

**CLAIM OF
BENEFICIAL USE
for Transfer New or Additional
POA Only**



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 8" 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 point(s) of appropriation or additional point(s) of appropriation, or a combination of both. **YES** **NO**
If additional changes were authorized, you will need to select a different form.

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1. File Information

APPLICATION # T-11619

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Sportsman Park Water Association		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 343 Oak Park Dr.			
CITY Tygh Valley	STATE OR	ZIP 97063	E-MAIL

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

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

TRANSFER HOLDER OF RECORD Sportsman Park Water Association			
ADDRESS 343 Oak Park Dr.			
CITY Tygh Valley	STATE OR	ZIP 97063	E-MAIL

4. Date of Site Inspection:

July 26, 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Scott Napoli	July 26, 2004	President of Association

6. County:

Wasco

7. If any property described in the place of use of the transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD See attached tables		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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**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 Hayes McCoy	PHONE NO. 541-923-7554	ADDITIONAL CONTACT NO.
ADDRESS 1180 SW Lake Rd. Suite 201		
CITY Redmond	STATE OR	ZIP 97756
E-MAIL hayes@ham-engr.com		

Transfer Holder of Record Signature or Acknowledgement

Each 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
<i>Scott Napoli</i>	SCOTT NAPOLI	President	7-26-24

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SECTION 3
CLAIM DESCRIPTION

Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

1. New or additional point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well #3	003546, 003548	52258	

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

If well logs are available, items A and B below can be deleted

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? YES NO

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well #3	0.19 cfs	0.20 cfs	0.17 cfs

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)?

YES



If "YES" you will need to copy and complete a separate Section 4.

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

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Berkeley	6TS30-115	M24079	Submersible	6"	3"

2. Motor Information

MANUFACTURER	HORSEPOWER
Franklin	30 hp

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
30hp	650 psi (max)	903 feet	110 feet	0.18 cfs

4. Provide pump calculations:

$30 \text{ hp} * 7.04 / 1013 = 0.20 \text{ cfs.}$

5. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Automatic flow			0.17 cfs (77.6 gpm observed)

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

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B. Groundwater Source Information (Well and Sump)

3. Is the appropriation from a dug well (sump)?

YES NO

If "NO", items 4 through 6 relating to this section may be deleted.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

C. Additional notes or comments related to the system:

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**SECTION 5
CONDITIONS**

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All conditions contained in the transfer final order, 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 NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	1/2/2014	
COMPLETENESS DATE FROM ORDER (C)	10/1/2018	

* 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)?

YES NO

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

If for a transfer extension order, provide the following information:

VOLUME	PAGE	DATE EXTENDED TO

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other 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 appropriation.

b. Has a meter been installed? YES NO

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? YES 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
See Transfer Order #5		Signed 1/2014, but mailed 1/2013

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
3/4" water level measurement tube	Working	2015

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. Other conditions required by the transfer final order or extension final order:

- a. Were there special well construction standards? YES NO
- b. Was submittal of a ground water monitoring plan required? YES NO
- c. 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):

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Picture of Measurement Tube	In Casing
Table of Owners	

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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 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 identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

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.

Utilized County GIS information.

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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)
- 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
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) ***Not required for this type of Claim of Beneficial Use**
- Point(s) of diversion or appropriation (illustrated and coordinates)
- 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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OWNER OF RECORD Heather Roberts		
ADDRESS 6519 N Princeton St		
CITY Portland	STATE OR	ZIP 97203

OWNER OF RECORD Scott Napoli		
ADDRESS 328 Ponderosa Way		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Janet & Leroy Williams		
ADDRESS 3609 SE 10th St.		
CITY Gresham	STATE OR	ZIP 97080

OWNER OF RECORD Jennifer & Daniel Stahlnecker		
ADDRESS 4372 SE Jobes Ct.		
CITY Milwaukie	STATE OR	ZIP 97222

OWNER OF RECORD Raymond & Claudette Nannini		
ADDRESS 333 Oak Park Drive		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Troy Thompson		
ADDRESS 1075 SW Chickasaw Dr.		
CITY Tualatin	STATE OR	ZIP 97062

