

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 \$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))

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	\$ _____
0200 _____ COBU \$230.00			
0607 TREASURY 0487 HYDROELECTRIC			
		LIC NUMBER	
0233 POWER LICENSE FEE (FWWRD)		\$ _____	
0231 HYDRO LICENSE FEE (FWWRD)		\$ _____	
HYDRO APPLICATION			
\$ _____			
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



Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: JOE CREEK COUNTRY STORE & RV
GPRVR LLC
914401
1099 JUMPOFF JOE CREEK ROA GP OR 97526
Transaction Type: COBU

Fees Received: \$ 230⁰⁰

Cash Check: Check No. 1951
Name(s) on Check: ABOVE
Address on Check: _____

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,
OWRD Customer Service Staff

Submission received by: C. Holmes via VPS 10/7/2021
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt, and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Place the Submission Receipt with check/cash in the small top drawer (i.e., "Fiscal Pick Up Drawer"). Place the Submission Receipt with submission (application/other document) in the large bottom drawer.

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DEPARTMENT

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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address:

JOE CREEK COUNTRY STORE & RV

GPRVR LLC

699 JUMP OFF JOE CREEK ROAD GP OR 97526

914401

Transaction Type: COBU

Fees Received: \$ 230⁰⁰

Cash

Check:

Check No. 1951

Name(s) on Check: ABOVE

Address on Check: _____

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OWRD Customer Service Staff

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C. Holmes via UPS 10/7/2021

(Name of OWRD staff)

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**CLAIM OF
BENEFICIAL USE
for Ground 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 \$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>

(See Certificate Resources)

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**SECTION 1
GENERAL INFORMATION**

1. File Information:

APPLICATION # G-14401	PERMIT # (IF APPLICABLE) G-13324	PERMIT AMENDMENT # (IF APPLICABLE) N/A
---------------------------------	--	--

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME GPRVR LLC		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 11675 W. 17th Ave.			
CITY Lakewood	STATE CO	ZIP 80215	CITY Lakewood

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 Same as above		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

6/22/2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Ron Bemis	6/22/2021	Manager of KOA

6. County:

Josephine

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		
ADDRESS		
CITY	STATE	ZIP

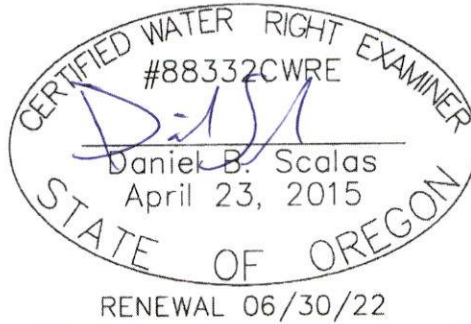
Add additional tables for owners of record as needed

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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 Daniel B. Scalas		PHONE No. 541-884-4666	ADDITIONAL CONTACT No.
ADDRESS 1435 Esplanade Ave.			
CITY Klamath Falls	STATE OR	ZIP 97601	E-MAIL dscalas@adkinsengineering.com

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>Patrick A. Peterson</i>	Patrick A. Peterson	member/manager	9/8/21

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SECTION 3

CLAIM DESCRIPTION

1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 1	JOSE 4900, 50101, & 53041	L33370

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

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

POA 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)
Well 1	Industrial Use (Commercial- Recreation Vehicle and Mobile Home Park)	N/A	Year Round	0.09 CFS
Total Quantity of Water Used				0.09 CFS

3. Provide a general narrative description of the distribution works. This description must trace the water system from each point of appropriation to the place of use:

From Well 1, water is diverted to the north and south. To the north, water is diverted through 2" buried PVC pipe to 3/4" hose bibs for RV campsites. This 2" piping is connected to a 1,550 plastic storage tank. To the south, water is diverted through 2" buried PVC pipe to 3/4" hose bibs for RV campsites, tent sites, and cabins. All hose bibs are used by tenants for various uses. Water is used in Section 36, NW SW and SW SW.

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
Well 1	0.089 CFS	0.09 CFS	N/A	Industrial Use (Commercial- Recreation Vehicle and Mobile Home Park)	N/A	N/A

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

NO

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. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

2. Describe the access port (type and location) or other means to measure the water level in the well:

1/4" screw on the south side of well

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
N/A						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

Well Logs: JOSE 4900, 50101, & 53041

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)?

