

OWRD copy

CLAIM OF BENEFICIAL USE



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

for Surface Water Permits claiming more than 0.1 cfs

Oregon Water Resources Department

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**A fee of \$200 must accompany this form for permits with
priority dates of July 9, 1987, or later.**

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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:

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

Go to "Resources for Water Right Examiners (CWRE)" Page

<https://www.oregon.gov/OWRD/programs/WaterRights/COBU/Pages/default.asp> x 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.asp>

SECTION 1 GENERAL

INFORMATION

File Information:

APPLICATION # S- 882100	PERMIT # S- 55011	PERMIT AMENDMENT # T- 11435
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1. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Steven M. & Rosalba M. Goffena		PHONE NO. 971-400-6162		ADDITIONAL CONTACT No.
ADDRESS 22185 SW 106th Avenue				
CITY Tualatin	STATE OR	ZIP 97062	E-MAIL Steve@EolaHillFarms.com	

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.***

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

PERMIT HOLDER OF RECORD Steven M. Goffena and Rosalba M. Goffena			RECEIVED MAY 27 2021	
ADDRESS 16005 SW Inverurie Road				
CITY Lake Oswego		STATE OR	ZIP 97035	

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ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

3. Date of Site Inspection:

July 17, 2020

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Steven Goffena	July 17, 2020	Co-owner
Steven Goffena	January 14, 2021	Co-owner

5. County:

Yamhill

6. 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		
ADDRESS		
CITY	STATE	ZIP

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.

Seal and Signature



RENEWAL DATE:

CWRE NAME Leland A. Hardy	PHONE NO. Office: 503-581-9272	ADDITIONAL CONTACT No. Cell: 503-559-0551	
ADDRESS 690 Loring Drive NW			
CITY Salem	STATE OR	ZIP 97304	E-MAIL hardyeng@comcast.net

Permit Holder of Record Signature or Acknowledgement

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

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>Steven M. Goffena</i>	Steven M. Goffena	Co-owner	5-26-2021
<i>Rosalba M. Goffena</i>	Rosalba M. Goffena	Co-owner	5-26-2021

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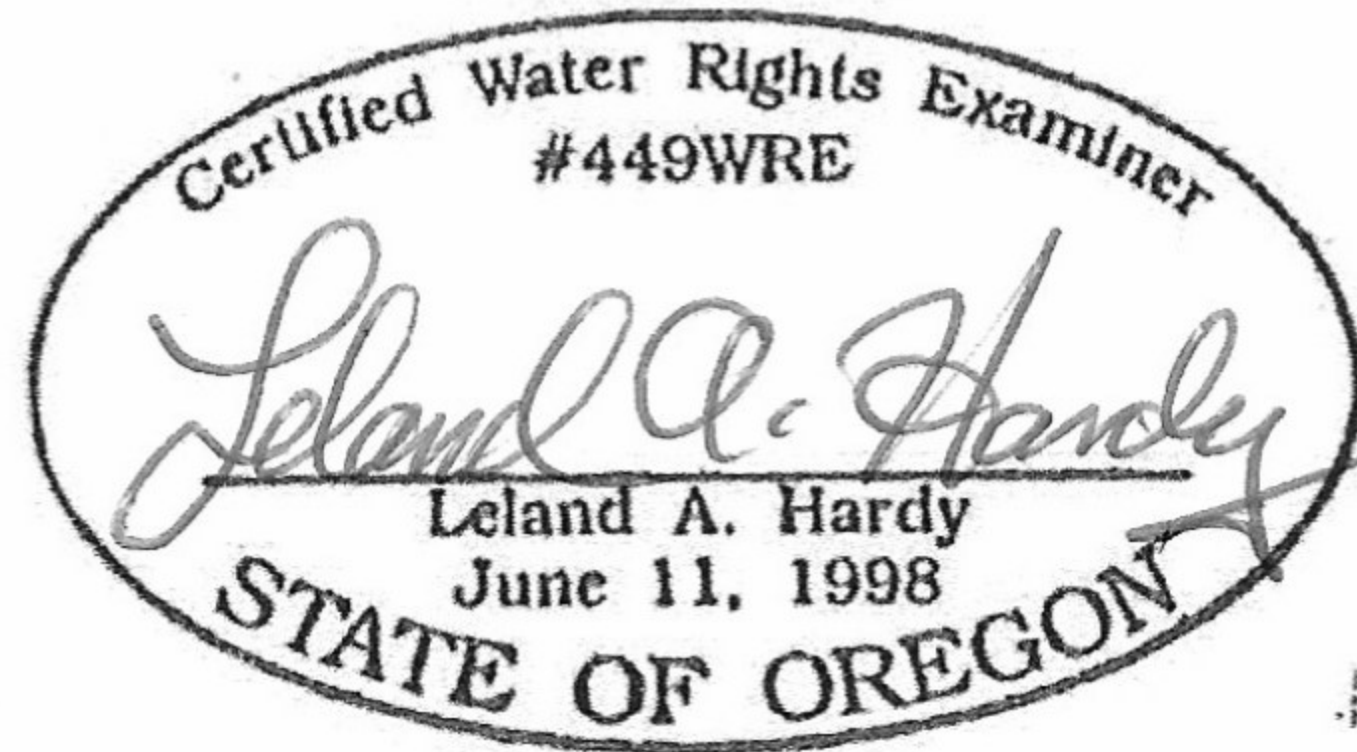
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SECTION 2 SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature



