

Checklist for Claims of Beneficial Use Received at CSG Counter

Application # 5-88102	WRD Reviewer <i>Cony M.</i>
Transfer #	
Date Received 5-12-2021	
CWRE Name <i>Nathan Reed</i>	

Priority Date: 6/18/2015

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.

0417 COPIES _____ \$ _____
 OTHER (IDENTIFY) _____ \$ _____

0243 Inst. Lease _____ 0244 Min. Water Right Plan _____ 0245 Cons. Water _____

1083 TREASURY 4270 WRD OPERATING ACCT.

MISCELLANEOUS

0407 COPY & TAPE FEES		\$
0410 RESEARCH FEES		\$
0408 MISC REVENUE (IDENTIFY)		\$
TC182 DEPOSIT LMB (IDENTIFY)		\$
0240 EXTENSION OF TIME		\$

WATER RIGHTS

0201 SURFACE WATER	EXAM FEE	RECORD FEE
0203 GROUND WATER	\$	0202 \$
0205 TRANSFER	\$	0204 \$

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTION	EXAM FEE	RECORD FEE
LANDOWNER'S PERMIT	\$	0219 \$
0220 OTHER (IDENTIFY)		0220 \$

0220 *0200* *COBU* *3200.00*

0687 TREASURY 6487 HYDROELECTRIC

0223 POWER LICENSE FEE (FYWARD) LIC NUMBER \$ _____
 0231 HYDRO LICENSE FEE (FYWARD) \$ _____

HYDRO APPLICATION \$ _____

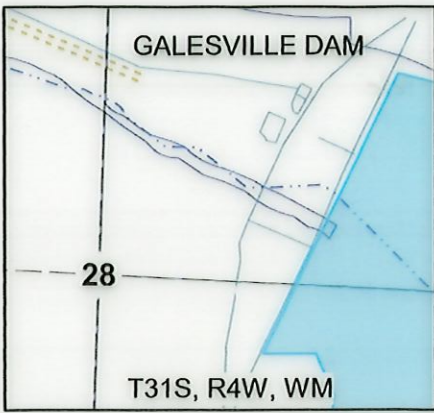
SPECIAL INSTRUCTIONS:

RETURN TO APPLICANT – LETTER ATTACHED

Groundwater File Review: *N/A*

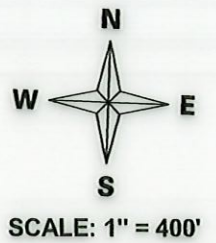
Pump Test Required? YES NO Pump Test Submitted? YES NO*

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



CLAIM OF BENEFICIAL USE MAP

FOR: HARVEY & DOLORES WHITE
 BY: NATHAN REED, PE, CWRE
 T28S, R6W, W.M. SECTION 21, DLC 52
 APPLICATION NO. S-88102
 PERMIT NO. S-54963

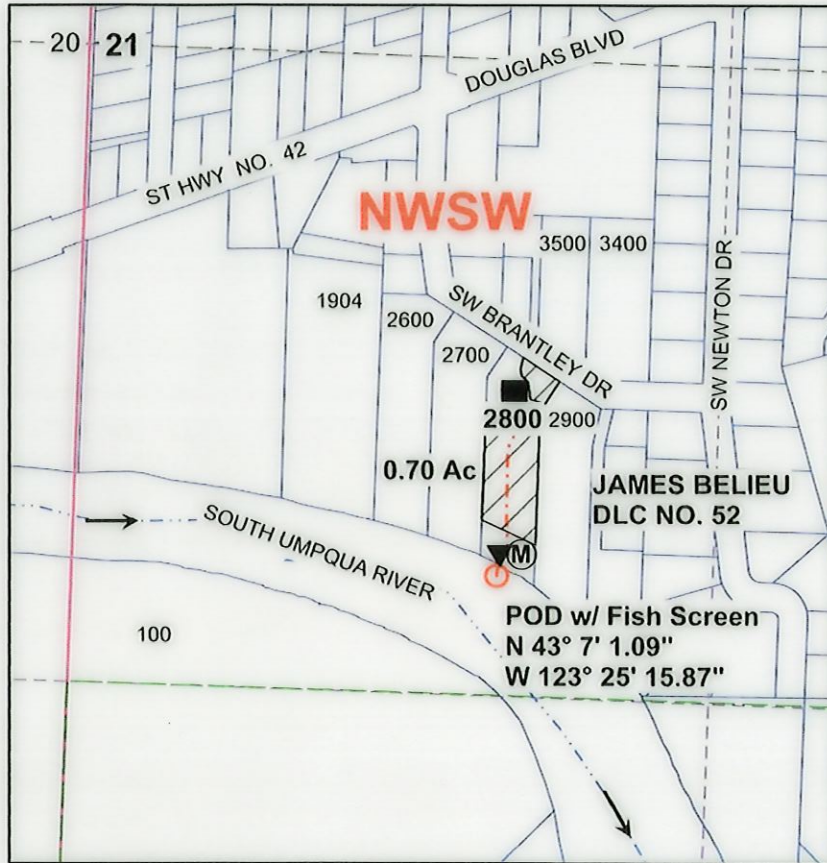


DATE SURVEYED: APRIL 30, 2021

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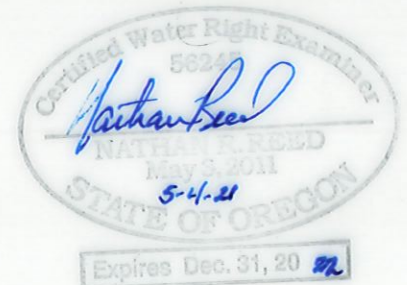


POD IS LOCATED 1610 FEET NORTH AND 880 FEET EAST FROM THE SW CORNER, SECTION 21 AS PROJECTED IN JAMES BELIEU DLC NO. 52.

