CLAIM OF BENEFICIAL USE for Reservoir Permits by



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266

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A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.

Claims received without the correct fee of \$200 will be returned.

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

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF
R-59571	R-8005	APPLICABLE)

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO.		Add	TIONAL CONTACT
Bureau of Land Management		(541)573-4	1438	No.	RECEIVED
Address	-	ý.			MAY 0 2 2022
28910 Hwy 20 W					OWRD
CITY	STATE	ZIP	E-MAIL		
Hines	OR	97738	jawilcox@t	olm.g	ov

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			
Bureau of Land Management		1 *	2.6
Address			
28910 Hwy 20 W			
CITY	STATE	ZIP	,
Hines	OR	97738	
9			
ADDITIONAL PERMIT HOLDER OF RE	CORD		* -
N/A		*	
Address			
Tr.		3	
CITY	STATE	ZIP	

4. Date of Site Inspection:

7/08/2020

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

NAME	DATE	Association with the Project
Jana Wilcox	6/18/2020	Water Rights Specialist

Grant County	

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		
				20

Add additional tables for owners of record as needed

SECTION 2

SIGNATURES

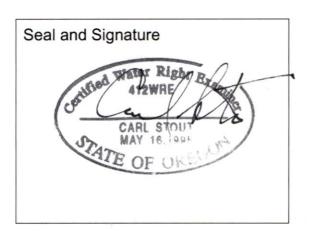
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CWRE Statement, Seal and Signature

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.
Carl Stout		(541)575-1	813	
Address				
233 S. Canyon Blvd				
Сіту	STATE	ZIP	E-MAIL	· ·
John Day	OR	97845	jwsurvey55	@gmail.com

Permit Holder's of Record Signature or Acknowledgement

Each permit or 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
Ama a. Kraus	JANA A. RRAUSS	where specials	3/21/2032
			g. ·

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CLAIM DESCRIPTION

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

RESERVOIR	Source		TRIBUTARY
NAME OR NUMBER			
Fawn Creek #5 Reservoir	Surface runoff	N/A	

2. Developed use(s), period of use, and acre foot (af) for each use:

RESERVOIR	USES	SEASON OR MONTHS	VOLUME STORED
NAME OR NUMBER		WHEN WATER	(AF)
		WAS APPROPRIATED	
		FOR STORAGE	
Fawn Creek #5 Reservoir	Livestock	Jan 1 – Dec 31	0.18 AF
•	9	-	,
Total Quantity of Water Store	0.18 AF		

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

The reservoir is filled from surface runoff.		
		-

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

(e.g. "The permit allowed the development of three reservoirs. The permit holder only developed one of the reservoirs." or "The permit allowed for the storage of 9 acre feet of water. The reservoir was developed to hold 5.2 acre feet.")

The permit for Fawn Creek #5 Reservoir authorized 1.0 AF of water to be stored – The maximum capacity is 0.18 AF.. There is no outlet for this reservoir. The permit states that the reservoir is filled from an unnamed stream – the reservoir is filled from surface runoff.

5. Claim Summary:

RESERVOIR NAME OR # MAXIMUM STORAGE AUTHORIZED BY PERMIT (AF)		MAXIMUM STORAGE DEVELOPED (AF)
Fawn Creek #5 Reservoir	1.0 AF	0.18 AF

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SYSTEM DESCRIPTION

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Are there multiple reservoirs?

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NO

If "YES" you will need to copy and complete Sections A through E for each reservoir.

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

E OWN	Crook	445	Reservo	200
FAWII	C I for for K	44.7	RESEIVO	11

A. Reservoir Location

1. Is the reservoir on-channel?

NO

Provide dam outlet location and/or point of diversion(s).

TWP	RNG	MER	SEC	QQ	GLOT	D	MEASURED DISTANCES
						L	
T11S	R26E	WM	3	NENE	1		There is no outlet, the dam is located 630 ft. South & 350 ft. West of the NE
							corner of Section 3.

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

Is a pump used?

NO

Reminder: For pump calculations use the reference information at the end of this document.

6. Additional notes or comments related to the system:

C. 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

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

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D. 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?

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

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NO

E. Reservoir

1. Does the reservoir require the submittal of as-built plans and specifications?

NO

If "YES", answer item 2; items 3 through 8 relating to this section may be deleted.

If "NO", skip items 2; answer items 3 through 8.

2. Complete the table:

HAVE THE DOCUMENTS	WHEN WERE THE	HAVE THEY BEEN	Number of Acre
BEEN SUBMITTED?	DOCUMENTS SUBMITTED?	APPROVED BY THE	FEET STORED
YES OR NO		DEPARTMENT?	
	1 K GC		*

3. If the reservoir stores less than 9.2 acre-feet of water or if the dam is less than 10 feet in height, and as-built plans and specifications are not required, complete the table and items 4 through 8.