NO

D. Appropriation and Delivery System Information

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

1. Is a pump used?

YES

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Goulds	C48C53A06	04514J2	Centrifugal

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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	30	14.0'	0.0'	0.09 CFS

4. Provide pump calculations:

See Attachment D for theoretical pump capacity calculations.

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)
N/A			

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)
N/A					

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)
N/A					

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
N/A					

E. Storage

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

YES

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
Plastic	1,550	Above Ground

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3. Bulge in System / Reservoir:

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

F. 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**

G. 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**

H. 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	2/18/1998		
BEGIN CONSTRUCTION (A)	2/18/1999	2/18/1998	JOSE 4900 began being on drilled on 3/19/1971.
COMPLETE CONSTRUCTION (B)	N/A	N/A	N/A
COMPLETE APPLICATION OF WATER (C)	10/1/2002	2/18/1998	Full beneficial use of water used.

* 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. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? NO

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? NO

5. Pump Test:

a. Is a pump test required? YES

Ground water permits with priority dates on or after December 20, 1988, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

b. Has the pump test been previously submitted to the Department? NO

c. Is the pump test attached to this claim? NO

d. Has the pump test been approved by the Department? NO

e. Has a pump test exemption been approved by the Department? NO

NOTE: Please see attached Pump Test Exemption in Attachment E.

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6. Measurement Conditions:

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

7. Recording and reporting conditions:

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

8. Other conditions required by permit, permit amendment final order, or extension final order:

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **NO**

c. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL ID #	DATE ATTACHED TO WELL
L33370	Unknown

d. 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):

N/A

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Attachment A	Copy of Permit G-13324
Attachment B	Claim of Beneficial Use Map (mylar)
Attachment C	Claim of Beneficial Use Map (paper copy)
Attachment D	Theoretical Pump Capacity Calculations
Attachment E	Pump Test Unreasonable Burden Exemption Request
Attachment F	Well Logs JOSE 4900, 50101, & 53041
Attachment G	Josephine County Tax Map 34-6-36

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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.

This Claim of Beneficial Use Map was prepared from field measurements, NAIP 2021 aerial photography, Josephine County tax maps, and Oregon GLO maps.

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
- N/A If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- N/A 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
- N/A 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

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ATTACHMENT A
Copy of Permit G-13324

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STATE OF OREGON

COUNTY OF JOSEPHINE

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

GEORGE A CALVERT
699 JUMP OFF JOE CR RD
GRANTS PASS, OREGON 97526

(541)476-6776

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-14401

SOURCE OF WATER: A WELL IN THE JUMPOFF JOE CREEK BASIN

PURPOSE OR USE: INDUSTRIAL USE (COMMERCIAL-RECREATION VEHICLE AND MOBILE HOME PARK)

MAXIMUM RATE: 0.089 CFS

PERIOD OF USE: ALL YEAR

DATE OF PRIORITY: October 29, 1996

POINT OF DIVERSION LOCATION: NW 1/4 SW 1/4, SECTION 36, T34S, R6W, W.M.;
1980 FEET NORTH AND 680 FEET EAST FROM THE SW1/4 OF SECTION 36

THE PLACE OF USE IS LOCATED AS FOLLOWS:

NW 1/4 SW 1/4
SECTION 36
TOWNSHIP 34 SOUTH, RANGE 6 WEST, W.M.

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Measurement, recording and reporting conditions:

- A. The Director may require the permittee to install a meter or other suitable measuring device as approved by the Director. If the Director notifies the permittee to install a meter or other measuring device, the permittee shall install such device within the period stated in the notice. Such installation period shall not be less than 90 days unless special circumstances warrant a shorter installation period. Once installed, the permittee shall maintain the meter or measuring device in good working order and shall allow the watermaster access to the meter or measuring device. The Director may provide an opportunity for the permittee to submit alternative measuring procedures for review and approval.
- B. The Director may require the permittee to keep and maintain a record of the amount (volume) of water used and may require

the permittee to report water use on a periodic schedule as established by the Director. In addition, the Director may require the permittee to report general water use information, the periods of water use and the place and nature of use of water under the permit. The Director may provide an opportunity for the permittee to submit alternative reporting procedures for review and approval.

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

Use of water under authority of this permit may be regulated if analysis of data available after the permit is issued discloses that the appropriation will measurably reduce the surface water flows necessary to maintain the free-flowing character of a scenic waterway in quantities necessary for recreation, fish and wildlife in effect as of the priority date of the right or as those quantities may be subsequently reduced.

STANDARD CONDITIONS

The wells shall be constructed in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine water level elevation in the well at all times.

