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CLAIM OF BENEFICIAL USE (PARTIAL)

AUG 2 9 2022

APPLICATION: S-87914 PERMIT: S-55027 PUMP GROUP 7A (partial)

OWRD

JACQUELINE LUCAS MORRIS

485 Little Applegate Road, Jacksonville, OR 97530

This report, along with the Claims of Beneficial Use reports for transfers T-8965 and T-8972 (attached), are intended to serve as the Claim of Beneficial use for pump group 7A (partial) under permit S-55027.

Pump Group 7Aconsists of multipleproperty owners using multiple shared pumps. This COBU covers only property described by transfers T-8965 and T-8972in the name of Jacqueline Lucas. Her name now is Jacqueline Lucas Morris.

Current property owner is: Jacqueline Lucas Morris, 485 Little Applegate Road, Jacksonville, OR 97530. Phone 541-899-9989

A site visit was conducted on 5/25/2022 to inspect the property and equipment used.

Person interviewed: Jacqueline Lucas Morris - property owner - permittee

The use of water and facilities in place are substantially the same as reported by the Claims of Beneficial Use for transfers T-8965 and T-8972 (pump group 7A).

- 1. The point of diversion and place of use have not changed. Note: The application, application map and BOR contract show additional acreage beyond T-8965 and T-8972 in the NE-NE Section 10, T39S, R3W WM.
- 2. The Application Map does not label the additional acreage, however the BOR contract, Exhibit A, lists 9.19 Acres for Lucas-Morris. The two transfers total 7.58 acres. 9.19 - 7.58 =1.61 acres. This additional acreage was not included in the permit. This additional acreage has been irrigated. Application map attached.
- 3. Equipment used, including the pumps, is the same, is on site and was used between permit issuance and the full completion date of 12/28/2021, per the landowner.

Authorized Points of Re-Diversion:

1	Authorized Folias of Re-Diversion.							
Map(s)	POD	Twp	Rng	Mer	Sec	Q-Q	DLC	Measured Distances
T-8965	PUMP GROUP 7A	39 S	3 W	WM	3	SE SW		230 FEET NORTH AND 480 FEET
								WEST FROM SOUTH 1/4 COR SEC. 3
T-8972	PUMP GROUP 7A	39S	3W	WM	3	SE SW		230 FEET NORTH AND 480 FEET
								WEST FROM SOUTH ¼ COR SEC. 3

Authorized Place of Use:

Map	Twp	Rng	Mer	Sec	Q-Q	GLot	DLC	Acres	POD	T-#	Cert #
T-8965	39 S	3 W	WM	10	NE NE			1.67	PUMP GROUP 7A	8965	91083
T-8965	39S	3 W	WM	10	SENE			1.41	PUMP GROUP 7A	8965	91083
T-8972	39 S	3 W	WM	10	NE NE			4.5	PUMP GROUP7A	8972	91082

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APPLICATION S-87914 PERMIT S-55027PUMP GROUP 7A (partial)

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JACQUELINE LUCAS MORRIS (continued)

CONDITIONS:

- 1. MEASUREMENT Totalizing Meters (meter in place during the inspections for T-8965 & T-8972 was replaced several years ago. Location has not changed. Meter location is shown on the transfer COBU maps. The new meter is a DAE WP300, AWWAC701 (18-008904). Meter reading is 001,113,163.0 gallons.
- 2. RECORD AND REPORT Water use reporting has been submitted and is on-line.
- 3. FISH SCREEN / BYPASS The fish screen was approved 7/15/2005 and is still being used. A bypass is not necessary as pumpshave a direct pump diversion on river right with a foot valve extending directly into a natural pool.
- 4. Bureau of Reclamation Contract 13XX101801 is currently in effect
- 5. Riparian area has not been disturbed as the system was pre-existing
- COMPLETION DATE(12/28/2021): The water system was pre-existing and water was used under the terms and conditions of permit S-55027 during the period of 12/28/2016 and 10/31/2021 per owner.

CLAIM OF BENEFICIAL USE (PARTIAL)

APPLICATION S-87914PERMIT S-55027PUMP GROUP 7A (partial)

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JACQUELINE LUCAS MORRIS

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(continued)

CWRE Statement, Seal and Signature

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



CERTIFIED WATER RIGHT EXAMINER

KENNA CLAY JORDAN 460 Jordan Lane Roseburg, OR 97471

Phone: 541-673-1931

PERMIT HOLDER signature or acknowledgement:

Property Owner - permittee

Gacqueline Guess-Mond Jacqueline Lucas-Mornis 7-19-22
Print or type name Date

Attachment 1 PERMIT S-55027PUMP GROUP 7A (partial)

Norm Daft

FRENCH Dwight W * WRD < Dwight.W.FRENCH@water.oregon.gov> From:

Sent:

To: Norm Daft

AUG 2 9 2022 Cc: KCJ; CLARK Gerald E * WRD

Subject: RE: Farmers Ditch et. al - Little Applegate R.

OWRD

Good Day Gents!

I checked with Gerry C. We will continue to waive the COBU fees for this project. You should include this email with the COBU and/or let Gerry know when it is coming so it doesn't get returned. Another idea would be to send it Attn: Gerry Clark.

Thanks. Dwight

Dwight French

Water Right Services Division Administrator Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, OR 97301 | Phone 503-871-7292 (work cell)



Integrity | Service | Technical Excellence | Teamwork | Forward-Looking

We're hiring! See the current list of jobs here.

