

**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-85219	PERMIT # (IF APPLICABLE) S-54027	PERMIT AMENDMENT # (IF APPLICABLE) N/A
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Nora Juncal/Russell Juncal		PHONE NO. 209-470-6228	ADDITIONAL CONTACT NO. --
ADDRESS 1965 Hilt Road			
CITY Hornbrook	STATE CA	ZIP 96044	E-MAIL*

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

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

PERMIT HOLDER OF RECORD Chris/Anita Holm		
ADDRESS 14930 Barney Rd.		
CITY Plymouth	STATE CA	ZIP 95669

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

December 3, 2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Russell Juncal	12/3/21	Landowner
Nora Juncal	12/3/21	

6. County:

Jackson Co., Oregon

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**

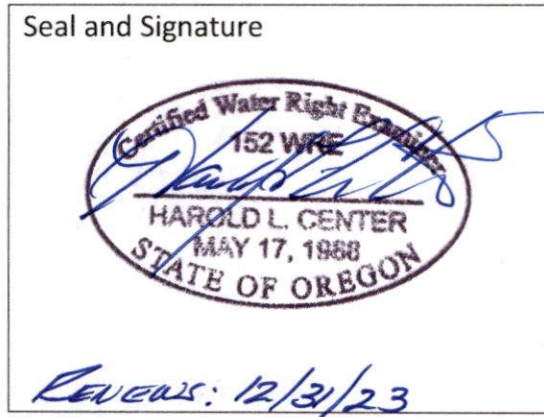
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CWRE Statement, Seal and Signature

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



CWRE NAME Harold L. Center		PHONE NO. 541-535-6108	ADDITIONAL CONTACT NO.
ADDRESS 2604 David Lane			
CITY Medford	STATE OR	ZIP 97504	E-MAIL Center1071@gmail.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
	Nora Juncal	Owner	12/14/2
	Russell Juncal	Owner	12/14/2

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SECTION 3 CLAIM DESCRIPTION

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

POD NAME OR NUMBER	SOURCE	TRIBUTARY
No. 1	Holm Spring	Cottonwood Ck.

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)
No. 1	Domestic	--	Year Round	0.005 CFS
No. 1	Livestock	--	Year Round	0.005 CFS
Total Quantity of Water Used				0.01 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:

Water flows by gravity from Spring "Box" along existing road in buried pipeline to place of use which is a recreation vehicle site, work shop and barn. Livestock provided water in portable tanks and in field/barn/shop.

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

4. Variations:

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

YES 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
No. 1	0.01 CFS	0.026 cfs	0.022 cfs	Domestic	N/A	N/A
No. 1	0.01 CFS	0.026 cfs	0.022 cfs	Livestock	N/A	N/A

SECTION 4
SYSTEM DESCRIPTION

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Are there multiple PODs?

YES 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):

No. 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 NO

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

6. Sprinkler Information: N/A

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)

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

7. Drip Emitter Information: N/A

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

8. Drip Tape Information: N/A

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION

C. Storage

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

YES NO

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

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 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)
1.5"	PVC	130	27	2070	1.30%	0.026 - (11.67 GPM)

3. Provide calculations:

Pipe Capacity = 0.026 CFS

MEASURED OUTLET FLOW 40 psi*

*Not sure if pressure regulator is installed.

SEE ATTACHED PIPE CAPACITY 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)
December 3, 2021	CWRE No. 152	Flow Meter	0.022 CFS

Attach measurement notes.

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?

YES NO

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

F. Additional notes or comments related to the system:

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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			
BEGIN CONSTRUCTION (A)	2/19/2004		Cistern at Spring – Pipeline to shop/barn existing at time permit issue.
COMPLETE CONSTRUCTION (B)	10/1/2008	3/1/2004	Installed meter and additional pipe
COMPLETE APPLICATION OF WATER (C)	10/1/2008	3/1/2004	Water utilized for domestic and livestock

* 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 NO

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

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?

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?

YES NO

c. Meter Information

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
#1	Master-Meter	9831310	Working	0108432	3/1/2004

If a meter has been installed, items d through f relating to this section may be deleted.

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4. Recording and reporting conditions:

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

YES NO

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

5. Fish Screening:

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion?

YES NO

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d. If the diversion **involves a pump** and the **total** diversion rate of all rights at the point of diversion is less than 225 gpm (0.5 cfs):

- Has the self-certification form previously been submitted to the Department? NA 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? NA 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>

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 NO

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

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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 NO
- b. Other conditions? YES 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
Flow Meter	Picture of Flow Meter
Pipe Capacity Calculation	OWRD Comp Sheet
E-Mail – Map Scale	E-Mail G. Clark to H. Center Approve '/500 map scale

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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.