The use shall conform to such reasonable rotation system as may be ordered by the proper state officer.

Prior to receiving a certificate of water right, the permit holder shall submit the results of a pump test meeting the department's standards, to the Water Resources Department. The Director may require water level or pump test results every ten years thereafter.

Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.

This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

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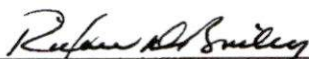
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The use of water shall be limited when it interferes with any prior surface or ground water rights.

The Director finds that the proposed use(s) of water described by this permit, as conditioned, will not impair or be detrimental to the public interest.

Actual construction of the well shall begin within one year from permit issuance. Complete application of the water to the use shall be made on or before October 1, 2002.

Issued February 10, 1998



Martha O. Pagel, Director
Water Resources Department

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Application G-14401
Basin 15
MILLERDS

Water Resources Department
Volume 6 APPLGATE R MISC
MGMT.CODES 7BG 7BR 7JG 7JR

PERMIT G-13324
District 13

ATTACHMENT B
Claim of Beneficial Use Map (mylar)

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NOTICE TO WATER WELL CONTRACTOR

The original and file copy of this report are to be filed with the

RECEIVED WATER WELL REPORT STATE OF OREGON STATE ENGINEER SALEM, OREGON MAR 30 1971

Owner's information indicates 345/6W-36cb Well located in 34 1/2 - 36 cb 284 7/18/78 State Well No. 36/6W 36ac JOSE 4900 State Permit No. G-8332

STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion

(1) OWNER:

Name: George Colvert Address: 3500 Ogden Dr. Trout, Ore

(2) TYPE OF WORK (check):

New Well [X] Deepening [] Reconditioning [] Abandon []

(3) TYPE OF WELL:

Rotary [X] Cable [] Dug [] Driven [] Jetted [] Bored []

(4) PROPOSED USE (check):

Domestic [X] Industrial [] Municipal [] Irrigation [] Test Well [] Other []

(5) CASING INSTALLED:

6" Diam. from 0 ft. to 36 1/2 ft. Gage 250

(6) PERFORATIONS:

Perforated? [] Yes [X] No. Size of perforations in. by in.

(7) SCREENS:

Well screen installed? [] Yes [X] No Manufacturer's Name Type Model No.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level. Was a pump test made? [] Yes [X] No

(9) CONSTRUCTION:

Well seal—Material used Cement Well sealed from land surface to 30 ft. Diameter of well bore to bottom of seal 9 in.

(10) LOCATION OF WELL:

County Josephine Driller's well number NE 1/4 SW 1/4 Section 36 T. 36S R. 6W W.M.

(11) WATER LEVEL: Completed well.

Depth at which water was first found 90 ft (4.2 PM) Static level 14 ft. below land surface. Date 3-19-71

(12) WELL LOG:

Diameter of well below casing 6 Depth drilled 146 ft. Depth of completed well 146 ft.

Table with columns: MATERIAL, From, To, SWL. Rows: Red Clay & Med. Gravel (0-15), Blue Clay & Med. Gravel (15-30), Diorite (30-146)

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Work started 3-19 1971 Completed 3-19 1971 Date well drilling machine moved off of well 3-19 1971

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief. [Signed] Steve Von Glendon Date 2-20-71

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Name: Gary McElanahan Well Drilling Address: 730 N.E. Elida Dr. Trout, Ore