RENEWAL DATE: 6/30/2023

CWRE NAME Leland A. Hardy		PHONE NO. Office: 503-581-9272		ADDITIONAL CONTACT NO. Cell: 503-559-0551	
ADDRESS 690 Loring Drive NW					
CITY Salem	STATE OR	ZIP 97304	E-MAIL hardyeng@comcast.net		

Permit Holder of Record Signature or Acknowledgement

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

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>Steven M. Goffena</i>	Steven M. Goffena	Co-owner	5-26-2021
<i>Rosalba M. Goffena</i>	Rosalba M. Goffena	Co-owner	5-26-2021

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SECTION 3 CLAIM

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DESCRIPTION

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1. Point of diversion name or number:

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)
Unnamed

2. Point of diversion source and tributary:

POD NAME OR NUMBER	SOURCE	TRIBUTARY
POD	Intermittent creek	Unnamed Tributary Ash Swale

3. 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	Multi-purpose		Irrigation July 2020	13.1 AF
Total Quantity of Water Used				13.1 AF

4. 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:

3 Hp centrifugal pump draws water from intermittent creek October 1 through April 30 to store in off channel reservoir for later multi-purpose use, including aesthetics, wildlife, nursery and irrigation. During irrigation season, a 30 Hp centrifugal pump draws water from the reservoir to hand move irrigation sprinklers. Other uses are year around.

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).

5. Variations:

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

YES X 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.")

Permit allowed 65 acres of irrigation, 26.6 acres were developed. Fewer AF stored in reservoir #2 than anticipated in T-11435. T-11435 changed Irrigation use only to Multi-purpose use.

6. Claim Summary:

POD NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POD	27 AF	0.92 cfs	13.1 AF	Multi-purpose	65	26.6

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SECTION 4 SYSTEM DESCRIPTION

Are there multiple PODs?

YES X 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):

A. Place of Use

1. Is the right for municipal use?

YES X NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
5 S	4 W	WM	27	NWSW		48	Multi-purpose	5.2	
5 S	4 W	WM	27	SWSW		48	Multi-purpose	1.1	
5 S	4 W	WM	28	SESE		48	Multi-purpose	2.8	
5 S	4 W	WM	28	NESE		48	Multi-purpose	27.5	
Total Acres Irrigated								26.6	

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

X YES NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
POD -- Unknown	?	?	Centrifugal	2 ½" Flange	3" Flange
Sprinkler -- Berkley	B 2 ½ ZPL	M26986	Centrifugal	3" FNPT	2 ½" FNPT

