

# Checklist for Claims of Beneficial Use Received at CSG Counter

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

## 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 \$ _____
1083 TREASURY 4178 MISC CASH ACCT.			
0407 COPIES _____	OTHER: (IDENTIFY) _____		
0243 Instream Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____			
1083 TREASURY 4270 WRD OPERATING ACCT.			
MISCELLANEOUS			
0407 COPY & TAPE FEES	4611	\$ _____	
0410 RESEARCH FEES		\$ _____	
0409 MISC REVENUE (IDENTIFY)		\$ _____	
TC162 DEPOSIT LIAB. (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 CONSTRUCTOR LANDOWNER'S PERMIT	EXAM FEE	0219	RECORD FEE
OTHER (IDENTIFY) _____	\$ _____	0220	\$ _____
0607 TREASURY 0487 HYDROELECTRIC			
		LIC NUMBER	
0233 POWER LICENSE FEE (FWWRD)		\$ _____	
0231 HYDRO LICENSE FEE (FWWRD)		\$ _____	
HYDRO APPLICATION			
\$200.00			
COBU			
SPECIAL INSTRUCTIONS:			
<input type="checkbox"/> RETURN TO APPLICANT -- LETTER ATTACHED			

## Groundwater File Review:

- 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

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



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

**A fee of \$200 must accompany this form for any transfer final orders 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.**

**A separate form shall be completed for each transfer.**

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 7" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

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**

**Type of Authorized Change**

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This Claim is being submitted for a transfer where the only authorized change was a change in place of use.

YES

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

1. File Information

APPLICATION # <b>T-12358</b>
---------------------------------

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME <b>Lester Sturm</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>36121 Statsny Road</b>			
CITY <b>Malin</b>	STATE <b>OREGON</b>	ZIP <b>97632</b>	E-MAIL

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

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

TRANSFER HOLDER OF RECORD <b>Lester Sturm</b>			
ADDRESS <b>36121 Statsny Road</b>			
CITY <b>Malin</b>	STATE <b>OREGON</b>	ZIP <b>97632</b>	E-MAIL

4. Date of Site Inspection:

--

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Lester Sturm</b>	<b>3/17/2021</b>	<b>Owner</b>

6. County:

<b>Lakeview</b>
-----------------

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

OWNER OF RECORD <b>NA</b>			
ADDRESS			
CITY	STATE	ZIP	E-MAIL

Add additional tables for owners of record as needed

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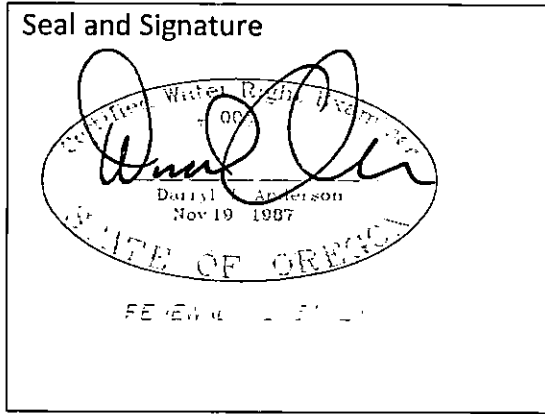
**AUG 13 2021**

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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.



CWRE NAME <b>Darryl Anderson</b>		PHONE NO. <b>541-947-4407</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>17681 Highway 395</b>			
CITY <b>Lakeview</b>	STATE <b>OR</b>	ZIP <b>97630</b>	E-MAIL <b>darryla@andersonengineering.com</b>

Transfer Holder of Record Signature or Acknowledgement

*Each transfer 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
	LESTER R STORM	OWNER	8-10-21

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**AUG 13 2021**

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### SECTION 3

#### EXTENT OF CHANGE COMPLETED

**1. Claim Summary:**

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
<b>7.03</b>	<b>7.03</b>

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

WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
<b>YES</b>

**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order? **NO**

If yes, describe below.