NOTE: The Salem office is now open to the public. Given that many staff will continue teleworking remotely or have job duties that take them into the field on a regular basis, availability of staff in the office is not guaranteed 8:00 a.m. - 5:00 p.m. every day. The Salem office of OWRD is closed for customer service drop-ins from Noon – 1pm. Customers and visitors are encouraged to schedule an appointment in advance if they wish to meet in person with specific staff members. Alternative methods for meeting, such as by phone or virtually via Teams, are also available.

From: Norm Daft <normthewaterguy@charter.net>

Sent: Wednesday, June 1, 2022 3:08 PM

To: FRENCH Dwight W * WRD < Dwight.W.FRENCH@water.oregon.gov>

Cc: KCJ <kcjengineer@zoho.com>

Subject: Farmers Ditch et. al - Little Applegate R.

Hi Dwight,

Clay and I are working on a partial COBU for permit S-55027.

In the past, the Department waived COBU fees for permits using BOR stored water to back fill the Time Limited Transfers for the Farmers Ditch and Buck and Jones Ditch projects that removed dams on the Little Applegate River.

Attachment 2 PERMIT S-55027PUMP GROUP 7A (partial)

Norm Daft

From:

CLARK Gerald E * WRD < Gerald.E.CLARK@water.oregon.gov>

Sent:

Monday, May 23, 2022 11:53 AM

To:

'Norm Daft'

Cc: Subject: KCJ RE: COBU for App- S-87914 Permit S-55027 RECEIVED

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Norm,

The Claim(s) for this permit can be completed in s manner similar to other permits that are part of the Applegate Project.

As fees have been waived on other projects, the fee to submit the Claim can also be waived. If you have the waiver letter or email from Dwight, please attach it to the Claim.

Please let me know if you have any 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

From: Norm Daft <normthewaterguy@charter.net>

Sent: Wednesday, May 18, 2022 1:05 PM

To: CLARK Gerald E * WRD < Gerald. E. CLARK@water.oregon.gov>

Cc: KCJ <kcjengineer@zoho.com>

Subject: RE: COBU for App- S-87914 Permit S-55027

Thanks Gerry.

Does this mean for the permit COBU, we can submit the transfer COBU's along with an additional report as we have done in the past?

Also, Dwight, in order to be consistent to other previous COBU's, waived the fees on the ones we have already done.

We should have something that approves the waiver of fees to send in with the COBU. Can you do that or do we need to contact Dwight.

We are dealing with only 1 of 3 land owners on the permit.

You probably know that there are underlying Decreed water rights on the same land that are in a "Time Limited" transfer. Permits were issued from Applegate Lake Reservoir to backfill what is in the transfer.

Thanks.

Norm

From: CLARK Gerald E * WRD < Gerald.E.CLARK@water.oregon.gov>

Sent: Wednesday, May 18, 2022 12:25 PM

To: 'Norm Daft' < normthewaterguy@charter.net>

Cc: KCJ < kcjengineer@zoho.com>

Subject: RE: COBU for App- S-87914 Permit S-55027

Norm and Clay,

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I have attached copies of the claims for the two transfers that you indicated.

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

From: Norm Daft < normthewaterguy@charter.net >

Sent: Tuesday, May 17, 2022 1:32 PM

To: CLARK Gerald E * WRD < Gerald.E.CLARK@water.oregon.gov >

Cc: KCJ < kcjengineer@zoho.com >

Subject: COBU for App- S-87914 Permit S-55027

Gerry,

Clay and I have a client wanting a COBU for her portion of the above permit. The other two on the permit are going to work with someone else.

As has been approved in the past, we would like to request approval to submit the COBU's for previous transfers covering the same land. We would of course verify the same pumps and equipment is still being used as well as the same land was irrigated by the "C" date. The owner has indicated nothing has changed.

For consistency, we will use the same report format that was agreed to and that we previously used.

The two transfers that cover the same land are: T-8965 and T-8972 in the name of Jacqueline Lucas. When you get a chance, could you E-mail me copies of the transfer COBU's?

Also, in the past, the COBU fees have been waived for this cooperative project. We are also requesting a waiver of the fee.

Thanks.

Norm

Norm Daft (541) 761-1057

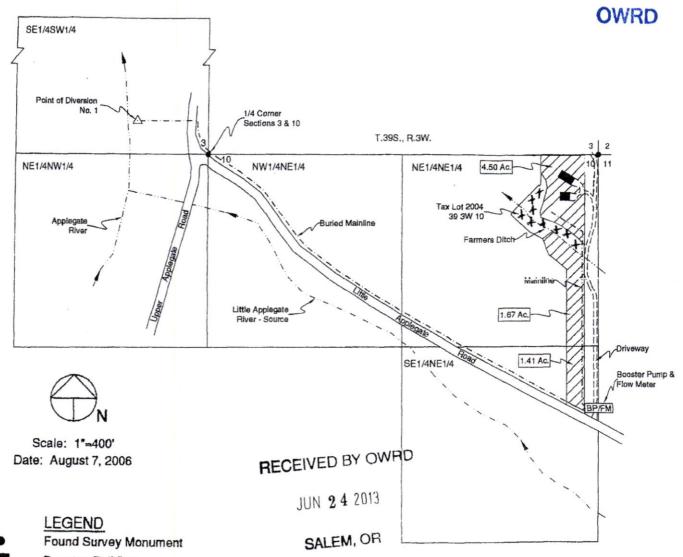
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JACQUELINE LUCAS 485 LITTLE APPLEGATE ROAD JACKSONVILLE, OREGON 97530

Attachment 3
PERMIT S-55027PUMP GROUP
7A (partial)

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Denotes Building

=== Denotes Driveway

BP/FM Denotes Booster Pump & Flow Meter

Denotes Area Under Special Order Volume 61, Pages 406-408, 409-411

Priority Date 1854

Denotes Area for Additional Stored Water NE1/4NE1/4, SE1/4NE1/4 SEC. 10, T.39S., R.3W., W.M. JACKSON COUNTY, OREGON

Point of Diversion No. 1 - Situated 480' West and 230' North of South One-Quarter Corner, Section 3. Fish Screen at Point of Diversion.

