

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

725 Summer St. N.E. Ste. A

SALEM, OR 97301-4172

(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # **136302**

INVOICE # _____

RECEIVED FROM: Loretta Lynn

APPLICATION S-88756

BY: _____

PERMIT _____

TRANSFER _____

CASH: CHECK: # 1253 OTHER: (IDENTIFY)

TOTAL REC'D \$ 230.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES \$ _____

OTHER: (IDENTIFY) _____ \$ _____

0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS

0407 COPY & TAPE FEES 46111 \$ _____

0410 RESEARCH FEES \$ _____

0408 MISC REVENUE: (IDENTIFY) _____ \$ _____

TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____

0240 EXTENSION OF TIME \$ _____

WATER RIGHTS:

0201 SURFACE WATER EXAM FEE \$ _____ 0202 RECORD FEE \$ _____

0203 GROUND WATER \$ _____ 0204 \$ _____

0205 TRANSFER \$ _____

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR EXAM FEE \$ _____ 0219 LICENSE FEE \$ _____

LANDOWNER'S PERMIT 0220 \$ _____

0200 OTHER (IDENTIFY) COBU \$ 230.00

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE \$ _____ CARD# _____

0210 MONITORING WELLS \$ _____ CARD# _____

OTHER (IDENTIFY) _____

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233 POWER LICENSE FEE (FW/WRD) _____ \$ _____

0231 HYDRO LICENSE FEE (FW/WRD) _____ \$ _____

HYDRO APPLICATION _____ \$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____ \$ _____

RECEIPT: **136302**

DATE: 8-30-2021 BY: Mindy Corder

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #: S-88756	WRD Reviewer: Judy
Transfer #:	
Date Received: 08/30/2021	
CWRE Name: Nathan Reed	
Priority Date (s): 03/12/2019	

Fees Required:

- YES NO A fee of \$230 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES NO A fee of \$230 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))

MONEY SLIP

DATE:		RECEIPT #:	
RECEIVED FROM:		APPLICATION #:	
		PERMIT #:	
		TRANSFER #:	
CASH	CHEQ #	OTHER (IDENTIFY)	TOTAL RECEIVED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
DEPT TREASURY		STATE MINE DEPT	
COPIES	OTHER (IDENTIFY)		\$
<input type="checkbox"/>	<input type="checkbox"/>		\$
6363 Instream Lease		6364 Multi-Phase Mine Plan	
6367 TREASURY		6376 SRD OPERATING ACC.	
6407 MISCELLANEOUS		4611	
6407	COPY & TAPE FEES		\$
6410	RESEARCH FEES		\$
6408	WATER RENTALS (IDENTIFY)		\$
6412	DEPOSIT LAB (IDENTIFY)		\$
6410	EXTENSION OF TIME		\$
WATER RIGHTS		SEAM FEE	RECORDING FEE
6304	SURFACE WATER	\$	0212
6302	GROUNDWATER	\$	0254
6305	TRANSFER	\$	
WELL CONSTRUCTION		SEAM FEE	RECORDING FEE
6716	WELL DRILL CONSTRUCTION	\$	0219
6716	LANDMINE PERMIT	\$	0220
6716	OTHER (IDENTIFY)	\$	222.00
DEPT TREASURY		DAILY HYDROLECTRIC	
6725	PUMP LICENSE FEE (HYDRO)		\$
6725	HYDRO LICENSE FEE (HYDRO)		\$
HYDRO APPLICATION			\$
SPECIAL INSTRUCTIONS:			

RETURN TO APPLICANT – LETTER ATTACHED

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)

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 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 \$230 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 503-979-9103.

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-88756	PERMIT # (IF APPLICABLE) S-55242	PERMIT AMENDMENT # (IF APPLICABLE) NA
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Loretta Joy Lynn		PHONE NO. 541-430-1019	ADDITIONAL CONTACT NO. NA
ADDRESS 217 Arrowhead Ranch Rd			
CITY Oakland	STATE OR	ZIP 97462	E-MAIL JoyT2013@gmail.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.

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

PERMIT HOLDER OF RECORD Loretta Joy Lynn			
ADDRESS 217 Arrowhead Ranch Rd			
CITY Oakland	STATE OR	ZIP 97462	

ADDITIONAL PERMIT HOLDER OF RECORD Sylvia M. Lynn			
ADDRESS 213 Arrowhead Ranch Rd			
CITY Oakland	STATE OR	ZIP 97462	

4. Date of Site Inspection:

8-18-2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Joy Lynn	8-18-2021	Permittee

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)):

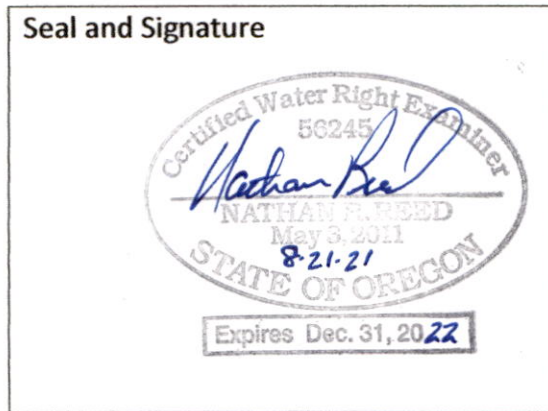
OWNER OF RECORD NA			
ADDRESS			
CITY	STATE	ZIP	

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.