Trimble GEO X-7 GPS to locate reference corner, spring cistern, pipeline and place of use. Google Earth photographs 8/2006 - Current

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) **MAP SCALE WAIVER APPROVED TO 1/500**
- ☒ 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 **N/A**
- ☐ Locations of fish screens and/or fish by-pass devices in relationship to point of diversion **N/A**
- ☒ 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) **N/A**
- ☒ 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

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Pipe Capacity Calculator

for pipes flowing full, using the Hazen-Williams Formula

Data Entry (fill in underlined blanks)

Interior Diameter = 1.5 inches, or 0.125 feet
Roughness Coefficient (C) = 150
Fall = 27 feet per 2070 feet of distance
Grade = 0.01304348, or 1.3%

Results calculated

Area of cross-section = 0.01227 square feet
Wetted Perimeter = 0.3927 feet
Hydraulic Radius = 0.03125
Velocity = 2.13833 feet per second

Pipe Capacity = 0.026 cubic feet per second

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Harold Center <center1071@gmail.com>

Certificate 90826 (Application G-15711) - CBU Map Scale and Waiver for Scale on CBU Map for Permit S-54027 (Application S-85219)

1 message

CLARK Gerald E * WRD <Gerald.E.CLARK@water.oregon.gov>
To: "Harold Center (center1071@gmail.com)" <center1071@gmail.com>

Mon, Dec 6, 2021 at 9:13 AM

Harold,

Thanks for the call this morning to discuss the map scale on the Claim map for the above certificate. You had indicated that the scale on the map was incorrect and that the correct scale is 1" = 500'.

I plan to update the scale on the map from 1" = 400' to 1" = 500' and will send you a copy of the map with the revision note. In addition, I will notify our Data Center so that the map image in WRIS can be replaced.

As for the CBU map for permit S-54027, consider this email as a waiver to prepare the CBU map at a scale of 1" = 500'. Please attach a copy of this message to your Claim to document the waiver approval.

Please let me know if you have any additional questions.

Gerry

[Gerry Clark](#)

He/Him/His

Oregon Water Resources Department

Program Analyst, Certificate Section, Water Right Services Division

725 Summer Street NE, Suite A Salem, OR 97301 | Phone 503-979-9103

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HAROLD L. CENTER
Registered Land Surveyor * Certified Water Right Examiner
2604 David Lane – Medford, Oregon 97504
541-535-6108 e-mail – center1071@gmail.com

December 15, 2021

Oregon Water Resources Department
725 Summer St. N.E. Suite A
Salem, OR 97301

Reference: Russell and Nora Juncal, Claim of Beneficial Use/Certificate Reimbursable Authority Estimate

Good Day,

Attached please find the Claim of Beneficial Use report for Permit S-54027. In addition the Certificate Reimbursement Authority Estimate Application and bank check in the amount of \$355.00 (\$230.00 for the COBU fee and \$125.00 for the Reimbursable Authority Estimate). I was advised by Mr. Gerry Clark of your office that it was ok to combine the fees in one check.

Sincerely,

A handwritten signature in blue ink, appearing to read "Harold L. Center", with a long, sweeping horizontal line extending to the right.

HAROLD L. CENTER, P.L.S., C.W.R.E.



OREGON WATER RESOURCES DEPARTMENT
CERTIFICATE REIMBURSEMENT AUTHORITY
ESTIMATE APPLICATION

ORS 536.055 authorizes the Oregon Water Resources Department to expedite or enhance regulatory processes voluntarily requested under the agreement.

The purpose of this application is to obtain estimates of the cost and time required to process a Certificate Request. A separate estimate application is required for each application and/or transfer number. There is a non-refundable application fee of \$125.00 per request.

REQUEST	TYPE	FILE NUMBER
☒	Certificate Request	Application Number S-85219 Permit Number S-54027 Transfer Number/Permit Amendment (if applicable) _____

	Applicant Information	Applicant's Representative/Contact
Name:	Russell and Nora Juncal	_____
Address:	1965 Hilt Road Hilt, CA 96044	_____
Phone:	_____	_____
Fax:	_____	_____
E-Mail Address:	_____	_____

I certify that I (check one):

- ☐ I have previously filed a Claim of Beneficial Use
☒ I am attaching the Claim of Beneficial Use with this request and have included the appropriate claim fee.

I understand the following:

- That upon receipt of my non-refundable application fee in the amount of **\$ 125.00**, OWRD will, within fourteen (14) days, notify me in writing of the estimates of cost and time frame for the expedited service.
- That this fee covers the reimbursement authority staff to evaluate and provide the estimate for processing of the request.
- That upon receiving the estimate I may agree or decline to enter into a formal contract to pay the estimated cost in advance to initiate the expedited service.
- An incomplete or inaccurate Claim of Beneficial Use may delay the process and increase the cost to process my request.
- Expedited processing does not guarantee a favorable review of my request.
- Send completed Application and payment to:

Oregon Water Resources Department
Certificate Reimbursement Authority Program
725 Summer St. NE, Suite A
Salem, OR 97301-1271

I certify that I am the (check one):

- ☒ Applicant ☐ Applicant's Representative ☐ Other (Please specify) _____

Name: Russell Juncal Nora Juncal

Signature: Russell Juncal Nora Juncal

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OWRD USE ONLY: Reimbursement Authority Number: R12 19