3. Motor Information:

MANUFACTURER	HORSEPOWER
POD Pump -- Unknown	3 Hp
Sprinkler Pump ?	30 Hp

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4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
POD 3 HP	18 psi	5 feet (above creek)	15 feet (reservoir)	0.43 cfs
Sprinkler 30 Hp	85 psi	10 feet (above reservoir)	44 feet	0.92 cfs

5. Provide pump calculations:

1800 rpm POD pump 3 Hp (6.61) = 0.43 cfs 46 ft hd	3600 rpm Sprinkler pump 30 Hp (6.61) = 0.92 cfs 216 ft hd
--	--

6. 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)

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

7. Is the distribution system piped?

X YES NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	1200 feet	Aluminum	Above ground
5"	74 feet	Aluminum	Above ground
	Additional pipe	available at another farm	Above ground

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	1200 feet	Aluminum	Above ground
	Additional pipe	available at another farm	Above ground

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
5/32 inch	60 psi	5.4 gpm	12	12	0.14 cfs
11/64 inch	60 psi	6.6 gpm	30	30	0.44 cfs

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

11. Drip Emmitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)

12. 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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

C. Storage

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

X YES NO

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

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir

YES X NO
 X YES NO

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
(No name)	9 feet	13.1 AF

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?

YES X NO

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

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)

3. Provide calculations:

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)
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Attach measurement notes.

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E. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING’S FORMULA FOR CANALS AND DITCHES)

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1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES X NO

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

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	“N” FACTOR	AMOUNT OF FALL	LENGTH OF CANAL/ DITCH	SLOPE	COMPUTED RATE (IN CFS)

3. Provide calculations:

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

F. Additional notes or comments related to the system:

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 permit extension of time:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	Dec. 2, 2016		
BEGIN CONSTRUCTION (A)	Dec. 2, 2021	September 15, 2018	Construct reservoir
COMPLETE CONSTRUCTION (B)	Dec. 2, 2021	February 1, 2019	Purchase 2 pumps and sprinkler pipe
COMPLETE APPLICATION OF WATER (C)	Dec. 2, 2021	July 1, 2020	Irrigate field area

* 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)? YES X NO

If "NO", items a and b relating to this section may be deleted.

a. Did the Extension Final Order require the submittal of Progress Reports? YES NO

If "NO", item b relating to this section may be deleted.

b. Were the Progress Reports submitted? YES NO

If the reports have not been submitted, attach a copy of the reports if available.

3. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? X YES NO

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? X YES NO c. Meter Information

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
(No name)	Seametrics	WMP1104-300	Working	7.40	portable
(No name)	Seametrics	AB3000-600	Working	7.01	portable

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 NO

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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

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

4. Recording and reporting conditions:

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

If "NO", item b relating to this section may be deleted.

b. Have the reports been submitted? YES NO

If the reports have not been submitted, attach a copy of the reports if available.

5. Fish Screening:

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? X YES NO

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? X YES NO c. When was the fish screening installed?

DATE	BY WHOM
June 2020 (portable)	Steve Goffena

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

d. If the diversion involves a pump *and* the total diversion rate of all rights at the point of diversion is less than 225 gpm (0.5 cfs) and the permit was issued prior to February 1, 2011:

- Has the self-certification form previously been submitted to the Department? X NA YES NO

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? XNA YES NO

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>

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

6. By-pass Devices:

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? YES X NO

If "NO", items b and c relating to this section may be deleted.

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

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

c. Describe the diversion works as related to whether a by-pass device is installed or unnecessary: (Provide a letter from ODFW indicating the device is approved or is unnecessary. If there is no letter from ODFW, explain whether or not a by-pass device is necessary.)

DESCRIPTION (E.G. "ODFW HAS APPROVED THE BY-PASS DEVICE" OR "NO BY-PASS DEVICE IS NECESSARY BECAUSE THERE IS A DIRECT DIVERSION FROM THE STREAM VIA A PUMP ON RIVER LEFT STREAM BANK WITH FOOT VALVE DESCENDING DIRECTLY INTO NATURAL POOL.") IN ADDITION, YOU MAY ATTACH PHOTOS TO THIS CLAIM.	IF INSTALLED (DATE)	IF INSTALLED, BY WHOM

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 X NO
- b. Was a fishway required? YES X NO
- c. Was submittal of a water management and conservation plan required? YES X NO

d. Other conditions?