Oregon Water Resources Department 725 Summer St. NE, Suite A Salem, OR 97301-1266

CLAIM OF BENEFICIAL USE FOR

Jacqueline Lucas 485 Little Applegate Road Jacksonville, OR 97530 RECEIVED

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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 numbered item must have a response. If any requested information does not apply to the Claim, insert "n/a." Do not delete 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. A separate form shall be completed for each permit or transfer final order.

I. General Information

1. File Information

Application Number (G, R, S or T)	Permit Number (if applicable)
T-8965	Special Order Volume 61, Pages 407-408

2. Property owner (current owner information)

a. Individuals

Jacqueline Lucas	
485 Little Applegate Road	
	Jacqueline Lucas 485 Little Applegate Road Jacksonville, OR 97530

b. Businesses/Organizations N/A

Name	
Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone	
Fax	
e-mail	

If the current property owner is not the permittee or transfer holder of record, it is recommended that an assignment be filed with the Department. The COBU must be signed by the permit/transfer holder of record.

3. Permittee / Transferee of record (this may, or may not, be the current property owner)

c. Individuals

	Individual 1	Individual 2
Name	Jacqueline Lucas	
Mailing Address	485 Little Applegate Road	
City/State/Zip	Jacksonville, OR 97530	RECEIVED

d. Businesses/Organizations N/A

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4. Date of Site Inspection: June 1, 2006 and August 7, 2006

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

Name	Date	Association with the project	
Mr. Lucas	6-1-06	Husband of Jacqueline Lucas	
Daniel Newberry	8-7-06	ARWC Coordinator	

6. County:

7. Tax Lot Information:

TEX BOT	miormanon,	
Tax map number	Tax lot number	
39 3W 10	2004, 2015	

8. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(3)): N/A

**Mark "NA" if there are no owners of property not included in this claim

Name	
Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone #	

Name	
Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone #	

II. Points of Diversion/Appropriation and Place of Use

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For each point of diversion or appropriation, provide the following information. If the claim is for more than one point of diversion/appropriation, copy and complete this section for each point of diversion or appropriation.

1. Provide a general narrative description of the distribution works. This description must trace the water system from the point of diversion or appropriation to and include the place of use:

Water is pumped from the Applegate River into a mainline pipe adjacent to Little Applegate Road to Booster Pump at the South end of property. Water is pumped to laterals on property and applied by potable hand lines and sprinklers.

2. Point of diversion/appropriation name or number (correspond to man):

Point of diversion/appropriation name or number (correspond to map)	Well log ID # for all work performed on the well (if applicable)	Well tag # (if applicable)
Point of Diversion No. 1	~-	~=

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

3. Point of diversion/appropriation source and, if from surface water, the tributary:

Source	Tributary to				
Little Applegate River	Applegate River				

4. Point of diversion/appropriation location:

(DLC, Government Lot, ¼ ¼, Section, Township, Range)	Reference to a recognized public land survey corner by distance and bearing or by coordinates
SE'ASW'ASection 3, T.39S., R.3W.	230 ft North and 480 ft West from South One-
	Quarter Corner Section 3.

5. Actual use(s), period of use, and rate for each use:

Uses	If irrigation, list crop type	When water is used	Rate for use
IRR	Pasture	April 1 to October 31	0.09 CFS
	Name of the second seco		

Total Quantity of Water 0.09 CFS

6. Place of use for the point of diversion or appropriation:

DLC	Gov lot	1/4 1/4	Section	Township	Range	Use	# of primary acres	# of supplemental acres
		NENE	10	39	3W	IRR	1.67	~~
		SENE	10	39	3W	IRR	1.41	W bil

Total Acres Irrigated

3.08

System Information:

Provide the following information concerning the diversion and delivery system. Trace the flow of water from the point of diversion/appropriation to the place of use.

1. Pump information

Brand	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
PACO	215JM	EJMM3314T	Centrifugal	23/4"	21/4"
PACO	2135M	EJMM3312T	Centrifugal	23/4	21/2"
BERKLEY	B1.5TPMS	EJMM13212T	Centrifugal	2"	11/2"

2. Motor information

Brand	Model	Horsepower	Max RPM	Voltage
BALDOR	SuperE	15	3500	230/460
BALDOR	SuperE	15	3500	230/460
BALDOR	SuperE	5	35	230/460

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3. Meter information (if required in permit or transfer final order)

DI MILOTON HIMONIA	400110 41 (22 100)	THE THE PERSON OF THE PERSON O	ZERRIN GERTE)	
Make	Serial #	Condition (working or not)	Current meter reading	Notes
McCrometer	04-03527-25	Working	001064	Acre Ft X .0001

4. Measurement device description N/A

1. Moustioned do not description 1111								
Device description	Condition (working or not)	Notes						

5. Measured pump capacity (using meter if meter was present and system was operating) N/A

Initial meter reading	Ending meter reading	Duration of time observed	Total pump output

6. Theoretical pump capacity

o. Theoretic	ai puilip capaci	• 5		
Horsepower		Lift from source to pump	Lift from pump	Total pump output
		*If a well, the water level during pumping (see pump	to place of use	
		test results)		
20	42	13	40	0.79