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
<i>Loretta Joy Lynn</i>	Loretta Joy Lynn	Land owner	8-21-21
<i>Sylvia M. Lynn</i>	SYLVIA M LYNN	LAND OWNER	8/21/21

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 1	Calapooya Creek	Umpqua River
POD 2	Calapooya Creek	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 1	Dom. Use		Dec. 1 – June 30	0.01 cfs
POD 1	Human Comsump	NA	Jul. 1 – Nov. 30	0.005 cfs
POD 2	Dom. Use		Dec 1 – June 30	0.01 cfs
POD2	Human Comsump	NA	Jul.1 – Nov. 30	0.005 cfs
Total Quantity of Water Used				0.02 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:

Two separate systems, one for each household. POD 1 has a ½ Hp submersible pump out to 1" buried PVC line to a 5 gpm flow restrictor to a 1500 gallon ABS above ground tank. A secondary 1 Hp pump and pressure bladder supply the whole house. POD 2 has a 4 Hp submersible pump out to 1-1/2" ABS above ground to 6" Aluminum above ground irrigation line for Cert # 68035. A 1" ABS above ground with 5 gpm flow restrictor taps of the end for domestic service for the second house.

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 1	0.01 cfs	0.02 cfs	Not measured	Dom Use	NA	NA
POD 2	0.01 cfs	0.12 cfs	Not measured	Dom Use	NA	NA

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SECTION 4 SYSTEM DESCRIPTION

Are there multiple PODs?

YES

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):

POD 1

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)
Grundfos	10S05-9	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)
0.50	40	-0.5'	45'	0.02

4. Provide pump calculations:

40 psi = 101.6 feet; $Q = (Hp \times eff) / (\text{Sum Total Head}) = (0.50 \times 7.04) / (101.6 - 0.5 + 45) = 0.02 \text{ cfs}$

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)
5 gpm flow restrictor			

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)
NA					

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					

C. Storage

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

YES

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

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
ABS	1500	Above

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D. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

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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:

A 1 Hp centrifugal pump and pressure supplies pressured water to the house.

POD Name or Number this section describes (only needed if there is more than one):

POD 2

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	33GS30	F0622366	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)
4.0	60	-4'	70	0.12

4. Provide pump calculations:

$$60 \text{ psi} = 152.4 \text{ feet; } Q = (Hp \times \text{eff}) / (\text{Sum Total Head}) = (4.0 \times 7.04) / (152.4 - 4 + 70) = \underline{0.12 \text{ cfs}}$$

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)
5 gpm flow restrictor			

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)
NA					

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)? 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:

Certificate No. 68035 uses the same 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 extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	11-21-2019		
BEGIN CONSTRUCTION (A)		9-14-2020	Contractor began installing systems
COMPLETE CONSTRUCTION (B)		9-28-2020	Contractor finished installing systems
COMPLETE APPLICATION OF WATER (C)	11-21-2024	9-28-2020	Beneficially using water for Domestic and human consumption

* 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

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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
NA					

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	Water Right Services Division Administrator	11-21-2019

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
5 gpm flow restrictor/house	Working	9-28-2020

4. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **YES**

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

b. Have the reports been submitted? **YES**

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? **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.

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b. Has the fish screening been installed?

YES

c. When was the fish screening installed?

DATE	BY WHOM
9-28-2020	Gilbert 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.

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):

7.a. Riparian disturbance minimized to access maintenance paths to each POD.

**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.

Used a Garmin Rino 650 handheld GPS to acquire coordinates of pertinent features. Along with Douglas County GIS with 2019 Ultra Aerials.

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
- na 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



August 18, 2021

Loretta Lynn
217 Arrowhead Ranch Rd.
Oakland, OR 97462

Dear Loretta,

Regarding Oregon Water Resources Department (OWRD) water right permit # S-55242 (application file number S-88756), Oregon Department of Fish and Wildlife (ODFW) has determined the fish screen at Point-Of-Diversion (POD) #1 and POD #2 meets current fish protection criteria. ODFW has deemed fish bypass devices unnecessary at POD #1 and POD #2. Thank you.

Sincerely,

Josh Kelsey
Senior Fish Screen Technician
Fish Screening and Passage Program
Office (541) 857-2424
Cell (541)-601-4512

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1000 W. ...