*(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")*

<b>No variations</b>
----------------------

### SECTION 4

#### CONDITIONS

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

**1. Time Limits:**

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

	DATE FROM TRANSFER	DATE THE AUTHORIZED CHANGE WAS COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	<b>3/8/2017</b>	
COMPLETENESS DATE FROM ORDER (C)	<b>10/1/2018</b>	<b>Water moved to new place of use in 4/2017. Flowmeter not installed, added under extension below</b>

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

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

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

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

YES

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VOLUME	PAGE	DATE EXTENDED TO
120	822	October 1, 2022

3. Measurement Conditions:

a. Does the transfer final order require the installation of a meter or approved measuring device?

YES

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

b. Has a meter been installed?

YES

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD #1	McCrometer	03-03176-8	Working	979 026 ac-ftx.001	April 1, 2021

4. Other conditions required by the transfer final order:

a. 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):

NA

**SECTION 5  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
COBU Map	Claim map
Photos	Site photos

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## SECTION 6

### CLAIM OF BENEFICIAL USE MAP

A Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on polyester film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

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

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

**Survey performed with Real Time GPS – Corner tie is a brass cap located at the Northwest Corner of Section 18.**

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## 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
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) **\*Not required for this type of Claim of Beneficial Use**
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Transfer application number
- North arrow
- Legend
- CWRE stamp and signature

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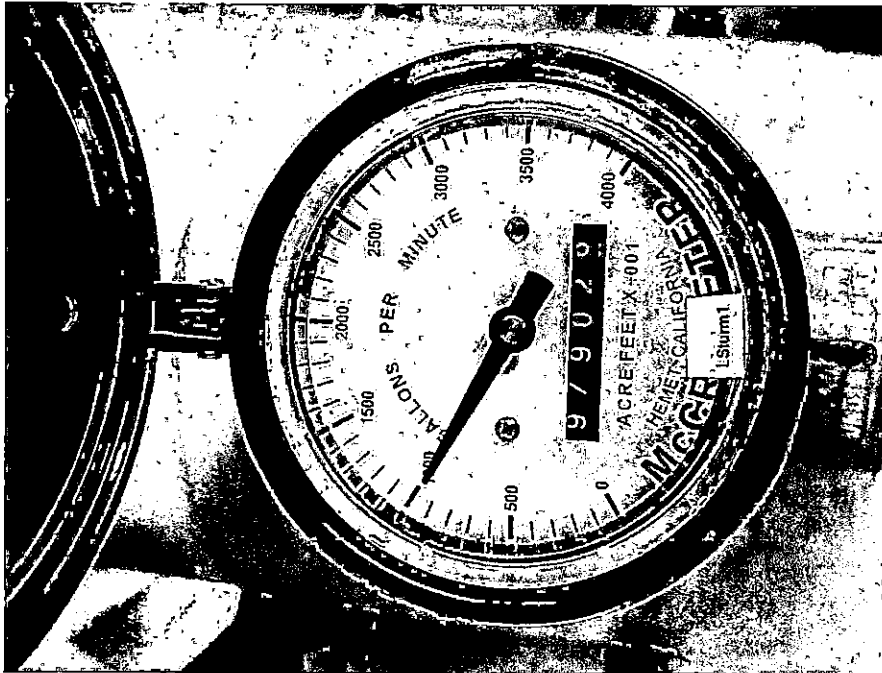
**AUG 13 2021**

**OWRD**



Lester Sturm  
CLAIM OF BENEFICIAL USE  
Inspection Photographs  
Transfer T-12358