YES X NO

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

ODF&W approved fish screen purchased from Ernst Irrigation in St. Paul, OR. Fish screen is removed when not filling reservoir by pumping.

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
COBU Surface Water map	Reservoir stored water for multi-purpose beneficial use

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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.

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.)

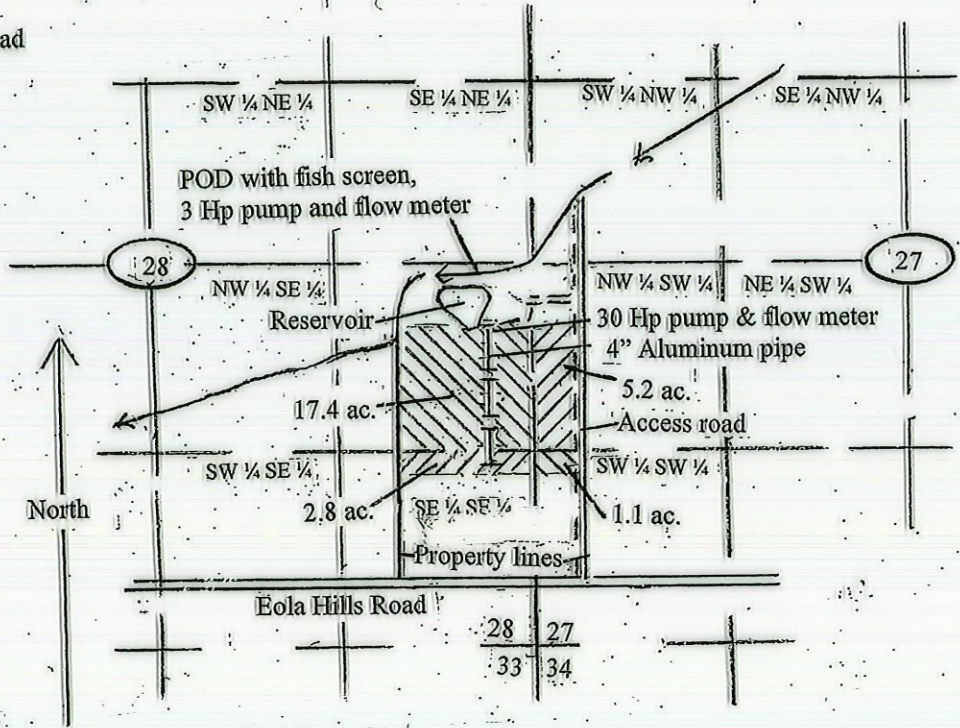
- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government 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 or appropriation
- 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

CLAIM OF BENEFICIAL USE MAP
 For
 SURFACE WATER APPLICATION S-88210 & PERMIT S-55011
 PERMIT AMMENDMENT T-11435 (Purpose)

DONATION LAND CLAIM 48
 Sections 27 & 28, Township 5 South, Range 4 West of WM


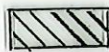
STEVEN M. & ROSALBA M. GOFFENA PROPERTY

Property: 6055 SE Eola Hills Road
 Amity, Oregon



Scale 1" = 1320'

POD 350' West and 50' South of East 1/4 Corner Section 28
 (45° 06.5' North Latitude and 123° 10.6' West Longitude)

  Irrigated area under Multipurpose use

Certified Water Rights Examiner
 #449WRE
Leland A. Hardy
 Leland A. Hardy
 June 11, 1998
 STATE OF OREGON

RENEWAL DATE: 6/21

The purpose of this map is to identify the location of an existing POD and water use. It is not intended to provide information relative to the location of property ownership boundary lines.



Oregon
Kate Brown, Governor

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

June 9, 2021

Steven M & Rosalba M Goffena
22185 SW 106th Ave
Tualatin OR 97062

On May 27, 2021, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application R-87496 Permit R-14830
Application S-882100 Permit S-55011

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 R-87496 & S-882100
Leland A Hardy, CWRE