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Salem, OR

OWNER OF RECORD Kimberly & Steve Sousley		
ADDRESS 38701 SE Howard Rd.		
CITY Corbett	STATE OR	ZIP 97019

OWNER OF RECORD Keven Cordova		
ADDRESS 12734 SE 24th Ave.		
CITY Milwaukie	STATE OR	ZIP 97222

OWNER OF RECORD Keven & Ann Marie Cordova		
ADDRESS 1861 SE Anspach St.		
CITY Milwaukie	STATE OR	ZIP 97267

OWNER OF RECORD Sportsmans Park Water Assn.		
ADDRESS 124 Lake Way		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Daniel & Katja Poschwatta		
ADDRESS 17584 S Hwy 211		
CITY Molalla	STATE OR	ZIP 97038

OWNER OF RECORD Morgan Hartnell		
ADDRESS 26115 SW Chehalem Station Rd.		
CITY Sherwood	STATE OR	ZIP 97140

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OWNER OF RECORD Taylor Matthew ET AL		
ADDRESS 341 Oak Park Dr.		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Lois & Leland Hansen		
ADDRESS 342 Oak Park Dr.		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Caroline & Clarence Richardson		
ADDRESS 343 Oak Park Drive		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Jacob & Lorri Feldhacker		
ADDRESS 344 Oak Park Dr.		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Eric Watkins		
ADDRESS 6879 S Hansen Ln		
CITY Aurora	STATE OR	ZIP 97002

OWNER OF RECORD Jerrie & Brien Rainville		
ADDRESS 424 Oak Park Dr.		
CITY Tygh Valley	STATE OR	ZIP 97063

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OWNER OF RECORD Kim & Jim Macigag		
ADDRESS 3357 NE Pacific St.		
CITY Portland	STATE OR	ZIP 97232

OWNER OF RECORD Laurie & Perry Christensen		
ADDRESS 15421 NE 12th Way		
CITY Vancouver	STATE WA	ZIP 98684

OWNER OF RECORD Matthew Braidwood		
ADDRESS 1840 SE Anspach		
CITY Milwaukie	STATE OR	ZIP 97267

OWNER OF RECORD Tina & John Goleman		
ADDRESS 428 Oak Park Dr.		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD William Wonderly ET AL		
ADDRESS 20811 S Farris Ct.		
CITY Colton	STATE OR	ZIP 97017

OWNER OF RECORD William & Christine Wonderly		
ADDRESS 20811 S Farris Ct.		
CITY Colton	STATE OR	ZIP 97017

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OWNER OF RECORD Farron Webber		
ADDRESS 431 Oak Park Dr.		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Angela & Ross Grantz		
ADDRESS 5804 SE Sundial Ct.		
CITY Milwaukie	STATE OR	ZIP 97222

OWNER OF RECORD Patricia & Gene Austin		
ADDRESS 11900 SE 222nd Dr.		
CITY Boring	STATE OR	ZIP 97009

OWNER OF RECORD Paula & Robert Van Elverdinghe		
ADDRESS 16260 Oakdale Rd.		
CITY Dallas	STATE OR	ZIP 97338

OWNER OF RECORD Gail & Richard Cunningham		
ADDRESS P.O. Box 898		
CITY Cornelius	STATE OR	ZIP 97113

OWNER OF RECORD Renee & Dwayne Canham		
ADDRESS 12425 SE Madison		
CITY Portland	STATE OR	ZIP 97233

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OWNER OF RECORD Sportsman Park Water Association		
ADDRESS 124 Lake Way		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Chelsea & Byron Belozer		
ADDRESS 25430 SE Sunshine Valley Rd.		
CITY Damascus	STATE OR	ZIP 97089

OWNER OF RECORD Stephanie Hohnbaum		
ADDRESS 201 Timber Ln.		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Keaton Bowler		
ADDRESS 203 Timber Ln.		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Kathleen & Rodney Bashor		
ADDRESS 8901 SE Spencer Dr.		
CITY Clackamas	STATE OR	ZIP 97086

OWNER OF RECORD Gary Nash		
ADDRESS 39001 SE Serban Rd.		
CITY Sandy	STATE OR	ZIP 97055

