
CWRE Name	FFB 26 2021

#### Priority Date: 6/10/2013 **Fees Required:**

#### OWRD

Fill in App

- YES NO A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.
- A fee of \$200 must accompany this form for any transfers including a water right with a YES NO 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) 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:**

Χ	On form provided by the Department (OAR 690-014-0100(1))
_χ	Application & permit #; or transfer # (OAR 690-014)
<u>    X</u> .	Ownership information (OAR 690-014)
X	_Date of survey (OAR 690-014)
X	Person interviewed (OAR 690-014)
_χ	_County (OAR 690-014)
	_CWRE stamp and signature (OAR 690-014-0100)
	_Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

RETURN TO APPLICANT - LETTER ATTACHED

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

Pump Test Required?

YES NO

Pump Test Submitted?

YES NO\*

e201 e203 e205 0213 0200 06-07 T

> HYDRO AFPLICATION SPECIAL INSTRUCTIONS:

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

			or Transfer
			Number
		I	INUMBER
		L	
	MONEY SL	IP.	
DATE:	RECEIPT #:		
RECEIVED FROM		APPLICATION	
		TRANSFER	
CASH CHECK	OTHER (DENTIFY)	Investor DA	
		TOTAL RECT	15
1043 TREASURY	ATTO MASC CASH ACCT.		Martin Constants
0407 COPIES			6
	NT#Y]		5
0243 Instrem Lease	All II a Make Hart Da		Cons Water
	4279 WED OPERATING ACC		
MISCELLANEOUS	4611		
CADI COPY & TAPE FEES	7611		3
0410 RESEARCH FEES			3
GIOS MISC REVENUE (DEN			5
TC182 DEPOSIT LINB (CENT	F1]		5
0240 EXTENSION OF TIME			e
WATER PORTS	EXAM/CE		RECORD FEE
0201 SURFACE WATER	5	0202	5
6203 GROUND WATER	5	0204	\$
0205 TRANSFER	5		
WELL CONSTRUCTION	N COMPLE		ALCOPO FLE
0218 WELL DRILL CONSTRU		0219	5
LANDOWNER'S FERM	T On O	0220	5
ZOO OTHER ADENT			\$200.00
0607 TREASURY	HIDROELECTRIC	1 20 1 1	and the second second
		LIC MUMBER	
0233 POWER UCENSE FEE			5
ATTA HYDROINCENSERCE	(CAMPON )		1

## 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

#### A fee of \$200 must accompany this form for <u>permits</u> with priority dates of July 9, 1987, or later.

OWRD

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

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FEB 26 2021

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#### SECTION 1 GENERAL INFORMATION

#### 1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
S- 87906	S- 54911	

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

APPLICANT/BUSINESS NAME	PHONE NO.		ADDITIONAL CONTACT NO.	
Eric J. & Christy Melvin	541-672-2389			
Address				
598 Cherokee Ave				
Сіту	STATE	ZIP	E-MAIL	
Roseburg	OR	97471		

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			
Eric J. & Christy Melvin			
Address			
598 Cherokee Ave			
Сіту	STATE	ZIP	
Roseburg	OR	97471	

ADDITIONAL PERMIT HOLD	DER OF RECORD		
NA			
Address			
			BEAL
Сітү	State	Zip	RECEIVERECEIVED
			FEB 26 2021 JAN 2 0 2021

4. Date of Site Inspection:

9/4/2020

OWRD OWRD

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

NAME	DATE	Association with the Project
Joe Melvin	9/4/20	Permitee

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)):

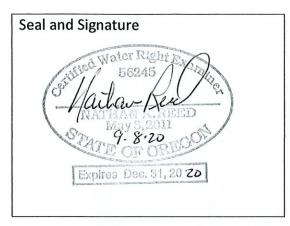
Owner of Record					
NA					
Address	Address				
Сіту	STATE	Zip			

Add additional tables for owners of record as needed

	RECEIVED	RECEIVED
SECTION 2 SIGNATURES	FEB 26 2021	JAN 202021
nent, Seal and Signature	OWRD	OWRD

#### **CWRE Statem**

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-	
ADDRESS 157 West Bodie Street			
Сітү	STATE	ZIP	E-MAIL
Roseburg	OR	97471	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
Eignel	Enc Melvin		2/19/21
Cart Delin	Christy Melvin		2/19/21

## SECTION 3 RECEIVED RECEIVED SECTION 3 FEB: 2 6 2021 JAN 2 0 2021 POD source and, if from surface water, the tributary: OWRD OWRD