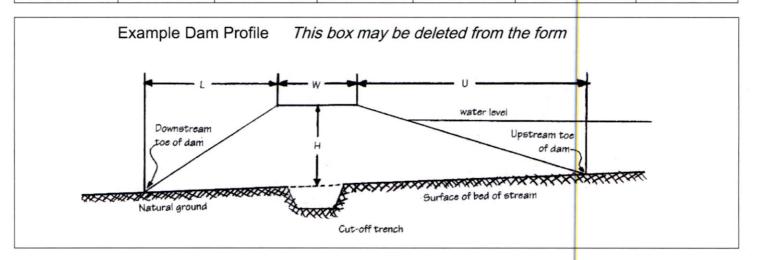
MAXIMUM DEPTH	AVERAGE DEPTH	SURFACE AREA	VOLUME
		(IN ACRES)	(IN ACRE FEET)
3.0'	1.5'	0.14 ac.	0.18 AF

4. Provide reservoir volume calculations:

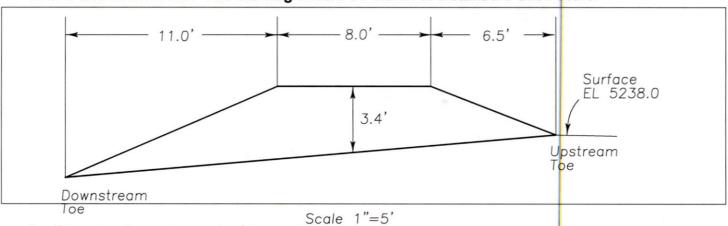
Calculated volume from field measurements (8073 cu.ft.) x 0.000022957 = 0.18 AF

5. Provide the following information concerning the physical characteristics of the dam:

CREST	DAM	DISTANCE	DISTANCE	WATER	DOWN-STREAM	UP-STREAM
WIDTH (W)	HEIGHT AT	FROM	FROM	LEVEL AT	SLOPE	SLOPE
	CENTERLINE	DOWNSTREA	UPSTREAM	INSPECTION		
	(H)	M TOP OF	TOP OF DAM			
		DAM TO	то			
		DOWNSTREA	UPSTREAM			
		M TOE (L)	TOE (U)			
8.0'	3.4'	11.0	6.5	5238'	2:1	3:1



6. Provide a drawing showing the cross section of the dam at the maximum section indicating details and dimensions. The drawing should be drawn at a standard even scale.



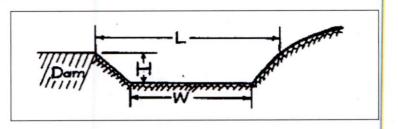
7. Describe the outlet works (size and type of the outlet conduit and location):

<u>`</u>	<u> </u>
There is no outlet.	



8. Describe the emergency spillway (dimensions and location):

Воттом width (W)	TOP WIDTH (L)	SPILLWAY DEPTH (H)
N/A	N/A	N/A ==0



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CONDITIONS

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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 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	DATE	DESCRIPTION OF ACTIONS TAKEN BY
	PERMIT	ACCOMPLISHED*	WATER USER TO COMPLY WITH THE
			TIME LIMITS
ISSUANCE DATE	4/9/1980		
BEGIN	4/9/1981	N/A	N/A
CONSTRUCTION (A)			
COMPLETE	10/1/1982	N/A	N/A
CONSTRUCTION (B)			
COMPLETE	N/A	N/A	N/A
APPLICATION OF			
WATER (C)			

^{*} 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. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device?

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.

	' 05 OK					
ASTALL A	I make	1000	kg woo	called M	+1, 64	We Fish Screening by pumpi
1020	2 7/201	DPVS	St 115	SUBOUL 184	4011-1	No neadgate installation
	+ mrs	of ni)	allowed		52h	Portable pump
				RTMENT?	A93G	
				VED BY THE	VOR99A	TO EVACUATE THE RESERVOIR
	ż	BY WHOM		S PLAN BEEN	SIHT SAH	DESCRIBE HOW THE WATER USER PLANS
	ON		ryoir?	acuate the rese	sans to ev	c. Does the water user have other m
				releted.	э әд хеш ис	If "YES", items c relating to this sectio
	ON				č	b. Has the outlet pipe been installed?
		18	γ.	өэјәјәр әд һеш	uoitoes sidt	lf "NO", items b through c relating to t
	YES		Stiubnoo	heqiq təltuo"8 n	numinim s l	a. Is the water user required to instal
(I)	OME	e e				5. Outlet Pipe
2022	S O YAM	·əıa	elieve II STIC	coby ot the rep	e yoene 'p	If the reports have not been submitte
NED	BECEI	-,,	-1, 3, -,	-1,,,	- 1	
				.bətə	<i>үөр ә</i> д Леш	noitoes sint ot gnitalet d meti ,"ON" }
	ON		artment?	nse to the Dep	rt the water	a. Is the water user required to repor
					SI	4. Recording and reporting condition