7. Provide pump calculations in the box below:

	7. Provide pi	ump	calculat	lons	III the pox pero	w.		
	20 X 6.61	=	132.2	=	0.79 CFS			
	53 + 114.3		167.3					
1								
1								1
								- 1

8. Mainline information

VI AMERICAN MARKET MARK							
Mainline size	Length	Type of pipe	Buried or above ground				
10"	4630	PVC	Buried				

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9. Lateral or handline information

Lateral or handline size	Length	Type of pipe	Buried or above ground
2"	200'	ALUM	Above ground

10. Sprinkler information Make and model:

	· marcinianticii	LIZULED	mia mouti			
Make	Model	Size	Operating psi	Sprinkler output	Maximum number used	Total sprinkler output
Rainbird	25	11/64	45	5.7	9	51 GPM

11. Additional notes or comments related to the system:	

III. CONDITIONS

Please pay special attention to this section. All conditions contained in the permit or transfer final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

a. Permits or transfer 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 is to be completed by. 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 transfer final order:

	Dates from permit or transfer final order	Date accomplished	Description of actions taken by water user to comply with the time limits
Begin construction	Sept. 8,2004		
Complete construction	Oct.,2005	8-2006	
Complete application of water	Oct.,2005	8-2006	

2	Initial	Water	lovol	Measurements	
4.	IIIIIII	VV 2114:1	Level	wieasurements	:

- **If the Claim is for surface water or a reservoir, or if the water user was not required to submit static water level measurements, items b through e relating to this section can be deleted.
- a. Was the water user required to submit an initial static water level measurement?

YES NO NA

3. Annual Static Water Level Measurements:

**If the Claim is for surface water or a reservoir, or if the water user was not required to submit static water level measurements, items b through e relating to this section can be deleted.

a. Was the water user required to submit annual static water level measurements?

YES NO NA

- 4. Measurement, recording, and reporting conditions:
- a. Does the permit or transfer final order require the installation of a meter or approved measuring device? YES NO

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. METER INSTALLED FOR PRORATING ELECTRIC POWER USE.

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**If "NO", items b through g relating to this section can be deleted.

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b. Has a meter been installed?

YES NO

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c. Provide the date the meter was installed:

8/06

- d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? YES \underline{NO}
- e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

Name	Title	Approximate date

- f. Is the water user required to report the water use to the Department? YES NO
- g. Have the reports been submitted? YES NO

If the reports have not been submitted, attach a copy of the reports if available.

- 5. Fish Screening and/or By-pass Devices
- a. Are any points of diversion required to be screened and/or have a by-pass device to prevent fish from entering the point of diversion? \underline{YES} NO NA

If fish screening and/or by-pass devices were required, the COBU map must indicate their location in relation to the point of diversion.

COBU Version February 1, 2006

Page 6 of 10

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**If "NO", items b through i relating to this section can be deleted

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theen installed? VES NO AUG 2 9 2022

c. When was the fish screening installed?

b. Has the fish screening been installed?

YES NO

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Date	By whom
6-05	TECHRAIN

d. Is the total diversion rate of all rights at the point of diversion less than 0.5 cfs?

YES NO

e. If the total diversion rate is less than 0.5 cfs, has the water user self certified the fish screen.

YES NO

f. Has a self certification form been previously submitted to the Department?

YES NO

g. If not, is the self certification form attached to this Claim?

YES NO

h. If the total diversion rate is greater than 0.5 cfs, has ODFW approved the screening? YES NO

i. Has the water user previously submitted a letter from ODFW approving the screening? YES NO

j. If not, is the approval letter attached to the Claim?

YES NO

k. Has the by-pass device been installed? YES NO

1. Describe the by-pass device: N/A

Decerior are of p	aob de lice. I	1/	
When installed	By whom	Approved by ODFW	Description

7. Other Permit Conditions (examples: special well construct standards, water conservation plans, no obstructions to fish without a fishway, etc.; number as appropriate.)

IV. Variations, Attachments, Conclusions, Map and Signatures

Variations

Include a description of variations from the permit or transfer final order

Attachments

If you are attaching any documents to this report, provide a list below:

Attachment name	Description
ODFW	Fish Screen Inspection

Permit and Transfer Final Order Rates and System Rates Comparisons:

POD or POA name or #	Maximum rate allowed by permit or transfer final order	Calculated theoretical rate of water based on system	Actual amount of water measured (if measured)	Developed use	# of acres allowed by permit or transfer final order	# of acres developed
1	0.09	0.79	0.11	IRR/STK	3.08	3.08

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', 1" = 400', or the original full-size scale of the county assessor map for the location.

In the following box, 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.

Point of diversion and location and place of use area mapped by GPS - Garmin Plus III - Mapping utilizing	18
Jackson County Assessor Maps and aerial photographs.	-

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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.