1. POD source and,	If from surface water, the tributary.	OWRD	QAALID
POD	SOURCE	TRIBUTARY	
NAME OR NUMBER			
POD 1	North Umpqua River	Umpqua River	

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

POD	USES	IF IRRIGATION,	SEASON OR MONTHS	ACTUAL RATE OR
NAME OR NUMBER		LIST CROP TYPE	WHEN WATER	VOLUME
			WAS USED	USED
				(CFS, GPM, or AF)
POD 1	Dom Exp.	Lawn/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 drawn from the North Umpqua River via a 3 Hp submersible pump and 2-inch diameter pipe delivering to a bulge in the system. From the bulge in the system water is drawn via a 10 Hp submersible pump distributing water to a network of pipes delivering water to 12 properties.

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:

1

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 1	0.01 cfs	0.05 cfs	Not Meas	Dom Exp.	0.5	0.5

SYSTEM DESCRIPTION	FEB 26 20	21
Are there multiple PODs?		NO
If "YES" you will need to copy and complete a separate Section 4 for each Pe	OD. OWRD	
POD Name or Number this section describes (only needed if there is more t		RECEIVED
		JAN <b>2 0 2021</b>
A. Place of Use		OWRD

**SECTION 4** 

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YES

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 <u>and</u> apply the water from the point of diversion to the place of use.

#### 1. Is a pump used?

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

#### 2. Pump Information:

MANUFACTURER	Model	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Franklin	Unknown	Unknown	Submersible

#### 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)
3.0	45	-5	50	0.13
1.0	50	-5	-5	0.05

#### 4. Provide pump calculations:

45 psi = 114.3 feet, 50 psi = 127.0 feet  $Q = (Hp \ x \ eff.)/(Sum \ Total \ head); Q = (3.0 \ x \ 7.04)/(114.3-5+50) = 0.13 \ cfs \ at \ POD \ 1$  $Q = (10.0 \ x \ 7.04)/(127.0-5-5) = 0.602 \ cfs/\ 12 \ homes = 0.05 \ cfs/\ home \ from \ the \ bulge \ in \ system.$ 

#### 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 in operation	At time of inspection		

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)
1/8	40	2.9	36	8	0.05

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)
0.5 gph	10	0.008	50	50	0.0009

#### 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					

# C. Storage 1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? If "NO", item 2 and 3 relating to this section may be deleted. If "VES" is item of the section of the section

If "YES" is it a:	Storage Tank	NO
	Bulge in System / Reservoir	YES
Complete approp	rists table(s) unused table may be deleted	

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

#### 3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN
(CORRESPOND TO MAP)	0	ACRE FEET)

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D. Gravity Flow Pipe	RECEIVED
(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM) <b>1. Does the system involve a gravity flow pipe?</b>	JAN 2 0 2021 NO
E. Gravity Flow Canal or Ditch (The Department typically uses Manning's formula for canals and ditches)	OWRD
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:	
he fish screen certification has previously been accepted under different	user(s).
	RECEIVED

#### **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	2-9-2015		
BEGIN CONSTRUCTION (A)		4/2013	Trenched in underground piping
COMPLETE CONSTRUCTION (B)		10/2013	New heads installed
COMPLETE APPLICATION OF WATER (C)	10-1-2019	10/2013	Beneficially using hose bib for exterior domestic 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)?

#### 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.

Revised 3/2/2020

NO

FEB 26 2021

OWRD

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			FE	EB 26 2021	JAN <b>2 0 2</b> (
b. Has a meter be	een installed?				ES
c. Meter Informa	ation			OWRD	OWRE
POD NAME M OR #	ANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD Net	afim	IRT 3" 13-14795	Working	47638289	August 2013
			se to the Departmen		NO
5. Fish Screening a. Are any points	:		ned to prevent fish fr	om entering the p	oint of
5. Fish Screening a. Are any points diversion?	: of diversion re	quired to be screer		om entering the p Y	oint of ES
5. Fish Screening a. Are any points	: of diversion re	quired to be screer		om entering the p Y	oint of
5. Fish Screening a. Are any points diversion?	of diversion re	equired to be screer		om entering the p Y	oint of ES
<ul> <li>5. Fish Screening:</li> <li>a. Are any points diversion?</li> <li>b. Has the fish scr</li> </ul>	of diversion re	equired to be screer		om entering the p Y	oint of ES

d. If the diversion **involves a pump** <u>and</u> 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 <u>https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</u> 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** <u>or</u> 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?