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

If "NO", items b through e relating to this section may be deleted.

location in relation to the point of diversion. Reminder: If fish screening devices were required, the COBU map must indicate their

needs to have been previously submitted or be attached to this form. determination. In order to receive a favorable approval, the ODFWWRD "Fish Screen Inspection" form Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable

7. 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

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

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Reminder: If by-pass devices were required, the COBU map must indicate their location in relation to the point of diversion.

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b. Have by-pass device been installed?

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c. Describe the diversion works as related to whether a by-pass device is installed or unnecessary: (Provide a letter from ODFW indicating the device is approved or is unnecessary. If there is no letter from ODFW, explain whether or not a by-pass device is necessary.)

DESCRIPTION	IF INSTALLED	IF INSTALLED, BY
(E.G. "ODFW HAS APPROVED THE BY-PASS DEVICE" OR "NO BY-	(DATE)	WHOM
PASS DEVICE IS NECESSARY BECAUSE THERE IS A DIRECT		
DIVERSION FROM THE STREAM VIA A PUMP ON RIVER LEFT		
STREAM BANK WITH FOOT VALVE DESCENDING DIRECTLY INTO		
NATURAL POOL.") IN ADDITION, YOU MAY ATTACH PHOTOS TO		
THIS CLAIM.		

8.	Other conditions	required by	permit, pe	ermit amendment	final order,	or e	xtension f	inal order
----	------------------	-------------	------------	-----------------	--------------	------	------------	------------

a. Was the water user required to restore the riparian area if it was disturbed?

b. Was a fishway required?

-

c. Was submittal of a letter from an engineer required prior to storage of water? NO

d. Was submittal of a water management and conservation plan required?

e. Other conditions?

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

ATTACHMENTS

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

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ATTACHMENT NAME	DESCRIPTION	ON N
COBU Map	COBU Map	

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 marmethods include, but are not limited to, a traverse survey, GPS, or the use basis of the survey is an aerial photo, provide the source, date, series and identification number.	of aerial photos. If the
Conventional survey methods.	
Map Checklist	RECEIVED
Please be sure that the map you submit includes ALL the items listed below (Reminder: Incomplete maps and/or claims may be returned.)	2.5
Map on polyester film. Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-sit assessor map)	
Township, Range, Section, Donation Land Claims, and Government of irrigation, number of acres irrigated within each projected Donation Government Lots, Quarter-Quarters	
Locations of fish screens and/or fish by-pass devices in relationship Locations of meters and/or measuring devices in relationship to poir	
Conveyance structures illustrated (pumps, reservoirs, pipelines, dito	hes, etc.)
Tax lot boundaries and numbers	

Source illustrated if surface water	
Disclaimer ("This map is not intended to provide legal dimensions or	ocations of property
ownership lines")	
Application and permit number or transfer number	
North arrow	RECEIVED
Legend	MAY 0 2 2022
CWRE stamp and signature	OWRD



Water Resources Department

Eastern Region Baker County Courthouse 1995 3rd Street, Suite 180 Baker City, OR 97814 Phone: (541) 523-8224 Fax: 1-866-214-3493 www.wrd.state.or.us

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EXHIBIT A

August 11, 2016

To:

Jana Wilcox

Re:

Measurement Devices in Small Reservoirs

Per our discussions, it will be sufficient to provide measurement in the small reservoirs included on the attached list, via the use of a staff plate in each reservoir. The staff plate needs to be positioned and mounted such that the zero of the staff plate matches a zero water level in the reservoir pool.

Thank you for your inquiry and cooperation.

Best regards,

JR Johnson

OWRD District 10 Watermaster



United States Department of the Interior

BUREAU OF LAND MANAGEMENT Prineville District Office 3050 NE 3rd Street Prineville, Oregon 97754



Oregon Water Resources Department Attn: Gerry Clark Claims of Beneficial Use Department North Mall Office Building 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 RECEIVED

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Dear Gerry Clark,

This letter is in reference to: Permit #R-8005 Fawn Creek #5 Reservoir. Priority date of the right pre-dates July 8, 1987, therefore, a filing fee is not required.

Please find enclosed:

- 1. Completed Claim of Beneficial Use Form
- 2. Letter from OWRD Watermaster certifying water measurement devices Exhibit A
- 3. Claim of Beneficial Use Map Exhibit B

Sincerely,

Amanda S. Roberts

Prineville Central Oregon Field Manager

Amand S. Frel

Enclosures (3)