Job: 2021-061  
Date: 07/19/2021



**FLOWMETER**



**DISTRIBUTION POND**

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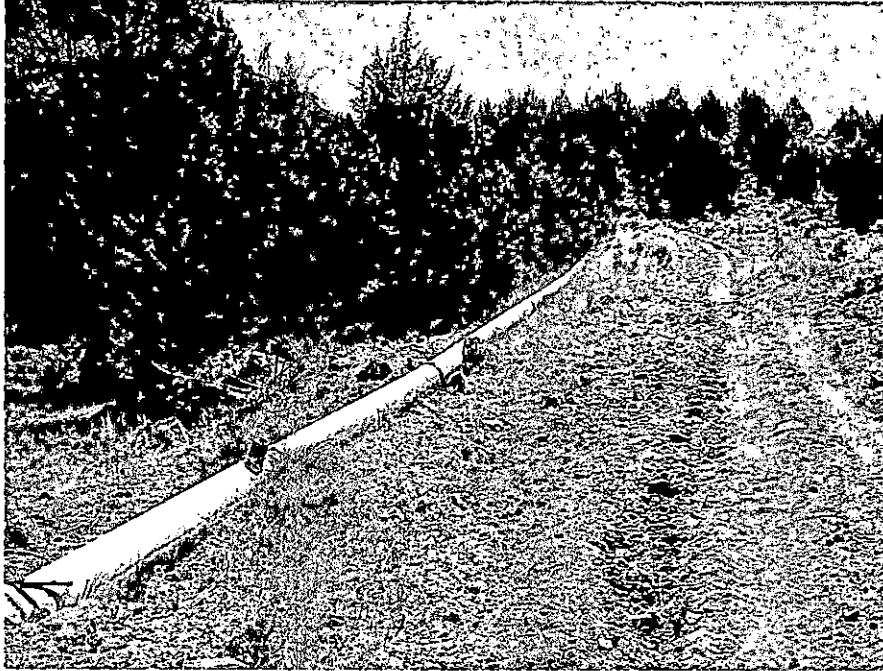
OWRD



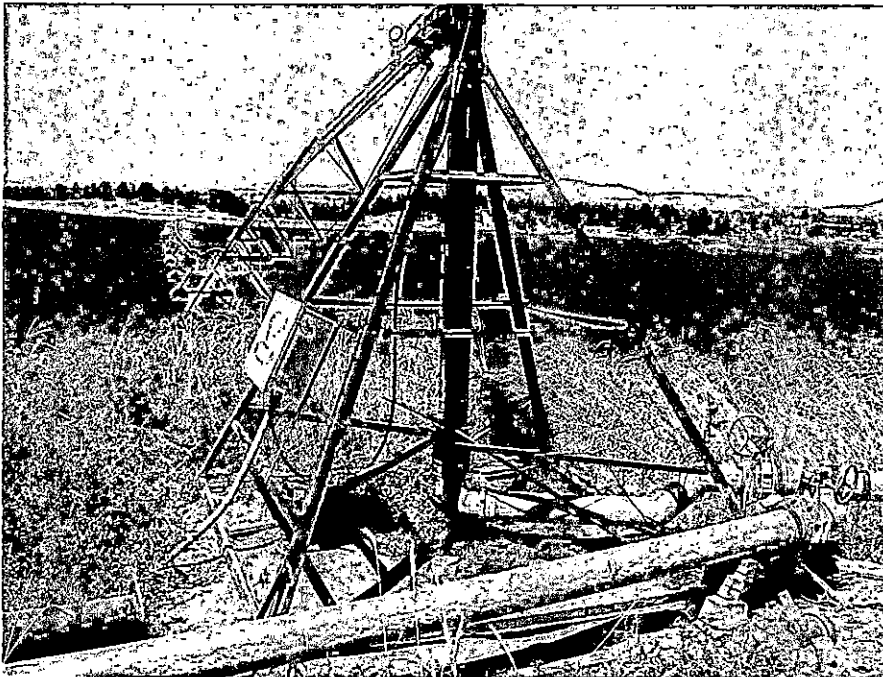
Anderson Engineering & Surveying, Inc.  
P.O. Box 28  
17681 Hwy 395  
Lakeview, Oregon 97630