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OWNER OF RECORD Susan & Clinton Goleman		
ADDRESS 8890 SE Spenser Dr.		
CITY Portland	STATE OR	ZIP 97266

OWNER OF RECORD Holly & Eric Provost		
ADDRESS 1069 NE Hudspeth Circle		
CITY Prineville	STATE OR	ZIP 97754

OWNER OF RECORD John Evans		
ADDRESS 1528 NE 74th Ave.		
CITY Portland	STATE OR	ZIP 97213

OWNER OF RECORD Dorthy & Gene Pratt		
ADDRESS 42970 SE Music Camp Rd.		
CITY Sandy	STATE OR	ZIP 97055

OWNER OF RECORD Darryl Schroeder		
ADDRESS 1341 SE 174th Pl.		
CITY Portland	STATE OR	ZIP 97233

OWNER OF RECORD Sharon & Richard Leach		
ADDRESS 212 Timber Ln.		
CITY Tygh Valley	STATE OR	ZIP 97063

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OWNER OF RECORD Cindy & Jeffrey Cummings		
ADDRESS 9305 SW 2nd Ave.		
CITY Portland	STATE OR	ZIP 97219

OWNER OF RECORD Debra Lehman		
ADDRESS 6704 NE 53rd Circle		
CITY Vancouver	STATE WA	ZIP 98661

OWNER OF RECORD Jeffrey Tanner		
ADDRESS 4404 NE 91st Ave.		
CITY Portland	STATE OR	ZIP 97220

OWNER OF RECORD Rebecca & Richard Vessey		
ADDRESS 7345 SW Norwood		
CITY Tualatin	STATE OR	ZIP 97062

OWNER OF RECORD Sharon & Russell Lane		
ADDRESS 217 Timber Ln.		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Vaughn Family Trust		
ADDRESS 11070 SW 82nd		
CITY Tigard	STATE OR	ZIP 97223

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OWNER OF RECORD Kenneth Williams		
ADDRESS P.O. Box 235		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Thomas Haren		
ADDRESS 1149 NE 27th St.		
CITY Gresham	STATE OR	ZIP 97030

OWNER OF RECORD Jean Janke		
ADDRESS 3165 N Kilpatrick St.		
CITY Portland	STATE OR	ZIP 97217

OWNER OF RECORD Shirley & Gregory Weast		
ADDRESS P.O. Box 538		
CITY The Dalles	STATE OR	ZIP 97058

OWNER OF RECORD Nita Williamson & Bob Auxier		
ADDRESS 126 Timber Ln.		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Gregory & Kanka Hanson		
ADDRESS 16409 SE Division St #216		
CITY Portland	STATE OR	ZIP 97236

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OWNER OF RECORD Sonja Olheiser		
ADDRESS 128 Timber Ln.		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Deann Mc Cool		
ADDRESS 13224 SE Ankeny Ct.		
CITY Portland	STATE OR	ZIP 97233

OWNER OF RECORD Bryan Andersen		
ADDRESS 134 NE 164th		
CITY Portland	STATE OR	ZIP 97230

OWNER OF RECORD Llana Cruikshank		
ADDRESS 103 Lake Way		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Christine Flener		
ADDRESS 104 Lake Way		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Nancy & Robert Erickson		
ADDRESS 105 Lake Way		
CITY Tygh Valley	STATE OR	ZIP 97063

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OWNER OF RECORD Sandra & James Andersen		
ADDRESS 106 Lake Way		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Juanita & Neal Bursell		
ADDRESS 107 Lake Way		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Ronald Rowan		
ADDRESS 108 Lake Way		
CITY Wamic	STATE OR	ZIP 97063

OWNER OF RECORD David Baldwin		
ADDRESS 805 SW Peters Rd.		
CITY Portland	STATE OR	ZIP 97224

OWNER OF RECORD Dennis Jacob		
ADDRESS 110 Lake Way		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Carol Hanson		
ADDRESS 108 Lake Way		
CITY Tygh Valley	STATE OR	ZIP 97063