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CLAIM OF BENEFICIAL USE MAP

FOR: LORETTA JOY & SYLVIA LYNN

BY: NATHAN REED, PE, CWRE

T25S, R4W, W.M. SECTION 7 DLC 51

APPLICATION NO. S-88756

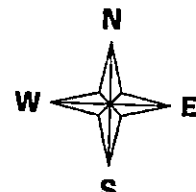
PERMIT NO. S-55242

DATE SURVEYED: AUGUST 18, 2021

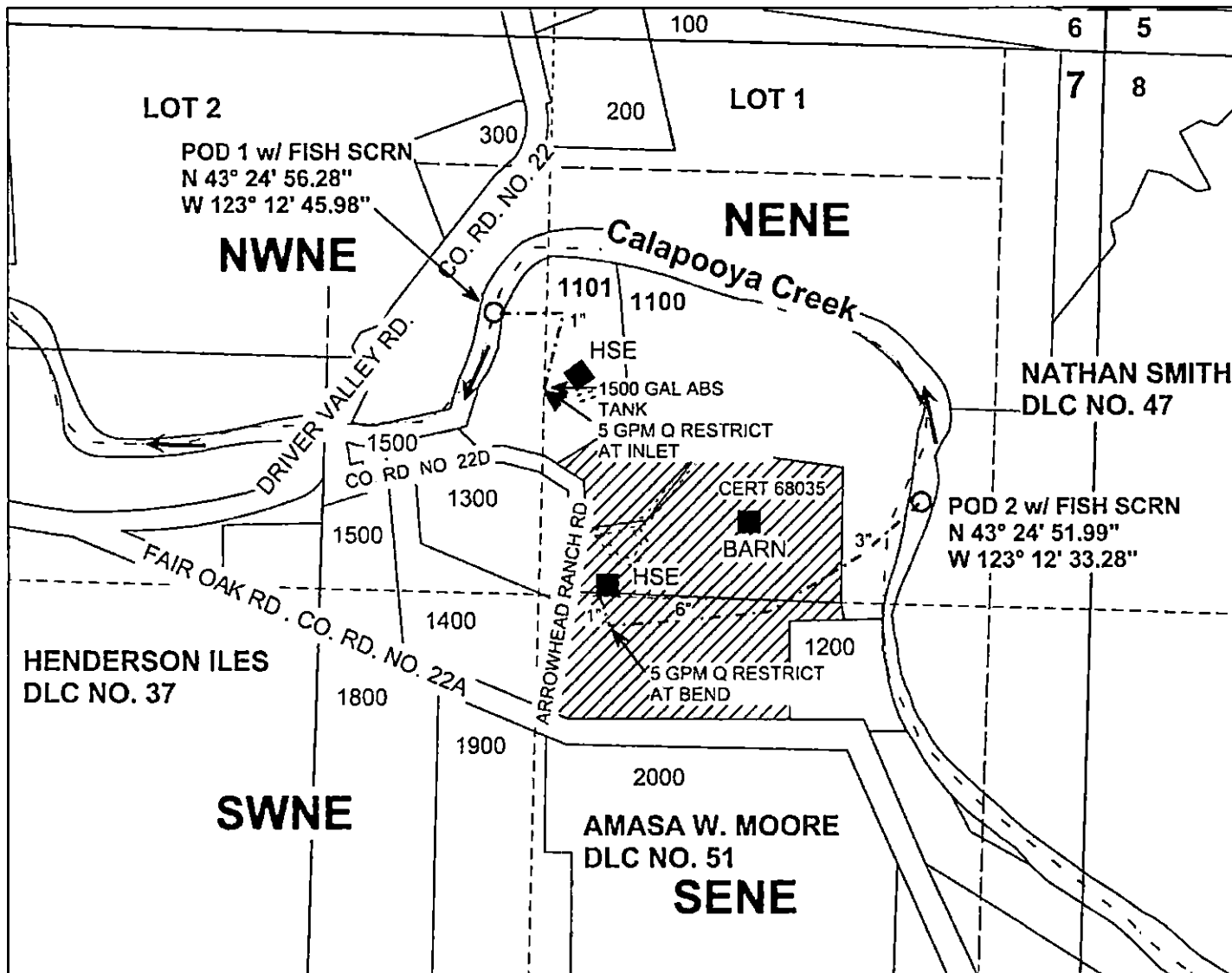
RECEIVED

AUG 30 2021

OWRD



SCALE: 1" = 400'



POD1 IS 645 FEET SOUTH AND 1450 FEET WEST FROM THE NE CORNER, SECTION 7.
 POD2 IS 1080 FEET SOUTH AND 410 FEET WEST FROM THE NE CORNER, SECTION 7.

Legend

- | | | | | | | | |
|-----|------------|-------|------------|-------|---------|-------|-----------|
| --- | River | ▼ | Pump | ----- | Gov Lot | ----- | Sixteenth |
| ○ | POD | ■ | Structures | --- | DLC | □ | Parcels |
| ○ | Water_Tank | ===== | Driveway | □ | Section | | |
| --- | Pipeline | → | Flow arrow | --- | Quarter | | |

MAP PREPARED FOR:
 LORETTA JOY LYNN
 217 ARROWHEAD RANCH RD
 OAKLAND, OR 97462
 AND
 SYLVIA LYNN
 213 ARROWHEAD RANCH RD
 OAKLAND, OR 97462

Nathan Reed
 8-21-21

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:
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 157 WEST BODIE STREET
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