

CLAIM OF BENEFICIAL USE for Transfer with Multiple Changes – Surface Water



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 involving multiple changes. **YES**

Mark all that apply:

- | | |
|---|--|
| 1. <input type="checkbox"/> Change in POD(s) or Additional POD(s) | 2. <input checked="" type="checkbox"/> Change in Place of Use |
| 3. <input checked="" type="checkbox"/> Change in Character of Use | 4. <input type="checkbox"/> Change in Character of Use – Reservoir |

A separate section will be completed for each type of change authorized in the transfer final order.

RECEIVED

OCT 28 2024

OWRD

1. File Information

APPLICATION # T-13471

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME MICHAEL AND SUSAN MLYNARCZYK		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 64225 SOLARI RD (TL 400)			
CITY COOS BAY	STATE OR	ZIP 97420	E-MAIL

APPLICANT/BUSINESS NAME DONALD AND DIANE BOYER		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 64110 SOLARI RD. (TL 900)			
CITY COOS BAY	STATE OR	ZIP 97420	E-MAIL

APPLICANT/BUSINESS NAME DUSTIN AND EMILY PARKHURST		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 64204 SOLARI RD. (TL 500)			
CITY COOS BAY	STATE OR	ZIP 97420	E-MAIL

APPLICANT/BUSINESS NAME TYLER AND STEFFANIE DEAN		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 66368 SUNSHINE ROAD (TL 600)			
CITY COOS BAY	STATE OR	ZIP 97420	E-MAIL

APPLICANT/BUSINESS NAME ADAM HENRY KUBLI		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 64175 SOLARI RD. (TL 600)			
CITY COOS BAY	STATE OR	ZIP 97420	E-MAIL

RECEIVED

OCT 28 2024

OWRD

APPLICANT/BUSINESS NAME ROBERT AND TINA GEORGE		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 66340 SUNSHINE ROAD (TL 700)			
CITY	STATE	ZIP	E-MAIL

APPLICANT/BUSINESS NAME STEVE AND TINA WINFREY		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 64078 SOLARI RD.			
CITY COOS BAY	STATE OR	ZIP 97420	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		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

09/06/2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Susan Mlynarczyk	6/21/24	Applicant

6. County:

Coos

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		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

RECEIVED

OCT 28 2024

OWRD

**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.



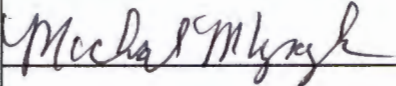
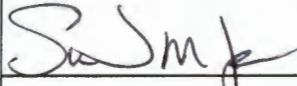
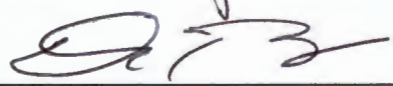
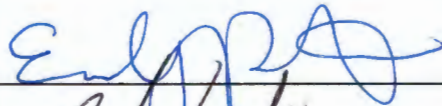
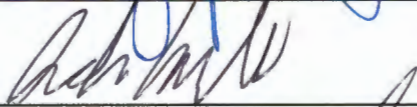
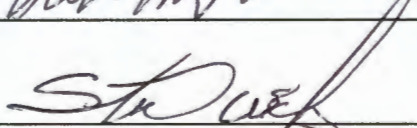
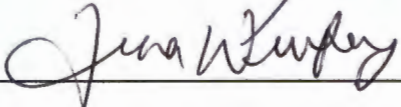
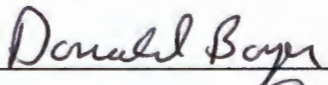
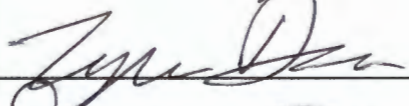
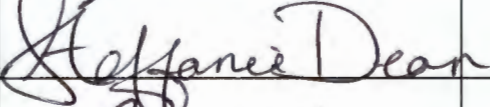
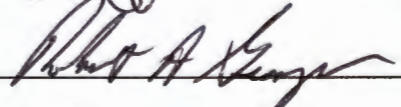

CWRE NAME Marc J. Van Camp		PHONE NO. 541-297-1880	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 995			
CITY Coos Bay	STATE OR	ZIP 97420	E-MAIL vancampconsulting@gmail.com

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.

RECEIVED
OCT 28 2024
OWRD

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	MICHAEL MLYNARCZYK	APPLICANT	10/15/2024
	SUSAN MLYNARCZYK	APPLICANT	10/15/2024
	DUSTIN PARKHURST	APPLICANT	10/15/24
	EMILY PARKHURST	APPLICANT	10/16/24
	ADAM HENRY KUBLI	APPLICANT	10/27/24
	STEVEN WINFREY	APPLICANT	10/15/24
	TINA WINFREY	APPLICANT	10/15/24
	DONALD BOYER	APPLICANT	10/15/24
	TYLER DEAN	APPLICANT	10/19/24
	STEFFANIE DEAN	APPLICANT	10-19-24
	ROBERT GEORGE	APPLICANT	10/19/24
	TINA GEORGE	APPLICANT	10/19/24

RECEIVED

OCT 28 2024

OWRD

SECTION 3
Changes Made

Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #2

Change in Place of Use

Did the transfer order authorize a change in the place of use? **YES**

If "NO", this Section can be deleted.

1. Claim Summary – Authorized Use: 8 Single Family Households, allowed and developed.

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? **NO**

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.")

RECEIVED
OCT 28 2024
OWRD

Change #3

Change in Character of Use

Did the transfer order authorize a change in character of use?

YES

If "NO", this Section can be deleted.

1. Claim Summary – New Use(s):

Provide the new uses authorized by the transfer final order:

NEW USE(S) AUTHORIZED
Domestic Expanded

2. Variations:

Were all the uses developed from what was authorized by the transfer final order?

NO

If no, describe below.

(e.g. "The order authorized changes in character of use to industrial, commercial, and livestock. The water user did not develop the commercial use.")

RECEIVED

OCT 28 2024

OWRD

**SECTION 4
CONDITIONS**

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 AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	2/9/2024	
COMPLETENESS DATE FROM ORDER (C)	10/1/2025	7/9/2024

* 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

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**

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.

b. Has a meter been installed?

YES NO

c. Meter Information

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD	Assured Automation	23006385	Working	62,190 Gal.	3/1/2024
New Place of Use	Master Meter	20003868	Working	463,320 Gal.	5/1/2020
Unchanged portion (TL600&300)	Assured Automation	22001477	Working	100 Gal.	7/9/2024

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

RECEIVED

OCT 28 2024

OWRD

4. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? **NO**

5. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? **NO**

6. 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**

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

a. Was the water user required to restore the riparian area if it was disturbed? **NO**

b. Was a fishway required? **NO**

c. 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):

**SECTION 5
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
COBU MAP	Claim of Beneficial Use Map

RECEIVED
OCT 28 2024
OWRD

SECTION 6

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 diversion, 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.

GPS

RECEIVED
OCT 28 2024
OWRD

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.)
- 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

RECEIVED
OCT 28 2024
OWRD