CERTIFIED WATER RIGHT EXAMINER

HAROLD L. CENTER

2604 David Lane Medford, OR 97504

Phone: 541-535-6108

Oregon Certificate No. 152

Certificate Renewal Date: 12/31/07

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Seal and Signature

IAROLD L. CENTER

TE OF OREGI

Permit or Transfer Holders Signature or Acknowledgement

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

Jacqueline Lucas

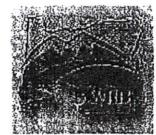
Data

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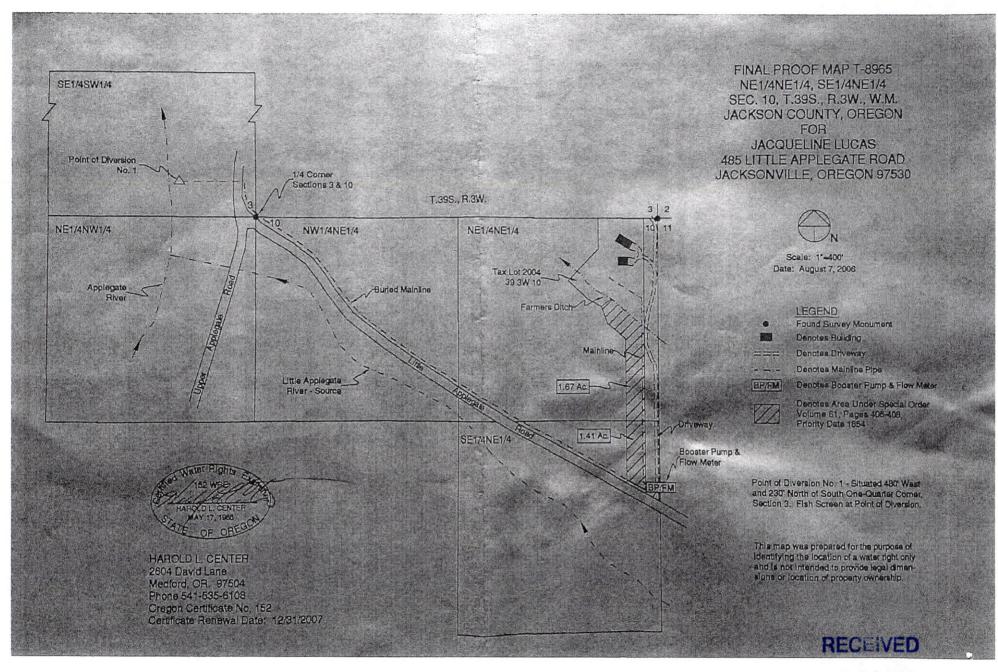
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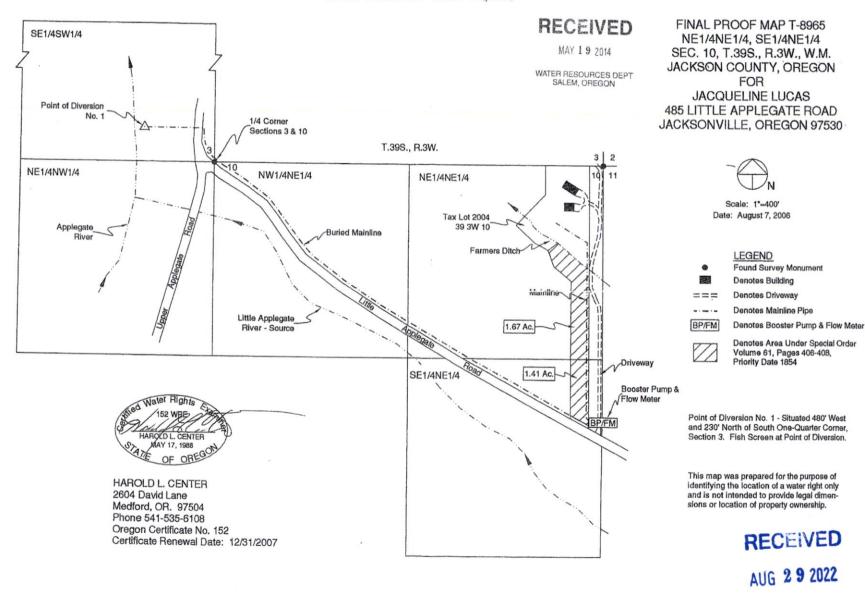
OREGON DEPARTMENT OF FISH AND WILDLIFE OREGON WATER RESOURCES DEPARTMENT

u	FISH SCREEN INSPECTION FORM
	Applicant McTaggart, Schwinner, MIKSCHE, Schakelford, Lucas Name: Water Right Number: Water Right Amount (cfs) 0.55
	Address: Phone
	Diversion Stream: Applegate R Tributary to: Rosue R.
	Address (if different than applicants):
	Diversion Type:Location: T, R, Sec
	GPS Coordinates: 42.20041 - 123.04493 SATS: 7
	Pump Information
	Brand: ACO Horsepower: 20 Intake Size: 6"
	Screen Information
	Type: Sure-Ho Installed by: Techtain Date Installed: 6-05
	Date of Inspection: 7-15-05 Inspected by: 12.ch /Whave Agency: ODFW
	Comments:
	Screen meets current state criteria for fish protection.
	Screen does not meet current state criteria for fish protection.
	Another screen inspection should be done before water use begins.



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Attachment 4b PERMIT S-55027PUMP GROUP 7A (partial)



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CLAIM OF BENEFICIAL USECEIVED BY OWRD

FOR

Jacqueline Lucas 485 Little Applegate Road Jacksonville, OR 97530

NOV 04 2013

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The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

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Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. Every numbered item must have a response. If any requested information does not apply to the Claim, insert "n/a." Do not delete 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. A separate form shall be completed for each permit or transfer final order.

I. General Information

1. File Information

Application Number (G, R, S or T)	Permit Number (if applicable)
T-8972	Special Order Volume 61, Pages 409-411

2. Property owner (current owner information)

a. Individuals

Name	Jacqueline Lucas	
Mailing Address	485 Little Applegate Road	
City/State/Zip	Jacksonville, OR 97530	
Phone #		
Fax #		
e-mail address		

b. Businesses/Organizations N/A

Name	
Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone	
Fax	
e-mail	

If the current property owner is not the permittee or transfer holder of record, it is recommended that an assignment be filed with the Department. The COBU must be signed by the permit/transfer holder of record.