ATTACHMENT G
Josephine County Tax Map 34-6-36

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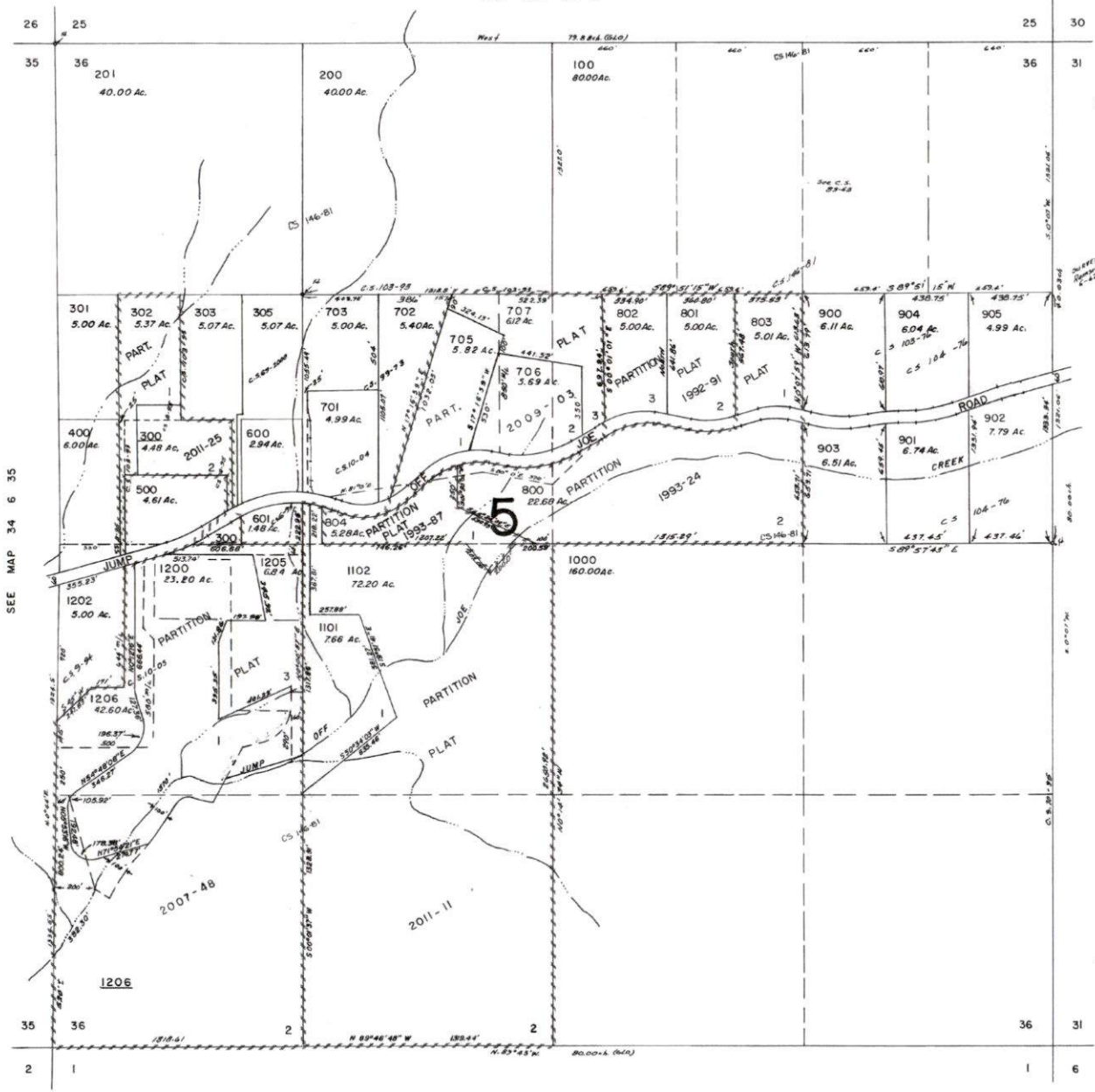
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This map was prepared for
assessment purpose only.

1"=400'

SEE MAP 34 6



CANCELLED T. L.
 304
 592
 1290
 1190
 1201
 704
 1191
 890
 1192
 1203
 1204
 1100-30
 700
 1100

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SEE MAP 34 6 35

SEE MAP 34 5 31

SEE MAP 35 6 1

ATTACHMENT C
Claim of Beneficial Use Map (paper copy)

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ATTACHMENT D
Theoretical Pump Capacity Calculations

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Pump Capacity Calculation Sheet

using Department designed formula:

Date: 9/7/2021

$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 1.5
Efficiency = 6.61
Lift = 14
PSI = 40

Results Calculated

$(hp)(\text{efficiency}) = 9.915$
Head based on psi = 101.6
Total dynamic head = 115.6
(head + lift)

Pump Capacity = 0.09 cubic feet per second

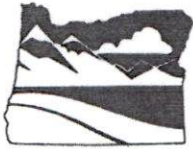
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ATTACHMENT E
Pump Test Unreasonable Burden
Exemption Request

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**PUMP TEST UNREASONABLE BURDEN
EXEMPTION REQUEST FORM**

OWNER NAME/BUSINESS NAME: GPRVR LLC		PHONE NO.: 541-479-7974	ADDITIONAL CONTACT NO.:
ADDRESS: 11675 W. 17th Ave.			
CITY: Lakewood	STATE: CO	ZIP: 80215	E-MAIL: joecreekrvresort@msn.com

If there is a reason why a pump test cannot be performed on a well, the owner may request from the Director an exemption from the pump test requirement. Requests shall be in writing and include the reason why a pump test cannot be performed. Exemptions, or conditioned exemptions, shall be granted if the reasons are found to valid and eliminating the problem would place an unreasonable burden on the well owner. Exemptions shall be granted for public water supply wells if pump testing will cause interruption of service to customers. OAR 690-217-0015(3).