#### 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?

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 does not exist, field grasses.
- b. Use may be restricted due to source or downstream water quality not meeting state or federal standards due to reduced flows.

#### **SECTION 6**

#### **ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION	
ODFW Letter	Compliance for Fish Screening	
CBU Map	Final Proof Survey	

#### RECEIVED

NO

YES

JAN 2 0 2021

#### OWRD

RECEIVED

FEB 26 2021

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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 OWRD 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 Rhino 650 handheld GPS used to coordinate the POD. Used Douglas County GIS system with 2014 0.5 foot resolution aerial to mark features.

#### **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

Revised 3/2/2020

COBU Surface Small - Page 10 of 10

## RECEIVED

FEB 26 2021

JAN 2 0 2021

RECEIVED



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

February 3, 2021

Eric J & Christy Melvin 598 Cherokee Ave Roseburg, OR 97471

RE: Application S-87906, Permit S-54911

Dear Permit Holder,

On January 20, 2021 the Department received the Claim of Beneficial Use that you submitted for the above referenced file.

The Department is returning your Claim at this time for the following reason:

1. The Claim was not signed by all the permit holders of record. The permit is currently in the name of both Eric and Christy Melvin. Our rules require that all permit holders of record sign the Claim form. Please have both permit holders of record sign the signature page of the Claim, and resend in the Claim with the check.

Enclosed you will find your Claim materials and your check for \$200.00.

If you have any additional questions, please feel free to contact me at 503-986-0801.

Sincerely, CMiele/Am

Cory Middleton Customer Service Representative Water Right Services Division

cc: file Nathan Reed, CWRE

enclosures

( 15 ( 15 RECEIVED

OWRD





May 29, 2013

Nathan Reed, CWRE Douglas County Public Works 1036 SE Douglas, Room 306 Roseburg, OR 97470

#### Department of Fish and Wildlife

Rogue Watershed District Office 1495 East Gregory Road Central Point OR 97502 (541) 826-8774 (541) 826-8776 dfw.state.or.us



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Dear Nathan,

Regarding OWRD water right permits S-54785 & S-54815, which use the same point-ofdiversion, ODFW is satisfied that the condition for fish screening has been met, and has determined that a bypass device and fishway are not required.

Sincerely,

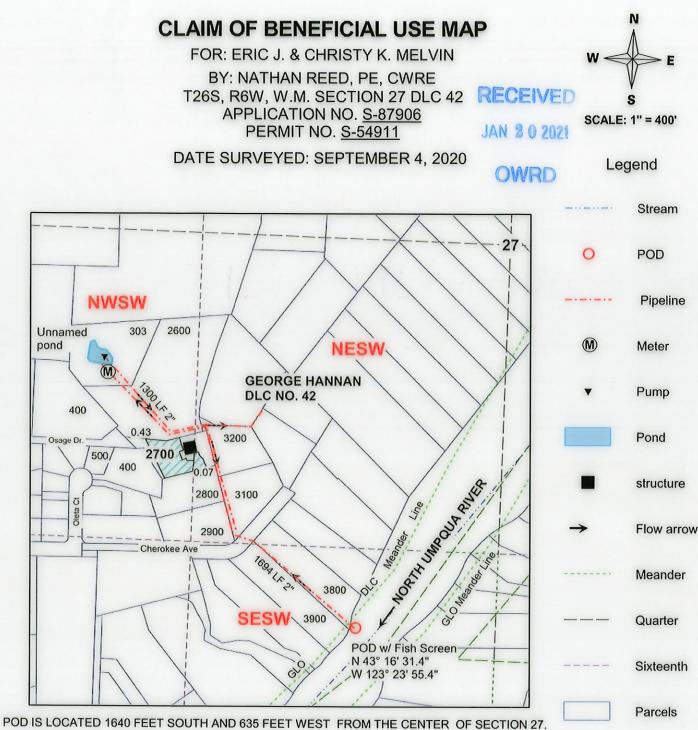
RC

Rich Kilbane SW Field Coordinator Fish Screening and Passage Program

(541) 826-8774 ext. 243

Permit S. 54911 USES THE SAME POD AS THIS LETTER.

Valar Rea



Unli 9-8-20 Expires Dec. 31, 2020

MAP PREPARED FOR: ERIC J & CHRISTY K MELVIN 598 CHEROKEE AVE ROSEBURG, OR 97471



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

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.