3. Permittee / Transferee of record (this may, or may not, be the current property owner)

c. Individuals

	Individual 1	Individual 2	
Name	Jacqueline Lucas		
Mailing Address	485 Little Applegate Road		
City/State/Zip	Jacksonville, OR 97530		

d. Businesses/Organizations N/A

R	-	0	-			_
K			-	W		ח
		•	Person	Y	_	u

Name	
Contact Person and Title	AUG 2 9 2022
Mailing Address	
City/State/Zip	OWRD

4. Date of Site Inspection: June 1, 2006 and August 7, 2006

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

Name	Date	Association with the project
Mr. Lucas	6-1-06	Husband of Jacqueline Lucas
Daniel Newberry	8-7-06	ARWC Coordinator

6. County:

7	Toy I		Jackson
,	OV	^ +	

Information:

Turi Dot	miorination.
Tax map number	Tax lot number
39 3W 10	2004, 2015

8. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(3)): N/A

**Mark "NA" if there are no owners of property not included in this claim

Name	
Contact Person and Title	

Contact Person and Title	
Mailing Address	
City/State/Zip	BA 60. 0
Phone #	RECEIVED BY OWRD

Name	NOV 0 19
Contact Person and Title	
Mailing Address	SALEM OF
City/State/Zip	
Phone #	

II. Points of Diversion/Appropriation and Place of Use

For each point of diversion or appropriation, provide the following information. If the claim is for more than one point of diversion/appropriation, copy and complete this section for each point of diversion or appropriation.

1. Provide a general narrative description of the distribution works. This description must trace the water system from the point of diversion or appropriation to and include the place of use:

Water is pumped from the Applegate River into a mainline pipe adjacent to Little Applegate Road to Booster Pump at the South end of property. Water is pumped to laterals on property and applied by potable hand lines and sprinklers.

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2. Point of diversion/appropriation name or number (correspond to map):

Point of diversion/appropriation name or number		Well tag #
(correspond to map)	work performed on	(if applicable)
	the well	
	(if applicable)	
Point of Diversion No. 1		

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

3. Point of diversion/appropriation source and, if from surface water, the tributary:

Source	Tributary to
Little Applegate River	Applegate River

4. Point of diversion/appropriation location:

(DLC, Government Lot, 1/4 1/4, Section, Township, Range)	Reference to a recognized public land survey corner
	by distance and bearing or by coordinates
SE¼SW¼Section 3, T.39S., R.3W.	230 ft North and 480 ft West from South One-
	Quarter Corner Section 3.

5. Actual use(s), period of use, and rate for each use:

Uses	If irrigation, list crop type	When water is used	Rate for use
IRR/STK	Pasture	April 1 to October 31	0.12 CFS
	<u> </u>		

Total Quantity of Water 0.12 CFS

6. Place of use for the point of diversion or appropriation:

DLC	Gov lot	1/4 1/4	Section	Township	Range	Use	# of primary acres	# of supplemental acres
		NENE	10	39	3W	IR/SK	6.11	NOV 0 4 2012
								NOV 04 2013
								SALEM, OH

Total Acres Irrigated

6.11

System Information:

Provide the following information concerning the diversion and delivery system. Trace the flow of water from the point of diversion/appropriation to the place of use.

1. Pump information

Brand	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
PACO	215JM	EJMM3314T	Centrifugal	23/4"	21/4"
PACO	2135M	EJMM3312T	Centrifugal	23/4	21/2"
BERKLEY	B1.5TPMS	EJMM13212T	Centrifugal (Booster)	2"	11/2"

2. Motor information

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Brand	Model	Horsepower	Max RPM	Voltage	
BALDOR	SuperE	15	3500	230/460	
BALDOR	SuperE	15	3500	230/460	
BALDOR	SuperE	5	35	230/460	(BOOSTER)

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3. Meter information (if required in permit or transfer final order)

Make	Serial #	Condition (working or not)	Current meter reading	Notes
McCrometer	04-03527-25	Working	001064	Acre Ft X .0001

4. Measurement device description N/A

Device description	Condition (working or not)	Notes

5. Measured pump capacity (using meter if meter was present and system was operating) N/A

Initial meter reading	Ending meter reading	Duration of time observed	Total pump output

6. Theoretical pump capacity

Horsepower	Operating psi	Lift from source to pump *If a well, the water level during pumping (see pump test results)	Lift from pump to place of use	Total pump output
20	42	13	40	0.79

7. Provide pump calculations in the box below:

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8. Mainline information

Mainline size	Length	Type of pipe	Buried or above ground
10"	4360	PVC	Buried
4"	1100	PVC	Buried

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9. Lateral or handline information

Lateral or handline size	Length	Type of pipe	Buried or above ground
2"	360'	ALUM	Above ground

10. Sprinkler information Make and model:

Make	Model	Size	Operating psi	Sprinkler output	Maximum number used	Total sprinkler output
Rainbird	25	11/64	34	5.0	9	45.0
NAAN	255-31	11mm	34	21.0	1	21

11.	Additional	notes	or	comments	related	to	the sy	stem:
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III. CONDITIONS

Please pay special attention to this section. All conditions contained in the permit or transfer final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

a. Permits or transfer 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 is to be completed by. 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 transfer final order:

,	Dates from permit or transfer final order	Date accomplished	Description of actions taken by water user to comply with the time limits RECEIVED BY OWRD
Begin construction	Sept. 8,2004		NOV 04 2013
Complete construction	Oct.,2005	8-2006	
Complete application of water	Oct.,2005	8-2006	SALEM, OR

2. Initial Water Level Measurements:

**If the Claim is for surface water or a reservoir, or if the water user was not required to submit static water level measurements, items b through e relating to this section can be deleted.