MAP PREPARED FOR:
 HARVEY & DOLORES WHITE
 121 SW BRANTLEY DR
 WINSTON, OR 97496

Legend

	Stream		Meter		Section
	Flow arrow		PUMP		Quarter
	POD		Structures		Sixteenth
	Pipeline		Irrigation Area		Parcels



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



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

April 8, 2021



Delores White
121 SW Brantley Dr.
Winston, Oregon 97496

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Dear Delores,

Regarding Oregon Water Resources Department water right permit S-54963 (application # S-88102), ODFW has determined the fish screen at the pump meets current fish protection criteria. ODFW has determined that fish passage and fish bypass devices are not necessary at this diversion.

Sincerely,

Josh Kelsey
Senior Fish Screen Technician
Fish Screening and Passage Program
(541)-857-2424

Cc: Nathan Reed, CWRE



**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-88102	PERMIT # (IF APPLICABLE) S-54963	PERMIT AMENDMENT # (IF APPLICABLE)
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Harvey W. and/or Delores R. White		PHONE NO. 541-510-2338	ADDITIONAL CONTACT NO. 541-784-3404
ADDRESS 121 SW Brantley Dr.			
CITY Winston	STATE OR	ZIP 97496	E-MAIL

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 Delores White		
ADDRESS 121 SW Brantley Dr.		
CITY Winston	STATE OR	ZIP 97496

ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

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4. Date of Site Inspection:

4-30-21

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Delores White	4-30-21	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)):

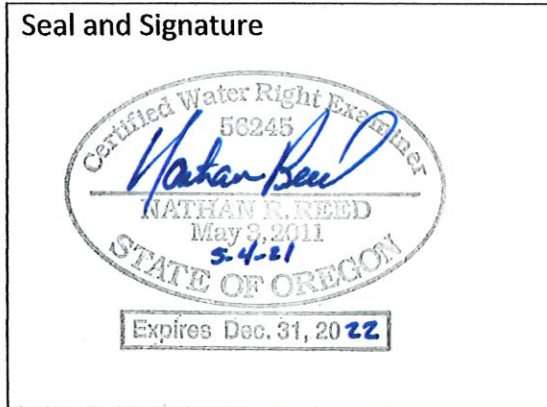
OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**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.



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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
	DOLORIS R WHITE	LAND OWNER	5-6-2021
	HARVEY W WHITE	OWNER	5/6/2021

SECTION 3
CLAIM DESCRIPTION

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

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POD NAME OR NUMBER	SOURCE	TRIBUTARY
POD 1	Galesville Reservoir (R-9964)	South Umpqua River
POD 2	South 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 2	Irrigation	Lawn & Garden	Mar. 1 – Oct. 31	2.23 AF
Total Quantity of Water Used				2.23 AF

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 released from Galesville are re-diverted at POD 2 at a fish screened intake. A 1.5 horsepower centrifugal pump delivers the water through a totalizing flow meter on to in ground and above ground irrigation units.

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

4. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. YES

(e.g. "The permit allowed three points of diversion. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

The permit allowed for 1.0 acres of irrigation. The water user only 0.70 acres available to develop.

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	0.01 cfs	0.04	0.02	Irrigation	1.0	0.70

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

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Attach Claim of Beneficial Use map.

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

B. Diversion and Delivery System Information

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

1. Is a pump used?

YES

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Wayne	WLS150	58408-WVN1	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	50	5	40	0.05

4. Provide pump calculations:

50 psi = 127 ft; $Q = (Hp \times eff.) / (\text{Sum Total Head}) = (1.5 \times 6.61) / (127 + 5 + 40) = 0.05 \text{ cfs}$

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)
29530837 gal	29530869 gal	3 min	0.02

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)
9/64	50	4	7	4	0.04

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)
1.0 gph	15	0.016	80	20	0.001

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)?

NO

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:

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**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	9-25-2015		
BEGIN CONSTRUCTION (A)		9-28-2015	Began procurement and excavation of underground piping.
COMPLETE CONSTRUCTION (B)		3-10-2019	Pump, meter, fish screen in place
COMPLETE APPLICATION OF WATER (C)	9-25-2020	3-15-2019	Began beneficially using 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?

YES

c. Meter Information

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD 2	Sensus	44502611	Working	29530837	3-10-2019

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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
3-10-2019	Tinker's 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? **YES**

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

7.a. Riparian area disturbance
7.b. The use of water under this right is subject to the terms and conditions of contract No. 1-2015-16, or a satisfactory replacement, between Douglas County and the permittee

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
ODFW Letter	Fish Screen
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 of pertinent features. Along with Douglas County GIS using 30 cm high resolution Imagery.

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