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OWNER OF RECORD Patricia & Donald Evanson		
ADDRESS P.O. Box 596		
CITY Ridgefield	STATE WA	ZIP 98642

OWNER OF RECORD Debra & Peter Foresman		
ADDRESS 30076 SE Cemetery Rd.		
CITY Estacada	STATE OR	ZIP 97023

OWNER OF RECORD Thomas Wright		
ADDRESS 3206 NE 148th Pl.		
CITY Vancouver	STATE WA	ZIP 98682

OWNER OF RECORD Dena & Matthew Hagan		
ADDRESS P.O. Box		
CITY North Bonneville	STATE WA	ZIP 98639

OWNER OF RECORD Dena & Matthew Hagan		
ADDRESS P.O. Box 172		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Angelina & Leo Keppinger		
ADDRESS 4142 SW 41st Pl.		
CITY Portland	STATE OR	ZIP 97221

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OWNER OF RECORD Joseph Robinson		
ADDRESS 22192 S Mint Lake Rd.		
CITY Beavercreek	STATE OR	ZIP 97004

OWNER OF RECORD Denise & Silvester Racanelli		
ADDRESS 7964 SW Bond St.		
CITY Tigard	STATE OR	ZIP 97224

OWNER OF RECORD Katherine & Kenneth Stahlnecker Trustees		
ADDRESS 27470 SE Samels Rd.		
CITY Eagle Creek	STATE OR	ZIP 97022

OWNER OF RECORD Judy Birch & Harlene Keeley		
ADDRESS 122 Lake Way		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Patricia & Billy Wallace		
ADDRESS 4513 NE Alberta Ct.		
CITY Portland	STATE OR	ZIP 97218

OWNER OF RECORD Nancy & Emmett Frison		
ADDRESS 18830 NE Clackamas		
CITY Portland	STATE OR	ZIP 97230

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OWNER OF RECORD Dwayna Holland		
ADDRESS 239 Timber Ln.		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Cynthia Aylett		
ADDRESS 75816 Frontage Rd.		
CITY Hermiston	STATE OR	ZIP 97838

OWNER OF RECORD Tammy Ambers		
ADDRESS 5550 Trout Creek Ridge		
CITY Mt. Hood Parkdale	STATE OR	ZIP 97041

OWNER OF RECORD Larson Family Trust		
ADDRESS 12015 Glacier St.		
CITY Oregon City	STATE OR	ZIP 97045

OWNER OF RECORD Colleen & Bruce Curtis		
ADDRESS 1310 NE 188th Pl.		
CITY Portland	STATE OR	ZIP 97230

OWNER OF RECORD Jennifer & Brian Cornilles		
ADDRESS 228 N Lake View Loop		
CITY Wamic	STATE OR	ZIP 97063

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OWNER OF RECORD Henry Hyde		
ADDRESS 1440 NE 223 Ave. #101		
CITY Wood Village	STATE OR	ZIP 97060

OWNER OF RECORD Raean & Craig Secanti		
ADDRESS 22118 E Yakima Ln.		
CITY Rhodoendron	STATE OR	ZIP 97049

OWNER OF RECORD Juanita & Stephen Carlson		
ADDRESS 975 NW Strawberry Mtn. Rd.		
CITY White Salmon	STATE WA	ZIP 98672

OWNER OF RECORD Susan & Jesse Bristow		
ADDRESS 11001 Reese St.		
CITY Donald	STATE OR	ZIP 97020

OWNER OF RECORD William Zacharias Jr.		
ADDRESS P.O. Box 753		
CITY Yamhill	STATE OR	ZIP 97148

OWNER OF RECORD Cheryl Anne		
ADDRESS 231 Lake View Loop		
CITY Tygh Valley	STATE OR	ZIP 97063

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OWNER OF RECORD Cynthia Aylett		
ADDRESS 75816 Frontage Rd.		
CITY Hermiston	STATE OR	ZIP 97838

OWNER OF RECORD Irene Jarrett		
ADDRESS 4809 SW Iowa		
CITY Portland	STATE OR	ZIP 97221

OWNER OF RECORD David Kendall		
ADDRESS 302 Wildcat Crossing		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Sharon & Tom Schaper		
ADDRESS 8445 SW 58th		
CITY Portland	STATE OR	ZIP 97219