3.	Was the water user required to submit an initial static water level mea-	sureme	nt? Y	ES	<u>NO</u>	NA
**	Annual Static Water Level Measurements: If the Claim is for surface water or a reservoir, or if the water user was rel measurements, items b through e relating to this section can be deleted.	not requ	uired to sub	bmit	static	water
a.	Was the water user required to submit annual static water level measure	rements	s? Y	ES	<u>NO</u>	NA
4.	Measurement, recording, and reporting conditions:					
a.	Does the permit or transfer final order require the installation of a met $\overline{\text{YES}}$ $\overline{\text{NO}}$	er or ap	proved me	asuri	ing de	vice?
der	a meter or approved measuring device was required, the COBU map movice in relation to the point of diversion or appropriation. METER INS LECTRIC POWER USE.	ust indie	cate the loc ED FOR	cation PRO	n of th	e I NG
					REC	CEIVE
ጥጥ	If "NO", items b through g relating to this section can be deleted.				AUG	2 9 2022
b.	Has a meter been installed? <u>YES</u> NO					
	Provide the date the meter was installed:				0	WRD
8/	/06					
pro	If "YES", provide a copy of the letter approving the device, if available ovide the name and title of the Water Resources Department employee a	e. If the	e letter is no			
	approximate date of the approval:		ng the mea	ot av	ailable	ice, and
Nar	approximate date of the approval:		imate date	ot av	ailable	ice, and
	approximate date of the approval:		ng the mea	ot av	ailable	ice, and
Nar f.	Is the water user required to report the water use to the Department?	Approx	imate date	surir	ng dev	ice, and
f.	Is the water user required to report the water use to the Department? Have the reports been submitted? YES NO	Approx	imate date NO RECEIV	ED E	ng dev	ice, and
f.	Is the water user required to report the water use to the Department?	Approx	NO RECEIV	ED E	3Y OV	ice, and
f. g. If the	Is the water user required to report the water use to the Department? Have the reports been submitted? YES NO	Approx	NO RECEIV	ED E	3Y OV	ice, and
f. g. If the state of the state	Is the water user required to report the water use to the Department? Have the reports been submitted? YES NO the reports have not been submitted, attach a copy of the reports if available.	YES able.	NO RECEIV	ED E	3Y OV 2013	VRD
f. g. If the state of the state	Is the water user required to report the water use to the Department? Have the reports been submitted? YES NO the reports have not been submitted, attach a copy of the reports if available fish Screening and/or By-pass Devices Are any points of diversion required to be screened and/or have a by-pass	YES able.	NO RECEIV NOV SAI	ED E	BY OV	VRD
f. g. If the state of the state	Is the water user required to report the water use to the Department? Have the reports been submitted? YES NO the reports have not been submitted, attach a copy of the reports if available fish Screening and/or By-pass Devices Are any points of diversion required to be screened and/or have a by-pasering the point of diversion? YES NO NA ish screening and/or by-pass devices were required, the COBU map mutical screening and/or by-pass devices were required, the COBU map mutical screening and/or by-pass devices were required, the COBU map mutical screening and/or by-pass devices were required, the COBU map mutical screening and/or by-pass devices were required, the COBU map mutical screening and/or by-pass devices were required, the COBU map mutical screening and/or by-pass devices were required.	YES able.	NO RECEIV NOV SAI ce to preve	ED E	BY OV	VRD
f. g. If the state of the state	Is the water user required to report the water use to the Department? Have the reports been submitted? YES NO the reports have not been submitted, attach a copy of the reports if available. Fish Screening and/or By-pass Devices Are any points of diversion required to be screened and/or have a by-pasering the point of diversion? YES NO NA ish screening and/or by-pass devices were required, the COBU map much be point of diversion.	YES able.	NO RECEIV NOV SAI ce to preve	ED E	BY OV	VRD
f. g. If the state of the state	Is the water user required to report the water use to the Department? Have the reports been submitted? YES NO the reports have not been submitted, attach a copy of the reports if available. Fish Screening and/or By-pass Devices Are any points of diversion required to be screened and/or have a by-pasering the point of diversion? YES NO NA ish screening and/or by-pass devices were required, the COBU map much point of diversion. **If "NO", items b through i relating to this section	YES able.	NO RECEIV NOV SAI ce to preve	ED E	BY OV	VRD

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c. When was the fish screening installed?

Date	By whom	
6-05	TECHRAIN	

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d. Is the total diversion rate of all rights at the point of diversion less than 0.5 cfs?

YES NO

e. If the total diversion rate is less than 0.5 cfs, has the water user self certified the fish screen.

YES NO

f. Has a self certification form been previously submitted to the Department?

YES NO

g. If not, is the self certification form attached to this Claim?

YES NO

h. If the total diversion rate is greater than 0.5 cfs, has ODFW approved the screening? YES NO

i. Has the water user previously submitted a letter from ODFW approving the screening? YES NO

j. If not, is the approval letter attached to the Claim?

YES NO

k. Has the by-pass device been installed? YES NO

1. Describe the by-pass device: N/A

When installed	By whom	Approved by ODFW	Description

7. Other Permit Conditions (examples: special well construct standards, water conservation plans, no obstructions to fish without a fishway, etc.; number as appropriate.)