1. List each well and associated water right(s) for which you are requesting an exemption. If a well is listed on more than one water right, be sure to include them all here. If additional space is needed, please attach another form. If available, please attach all water well reports (i.e. well logs) and a map showing the locations of all wells listed on this form.

	WELL LOG # <small>(EX. MARI 99999)</small>	WELL TAG # <small>(EX. L-999999)</small>	WELL NAME OR #	APPLICATION	PERMIT	TRANSFER
a	JOSE 4900	L- 33370	Well 1	G- 14401	G- 13324	T- N/A
b		L-		G-	G-	T-
c		L-		G-	G-	T-
d		L-		G-	G-	T-
e		L-		G-	G-	T-

(CONTINUED)

	TWP <small>(EX. 25S)</small>	RNG <small>(EX. 31E)</small>	SEC <small>(EX. 12)</small>	QQ <small>(EX. SE/SW)</small>	SURVEYED LOCATION <small>(EX. 100 ft N & 735 ft E fr SE cor, sec 5)</small>	LATITUDE <small>(EX. 44.94473859)</small>	LONGITUDE <small>(EX. -123.02787000)</small>
a	34S	6W	36	NW SW	1980' N & 680' E from the SW1/4 of Section 26	42.57012905	-123.36482314
b							
c							
d							
e							

2. Please explain why the test cannot be performed:

This well is used year round for commercial-recreation vehicles and a mobile home park. Due to the requirements to have the well shut off and idle for 16 hours prior to the pump test and for up to 4 hours during the recovery phase, this would cause an unreasonable burden to the owners and users of Grants Pass KOA. Therefore, we are requesting that this exemption be accepted on the basis that this unreasonable burden can be avoided by not completing the pump test.

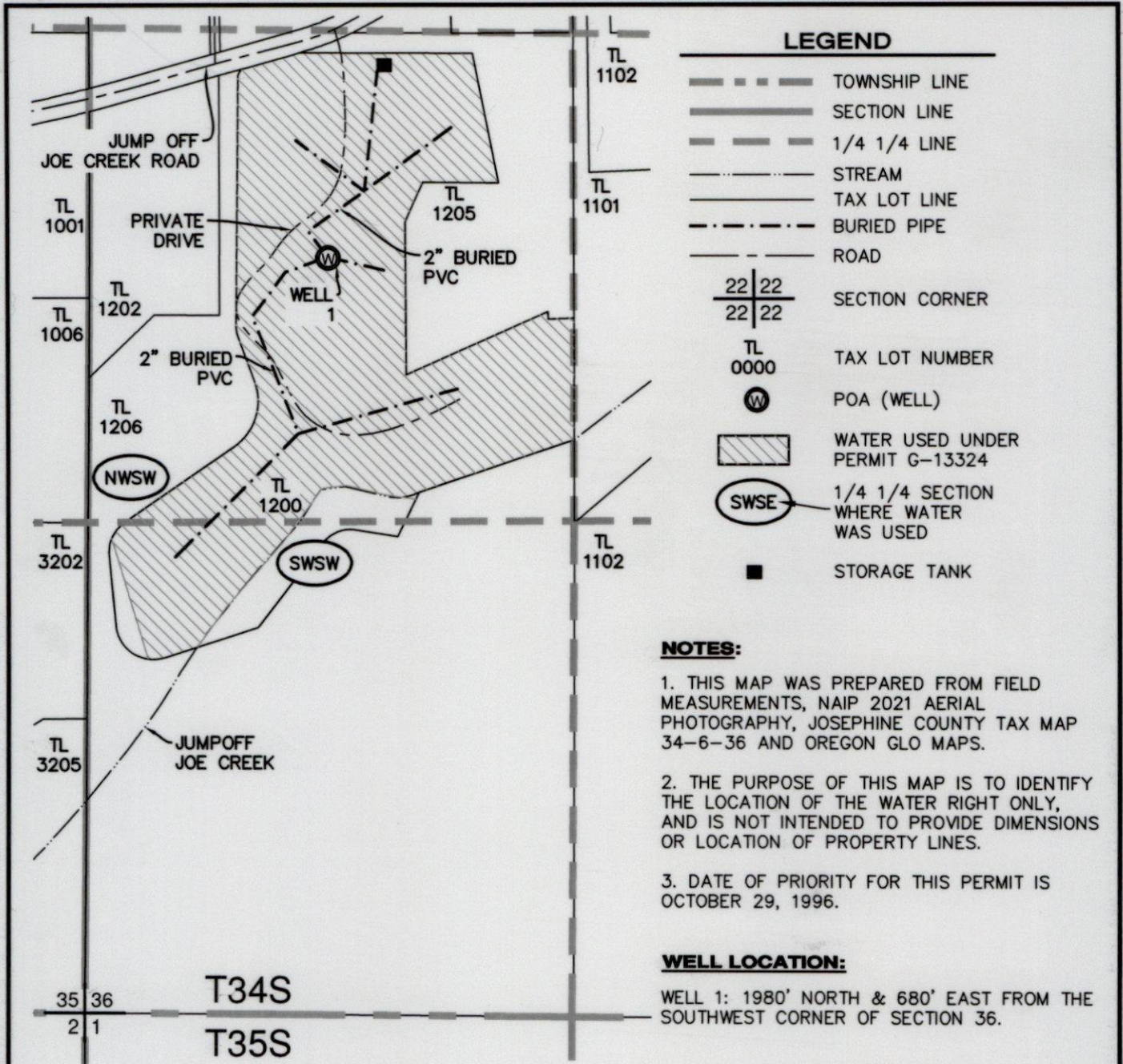
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I hereby certify that the well(s) requested for exemption(s) are under my ownership.