OWNER OF RECORD Sandra & Michael Walker Trustees		
ADDRESS 5728 SE Madera		
CITY Hillsboro	STATE OR	ZIP 97123

OWNER OF RECORD Joe Rosenberry		
ADDRESS 710 Bellevue Ave.		
CITY Gladstone	STATE OR	ZIP 97027

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OWNER OF RECORD Joe Rosenberry D RLT		
ADDRESS 710 Bellevue Ave		
CITY Gladstone	STATE OR	ZIP 97027

OWNER OF RECORD Darlene Meyer		
ADDRESS 23665 SE MC Cabe Rd.		
CITY Sandy	STATE OR	ZIP 97055

OWNER OF RECORD Irene Caldwell		
ADDRESS 23665 SE MC Cabe Rd.		
CITY Sandy	STATE OR	ZIP 97055

OWNER OF RECORD Renee Raschke		
ADDRESS 311 Oak Park Ln.		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Corrie Lemon		
ADDRESS 312 Oak Park Ln.		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Sandra & Christopher Turner		
ADDRESS 313 Oak Park Ln.		
CITY Tygh Valley	STATE OR	ZIP 97063

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OWNER OF RECORD Scott Jakobson		
ADDRESS 314 Oak Park Ln.		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Tracy Gabriel		
ADDRESS 20098 E Alder Dr.		
CITY Sandy	STATE OR	ZIP 97055

OWNER OF RECORD Katsiaryna & Sergey Sadovikov		
ADDRESS 316 Oak Park Ln.		
CITY Wamic	STATE OR	ZIP 97063

OWNER OF RECORD Steven Bates & Jarrod Burcio		
ADDRESS 24080 E Hemlock Dr.		
CITY Rhodoendron	STATE OR	ZIP 97049

OWNER OF RECORD Andrea & Sean O'Neil		
ADDRESS P.O. Box 237		
CITY Brightwood	STATE OR	ZIP 97011

OWNER OF RECORD Terry Vollertsen		
ADDRESS 19711 NW Morgan Rd.		
CITY Portland	STATE OR	ZIP 97231

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OWNER OF RECORD Morgan & Jaime Hartnell		
ADDRESS 26115 SW Chehalem Station Rd.		
CITY Sherwood	STATE OR	ZIP 97140

OWNER OF RECORD Cheryl Zander ET AL		
ADDRESS 515 W 35th St.		
CITY Vancouver	STATE WA	ZIP 98660

OWNER OF RECORD Stephanie & Roger Matthews		
ADDRESS 3665 SW Towle Ave.		
CITY Gresham	STATE OR	ZIP 97080

OWNER OF RECORD Gary Host Living Trust ET AL		
ADDRESS 29945 NE Benjamin Rd.		
CITY Newberg	STATE OR	ZIP 97132

OWNER OF RECORD Michael Phearson Rev. Trust		
ADDRESS 402 Fairway Rd.		
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OWNER OF RECORD Pamela & Kenneth Laird ET AL		
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ADDRESS 1695 SE Oakfield		
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OWNER OF RECORD Miriam Sams		
ADDRESS 406 Fairway Rd.		
CITY Tygh Valley	STATE OR	ZIP 97063

OWNER OF RECORD Victoria Suzanne Wittenburg Trustee		
ADDRESS 7105 SE Hazel St.		
CITY Portland	STATE OR	ZIP 97026

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ADDRESS 355 Oak Park Pl.		
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OWNER OF RECORD Jeanette & Wayne Wilson		
ADDRESS 4835 SE Brookside Dr.		
CITY Milwaukie	STATE OR	ZIP 97222

OWNER OF RECORD Kenneth Bailey		
ADDRESS 353 Oak Park Pl.		
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CITY Boring	STATE OR	ZIP 97009

OWNER OF RECORD The Shelton Trust RLT		
ADDRESS 2344 S Roosevelt Rd.		
CITY Rogers	STATE NM	ZIP 88132

OWNER OF RECORD Arnold Ayers		
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CITY Sandy	STATE OR	ZIP 97055

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