**Lester Sturm**  
**CLAIM OF BENEFICIAL USE**  
Inspection Photographs  
Transfer T-12358

Job: 2021-061  
Date: 07/19/2021



**12" MAINLINE FROM POND**



**PIVOT IN FIELD, SECTION 18**

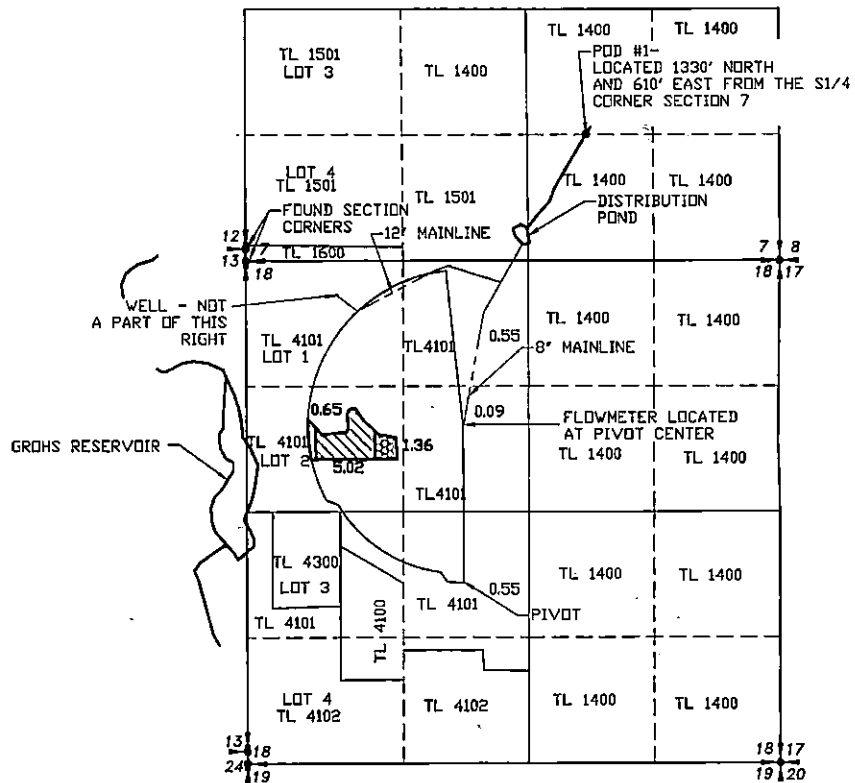
RECEIVED


AUG 1 '8 2021


OWRD




Anderson Engineering & Surveying, Inc.  
P.O. Box 28  
17681 Hwy 395  
Lakeview, Oregon 97630



 PLACE OF USE FROM:  
 CERTIFICATE 86371 PRIMARY  
 CERTIFICATE 86378 SUPPLEMENTAL  
 1.36 AC

 PLACE OF USE FROM:  
 CERTIFICATE 86372 PRIMARY  
 CERTIFICATE 86379 SUPPLEMENTAL  
 5.02 AC

 PLACE OF USE FROM:  
 CERTIFICATE 8637 PRIMARY  
 0.65 AC

# CLAIM OF BENEFICIAL USE MAP

FOR





## LESTER STURM

SECTION 18, TOWNSHIP 41 SOUTH RANGE 13 EAST  
 KLAMATH COUNTY, OREGON



RENEWAL 12/31/21

### LEGEND

-  SECTION LINE
-  1/4 SECTION LINE
-  1/16 SECTION LINE
-  IRRIGATION MAIN LINE



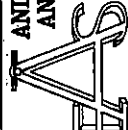
SCALE: 1"=1320'

TRANSFER NO. T-12358

NOTE:  
 PREPARATION OF THIS MAP IS FOR IDENTIFYING PROPOSED  
 WATER RIGHTS ONLY. IT HAS NO INTENT TO PROVIDE  
 LOCATIONS OR DIMENSIONS OF PROPERTY BOUNDARIES.

REVISION	BY

**ANDERSON ENGINEERING  
 AND SURVEYING, INC.**  
 P.O. BOX 28  
 LAKEVIEW, OREGON  
 97630  
 (541) 947-4407  
 FAX: 947-2321



FOR:  
 LESTER STURM  
 36121 STASTNY RD  
 MALIN, OR  
 97682

**MAP TO ACCOMPANY CLAIM  
 OF BENEFICIAL USE  
 TRANSFER T-12358**

DATE:	7/19/2021
SCALE:	1"=1320'
DWG. BY:	R.C.
JOB:	2021-061
FILE:	2021-061
SHEET:	1 OF 1