SIGNATURE: Patrick A. Peterson, manager GPRVR, LLC DATE: 9/8/21

ATTACHMENT F
Well Logs JOSE 4900, JOSE 50101, & JOSE
53041

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LEGEND

- TOWNSHIP LINE
- SECTION LINE
- - - 1/4 1/4 LINE
- STREAM
- TAX LOT LINE
- · - · - BURIED PIPE
- ROAD
- 22|22
22|22 SECTION CORNER
- TL
0000 TAX LOT NUMBER
- ⊙ POA (WELL)
- ▨ WATER USED UNDER PERMIT G-13324
- ⊙ SWSE 1/4 1/4 SECTION WHERE WATER WAS USED
- STORAGE TANK

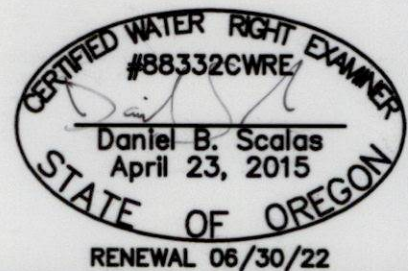
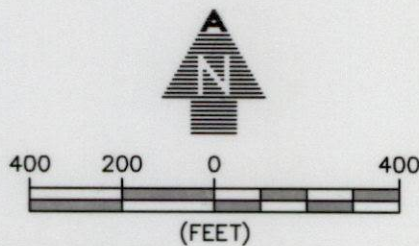
NOTES:

1. THIS MAP WAS PREPARED FROM FIELD MEASUREMENTS, NAIP 2021 AERIAL PHOTOGRAPHY, JOSEPHINE COUNTY TAX MAP 34-6-36 AND OREGON GLO MAPS.
2. THE PURPOSE OF THIS MAP IS TO IDENTIFY THE LOCATION OF THE WATER RIGHT ONLY, AND IS NOT INTENDED TO PROVIDE DIMENSIONS OR LOCATION OF PROPERTY LINES.
3. DATE OF PRIORITY FOR THIS PERMIT IS OCTOBER 29, 1996.

WELL LOCATION:

WELL 1: 1980' NORTH & 680' EAST FROM THE SOUTHWEST CORNER OF SECTION 36.