IV. Variations, Attachments, Conclusions, Map and Signatures

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include a description of variation	ons from the permit or transfer final order

Attachments

If you are attaching any documents to this report, provide a list below:

Attachment name	Description
ODFW	Fish Screen Inspection

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NOV 0 4 793

Permit and Transfer Final Order Rates and System Rates Comparisons:

POD or	Maximum rate	Calculated	Actual amount of water	Developed	# of acres allowed	# of acres
POA name or #	allowed by permit or transfer final order	theoretical rate of water based on system	measured (if measured)	use	by permit or transfer final order	developed
1	0.12	0.79	0.14	IRR	6.11	4.50
						-

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', 1" = 400', or the original full-size scale of the county assessor map for the location.

In the following box, 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.

Point of diversion and location and place of use area mapped by GPS - Garmin Plus III - Mapping utilizin
Jackson County Assessor Maps and aerial photographs.

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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.

CERTIFIED WATER RIGHT EXAMINER

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HAROLD L. CENTER

AUG 2 9 2022

2604 David Lane Medford, OR 97504

Phone: 541-535-6108

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Oregon Certificate No. 152

Certificate Renewal Date: 12/31/07



Permit or Transfer Holders Signature or Acknowledgement

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.

Jacqueline Lucas

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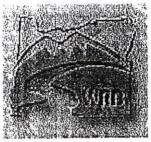
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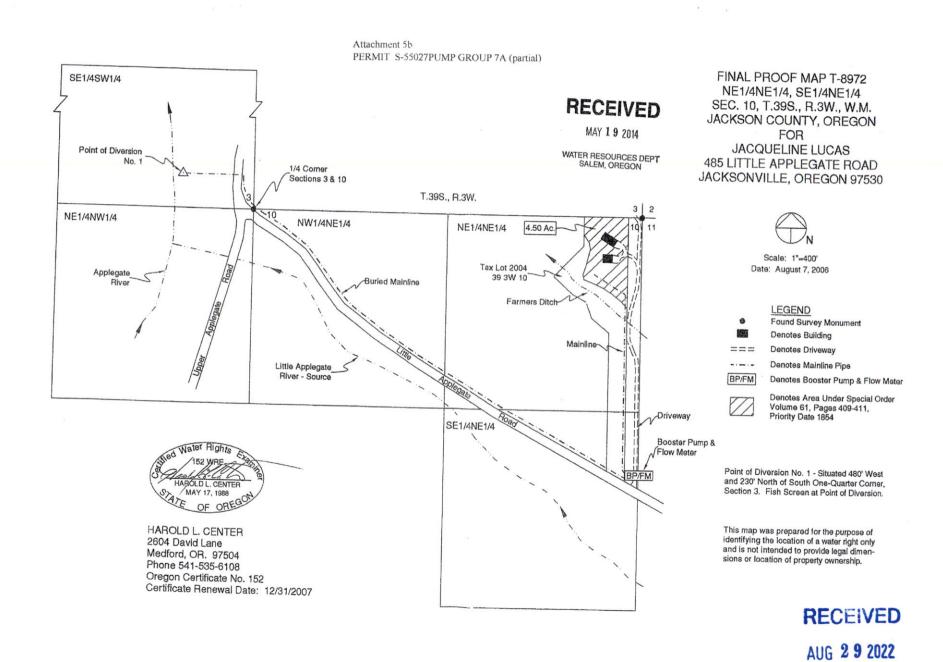


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OREGON DEPARTMENT OF FISH AND WILDLIFE OREGON WATER RESOURCES DEPARTMENT

Thup (V) - / C FISH SCREEN!	INSPECTION FORM
Applicant McTAGGART, SCHWILLIER, Name: Water Right Nu	MIKSCHE, Schakelford, Zucas mber: Water Right Amount (cfs)
Address:	
Diversion Stream: Applegate R	Tributary to: Rogue R.
Diversion Type: Dumb Lo	cation: T, R, Sec
GPS Coordinates: 42, 2004/	- 123.04493 SATS: 7
Pump Information	
Brand: ACO Horsepower:	Notation of the Size: 6"
Screen Information	
Type: Sure-Ho Installed by: 7	echtain Date Installed: 6-05
Date of Inspection: 7-15-05 Inspect	ed by: 12, ch / Whave Agency: ODFW
Comments:	
Screen meets current state criteria for	fish protection.
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Screen does not meet current state crit	reria for fish protection. NOV 0 4 2013
Another screen inspection should be d	one before water use begins. SALEM, OR



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Jordan Engineering

Structural-Civil-Geotech 460 Jordan Lane Roseburg, OR 97471 541-673-1931

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Water Resources Department Mr. Gerry Clark 725 Summer St. NE, Suite A

Salem, OR 97301

Claim Of Beneficial Use: Application: S87914

Permit: S-55027 Pump Group 7A (Partial)

August 22, 2022

Mr. Clark:

Inclosed is the Claim of Beneficial Use (COBU) form including 5 attachments as follows.

Attachment 1: Email from Mr. French waiving fees

Attachment 2: Email from Mr. Daft to Mr. Clark requesting continued waved fees and

substituted COBU Mylar map.

Attachment 3: Application: S-87914 Permit: S-55027 map.

Attachment 4a: Copy of COBU for T-8965.

Attachment 4b: Copy of COBU map for T-9865.

Attachment 5a: Copy of COBU for T-8972.

Attachment 5b: Copy of COBU map for T-8972.

If there are any questions please officially contact the applicant with a copy to me.

Respectfully,

Clay Jordan, P.E., S.E., Geotech, CWRE

cc: Jacqueline Lucas Morris

file: COBU S-55027 Pump Group 7A wrd-cl.wpd