

JAN 25 2022 OWRD

Date Received (Date Stamp Here)

## **OWRD Over-the-Counter Submission Receipt**

Applicant Name(s) & Address: Jack Platt	
11070 Oak Hill Road Independence OR	97351
Transaction Type: Claim of Beneficial Use	
Fees Received: \$ 230, 500	
Cash Check: Check No. 297  Name(s) on Check: BK Nater Right  Address on Check: PO Box 13431	Consulting L 4 Salem or 9
Thank you for your submission. Oregon Water Resources Department (Department eview your submittal as soon as possible.	ment) staff will
If your submission is determined to be complete, you will receive a receipt for an acknowledgement letter stating your submittal is complete.	the fees paid and
If determined to be incomplete, your submission and the accompanying fees wan explanation of deficiencies that must be addressed in order for the submitted	
If you have any questions, please feel free to contact the Department's Custom at 503-986-0801 or 503-986-0810.	ner Service staff
Sincerely, OWRD Customer Service Staff Submission received by:  Wame 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.

### CLAIM OF **BENEFICIAL USE**

## for Reservoirs storing less than

## 9.2 acre-feet permitted under ORS 537.409



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. The Claim will be returned if the fee is not included.

This form may be completed by the permit holder of record if:

- 1) The permit was issued under the authority of ORS 537.409; and
- 2) No secondary permit exists for the use of water stored in the reservoir; and
- 3) The developed capacity of the reservoir is less than 9.2 acre-feet; and
- 4) The water was stored by the date required in the permit; and

A separate form shall be completed for each permit.

This form must be submitted to the Water Resources Department within one year of storage of water in the reservoir.

Please type or print in dark ink. If the data provided is found to contain errors or omissions, it may be returned. The Department may require the submittal of additional information.

If you have questions regarding the completion of this form, please call 503-979-9103.

#### **SECTION 1**

#### GENERAL INFORMATION

#### File Information:

APPLICATION #

R-88670

PERMIT#

R-15373

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#### **Applicant Information:**

APPLICANT NAME  Jack Platt		PHONE NO. <b>503.838.6</b>		ADDITIONAL CONTACT NO.
Address		ii ii		
11070 Oak Hill Road				
CITY	STATE	ZIP	E-MAIL	
Independence	OREGON	97351	plattdairy	@gmail.com

# SECTION 2 RESERVOIR INFORMATION

Reservoir Dimensions and Capacity: Due to irregular shape, volume is calculated using surface area of reservoir as determined using Google Earth April, 2020 and 2021 Maxar Technologies and average depth. Surface area was determined to be 4.16 acres.

AVERAGE	AVERAGE	AVERAGE	MAXIMUM CAPACITY IN ACRE-FEET
LENGTH	WIDTH	DEPTH	
		1.6'	6.66

To determine capacity in acre-feet use for the above table, use the following calculation:

Acre-feet = (Average Length)(Average Width)( Average Depth)
43,560

#### **SECTION 3**

#### MAP

Attach a map identifying the reservoir location. If the water right application map accurately reflects the location of the reservoir, you may attach a copy of it. Otherwise, you must submit a map meeting the standards of OAR 690-310-0050, which are attached.

Preparation of the map by a Certified Water Rights Examiner is **not** required for this type of permit, but may be submitted.

#### **SECTION 4**

#### **SIGNATURE**

This Claim of Beneficial Use must be signed by each permit holder of record.

By my signature, I certify that the information contained herein is true and correct to the best of my knowledge.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
Jack Platt	JACK	Property Owner and Water Right Holder	10-26-21

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Revised 7/1/2021

COBU Form Alt Reservoir – Page 2 of 2

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