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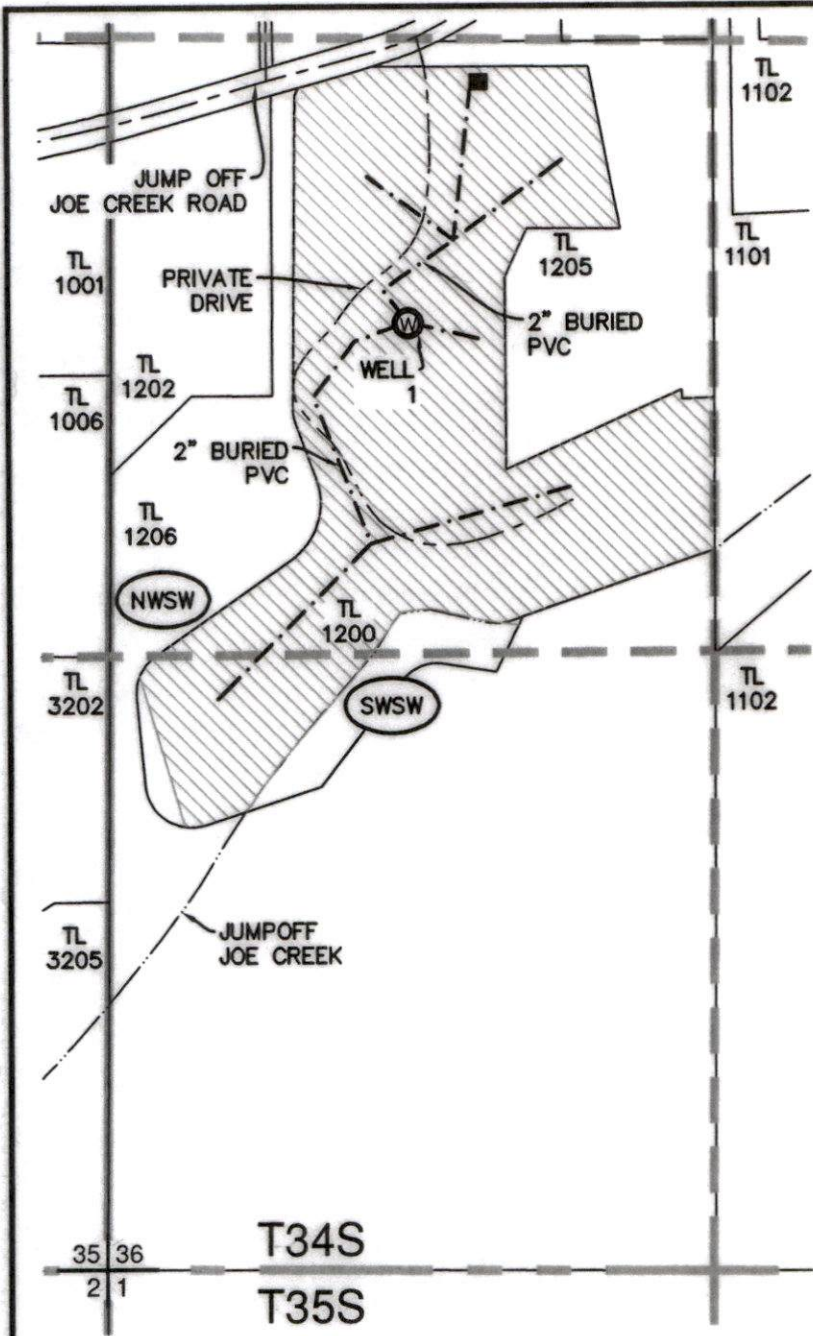
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SERVING S. OREGON & N. CALIFORNIA

ENGINEERING • SURVEYING • PLANNING • TESTING

CLAIM OF BENEFICIAL USE AND FINAL PROOF MAP

FOR
GPRVR LLC
T34S, R6W, SEC. 36, WM
JOSEPHINE COUNTY, OREGON
PERMIT G-13324
APPLICATION G-14401



LEGEND	
	TOWNSHIP LINE
	SECTION LINE
	1/4 1/4 LINE
	STREAM
	TAX LOT LINE
	BURIED PIPE
	ROAD
	SECTION CORNER
	TAX LOT NUMBER
	POA (WELL)
	WATER USED UNDER PERMIT G-13324
	1/4 1/4 SECTION WHERE WATER WAS USED
	STORAGE TANK

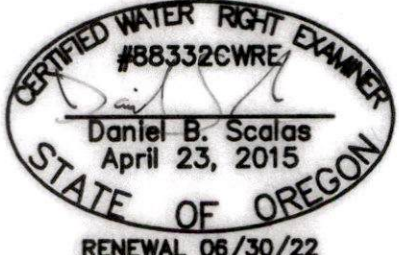
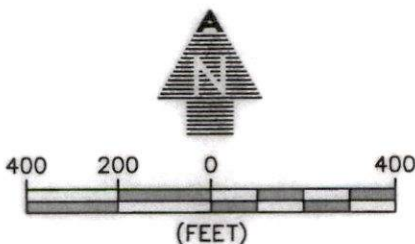
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CLAIM OF BENEFICIAL USE AND FINAL PROOF MAP
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GPRVR LLC
T34S, R6W, SEC. 36, WM
JOSEPHINE COUNTY, OREGON
PERMIT G-13324
APPLICATION G-14401

