CLAIM OF BENEFICIAL USE for Transfers Place of Use Only



 $O\ R\ E\ G\ O\ N$ 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 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 503-979-9103.

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

Type of Authorized Change

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

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

1. File Information

APPLICATION # T-13692

YES

RECFIVED

APR 2 2 2022

OWRD

APPLICANT/BUSINESS NAME			PHONE NO	•	ADDITIONAL CONTACT NO.
David Weiner		530-307-3	3050		
Address					
23151 Lorentz Rd.					
CITY	S	TATE	ZIP E-MAIL		
Plymouth			95669		
If the current property ow assignment be filed with the	he Departm	nent. <u>Each</u> tran	sfer holder	of record mu	ist s <mark>i</mark> gn this form.
3. Transfer holder of reco		y, or may not,	be the cur	rent property	owner)
Transfer Holder of Record					
Address					
ADDITESS					
CITY	S	TATE	ZIP		
	4.	Date of Site In	spection:		
4/8/2022	4.	Date of Site In	spection:		
5. Person(s) interviewed		ition of their as		May with the control of the control	
				May with the control of the control	ect: TION WITH THE PROJECT
5. Person(s) interviewed		ition of their as	ssociation	May with the control of the control	
5. Person(s) interviewed NAME	and descrip	DATE 2/3/2022	ssociation	Associa	
5. Person(s) interviewed NAME	and descrip	otion of their as	ssociation	Associa	
	and descrip	DATE 2/3/2022	ssociation	Associa	
5. Person(s) interviewed a NAME David Weiner Curry	and descrip 6. ed in the pla	DATE 2/3/2022 County: ace of use of the in as a part of the in a part o	Over the transfer	Association Associ	
5. Person(s) interviewed a NAME David Weiner Curry 7. If any property describe identify the owner of reco	and descrip 6. ed in the pla	DATE 2/3/2022 County: ace of use of the in as a part of the in a part o	Over the transfer	Association Associ	TION WITH THE PROJECT
5. Person(s) interviewed in NAME David Weiner Curry 7. If any property describe	and descrip 6. ed in the pla	DATE 2/3/2022 County: ace of use of the in as a part of the in a part o	Over the transfer	Association Associ	TION WITH THE PROJECT

OWRD

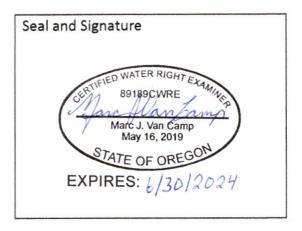
APR 2 2 2022

RECEIVED

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		PHONE NO.		Additional Contact No.	
Marc Van Camp	arc Van Camp		80		
ADDRESS					
P.O. Box 995					
CITY	STATE	ZIP	E-MAIL		
Coos Bay	OR	97420	vancampconsulting@gmail.com		

Transfer Holder of Record Signature or Acknowledgement

<u>Each</u> 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
David Weiner	David Weiner	Applicant/Owner	4-18-2022

RECEIVED

APR 2 2 2022

OWRD

SECTION 3

EXTENT OF CHANGE COMPLETED

1. Claim Summary:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED		
20.0	20.0		

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)

NA

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? YES 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.")

Only POD 2 was used.

RECEIVED

APR 2 2 2022

OWRD

SECTION 4

CONDITIONS

OWRD

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	3/30/2022	
COMPLETENESS DATE FROM ORDER (C)	10/1/2023	4/8/2022

^{*} 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)?

NO

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

- 3. Measurement Conditions:
- a. Does the transfer 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 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 2	McCrometer	20- 10075- 06	Working	85.504 AF	1/24/2022

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

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

RECEIVED

APR 2 2 2022

OWRD

SECTION 5

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION	
CBU Map	Claim of Beneficial Use Map	

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.

GPS		
Please	Checklist be sure that the map you submit includes ALL the items listed below. der: Incomplete maps and/or claims may be returned.)	
\boxtimes	Map on polyester film.	
\boxtimes	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size sassessor map)	scale of the county
\boxtimes	Township, Range, Section, Donation Land Claims, and Government Lots	
\boxtimes	Locations of fish screens and/or fish by-pass devices in relationship to p	oint of diversion
\boxtimes	Locations of meters and/or measuring devices in relationship to point o	f diversion
\boxtimes	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, for this type of Claim of Beneficial Use	etc.) *Not required
\boxtimes	Point(s) of diversion or appropriation (illustrated and coordinates)	
\boxtimes	Tax lot boundaries and numbers	
\boxtimes	Source illustrated if surface water	
\boxtimes	Disclaimer ("This map is not intended to provide legal dimensions or loc ownership lines")	ations of property
\boxtimes	Transfer application number	RECEIVED
\boxtimes	North arrow	*
\boxtimes	Legend	APR 2 2 2022
\boxtimes	CWRE stamp and signature	OW RD

RECEIVED