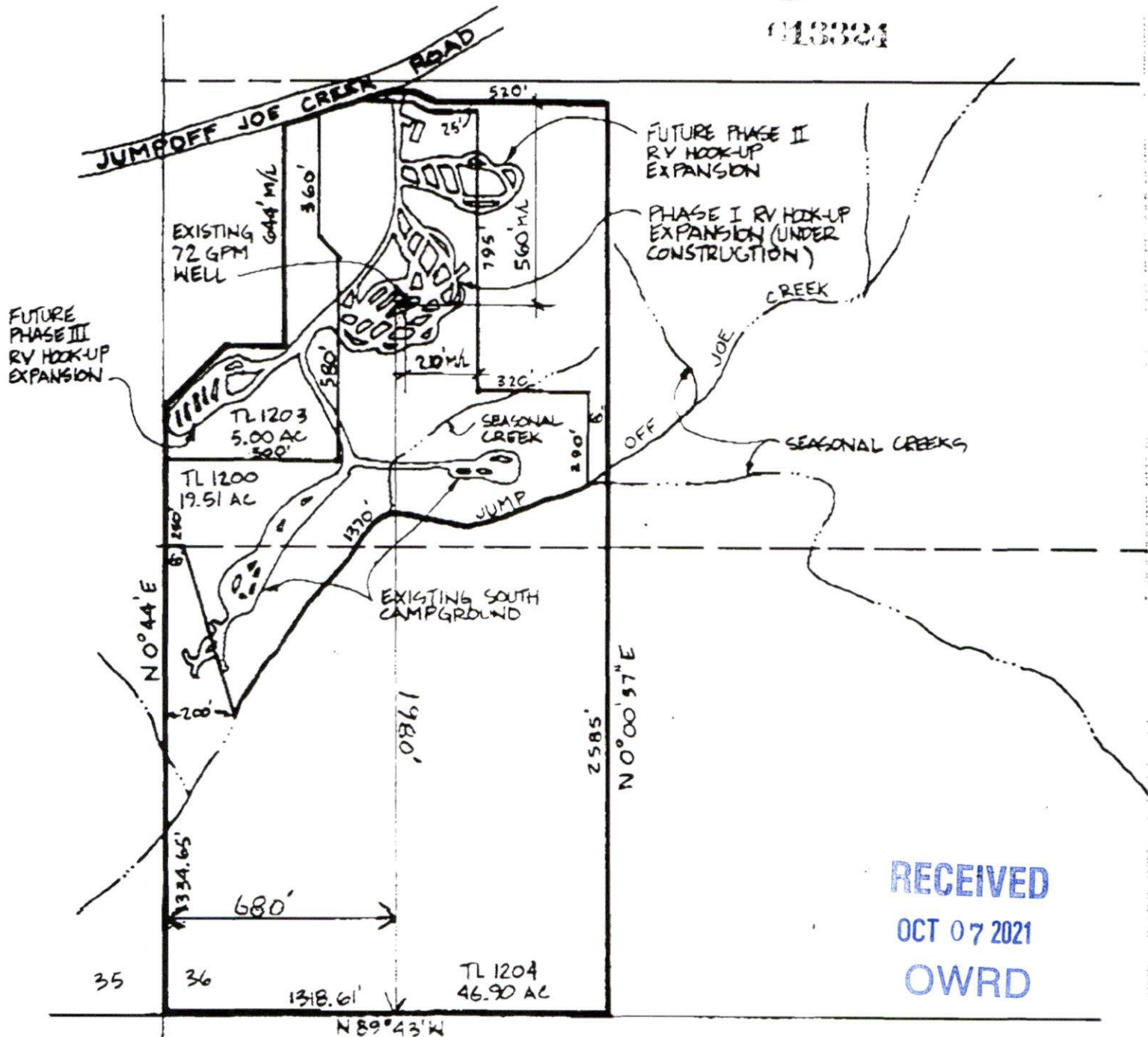
George Walker

541) 476-6776
Phone #

JOE CREEK WATERFALLS RV PARK
699 JUMPOFF JOE CREEK ROAD
GRANTS PASS, OREGON 97526

G-14401

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WATER RESOURCES MAP

1" = 400'

MAP T34S-R6W-S36
TAX LOTS 1200, 1203, 1204

