

**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](http://www.oregon.gov/OWRD)

**A fee of \$345 must accompany this form for transfers where the application was submitted on July 9, 1987, or later.**

**Enter the date the transfer application was submitted:**

7/11/2018

**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 503-986-0900.

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.*

**1. File Information**

APPLICATION #  
**T-12968**

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**2. Property Owner (current owner information)**

APPLICANT/BUSINESS NAME <b>Roger Kuenzi &amp; Leon Kuenzi</b>		PHONE NO. <b>(503) 991-6764</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>PO Box 9026</b>			
CITY <b>Salem</b>	STATE <b>OR</b>	ZIP <b>97305</b>	E-MAIL <b>randlkuenzi@gmail.com</b>

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 <b>Roger Kuenzi &amp; Leon Kuenzi</b>		
ADDRESS <b>PO Box 9026</b>		
CITY <b>Salem</b>	STATE <b>OR</b>	ZIP <b>97305</b>

**4. Date of Site Inspection:**

<b>9/30/2025</b>
------------------

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Roger Kuenzi</b>	<b>9/30/2025</b>	<b>Owner</b>

**6. County:**

<b>Marion</b>
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**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

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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.



<b>CWRE NAME</b> William E. McGill	<b>PHONE NO.</b> (503) 510-3026	<b>ADDITIONAL CONTACT NO.</b> (503) 931-0210
<b>ADDRESS</b> 15333 Pletzer Rd. SE		
<b>CITY</b> Turner	<b>STATE</b> OR	<b>ZIP</b> 97392
<b>E-MAIL</b> willmcgill.surveying@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.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>Roger Kuenzi</i>	Roger Kuenzi	Owner	9-30-25
<i>Leon Kuenzi</i>	Leon Kuenzi	Owner	9-30-25

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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)
APOA 2	MARI 69257	L-136045	Well in Little Pudding River Basin

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

**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
APOA 2	0.25 cfs	0.53 cfs	*

**\*System not running at time of site inspection.**

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## SECTION 4

### SYSTEM DESCRIPTION

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

YES ☐ NO ☒

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):

**APOA 2**

#### 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
Franklin	STS6175	Not available	Submersible	Not available	3"

##### 2. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Electric	15

##### 3. Theoretical Pump Capacity – Pump at Well:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE DEPTH TO WATER FROM THE GROUND SURFACE MEASURED AT THE WELL DURING PUMPING)	LIFT TO PLACE OF USE (THE LIFT FROM THE GROUND SURFACE AT THE WELL TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
15	60	53'	-6.5' avg.	0.53

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

##### 4. Provide pump calculations:

$$Q = (15 \times 7.04) / (152.4 + 53 - 6.5) = 0.53 \text{ cfs}$$

##### 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)
System not running at time of site inspection.			

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**6. Theoretical Pump Capacity – Pump at Sump:**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE LIFT FROM THE WATER SURFACE TO THE PUMP)	LIFT TO PLACE OF USE (THE LIFT FROM THE PUMP TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
N/A				

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

**7. Provide pump calculations:**

N/A

**8. 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)
N/A			

**9. Additional notes or comments related to the system:**

**B. Groundwater Source Information (Well and Sump)**

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

YES ☒ NO

**C. Additional notes or comments related to the system:**

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## SECTION 5

### 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 NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	3/26/2020	
COMPLETENESS DATE FROM ORDER (C)	10/1/2025	July 2020

\* 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 ☒

**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 ☒

**4. Recording and reporting conditions**

a. Is the water user required to report the water use to the Department? YES ☐ NO ☒

**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):

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**SECTION 6**  
**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well Log	MARI 69257 (APOA 2)
Photos (x6)	Taken at 9/30/2025 site inspection

**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.

Survey method used was aerial photo provided by Vantor, Vivid Advanced.  
Source Date: 2/3/24

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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
- ☐ N/A 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
- ☒ Quarter-Quarters illustrated and named (NE NE, NW NE, etc.)
- ☐ N/A 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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(1) LAND OWNER Owner Well I.D. \_\_\_\_\_  
First Name ROGER & LEON Last Name KUENZI  
Company \_\_\_\_\_  
Address PO BOX 9026  
City BROOKS State OR Zip 97305

(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion  
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION  
Dia + From To Gauge Stl Plstc Wld Thrld  
Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
Material From To Amt sacks/lbs  
Seal: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

(3) DRILL METHOD  
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud  
☐ Reverse Rotary ☐ Other \_\_\_\_\_

(4) PROPOSED USE ☐ Domestic ☒ Irrigation ☐ Community  
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering  
☐ Thermal ☐ Injection ☐ Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION Special Standard ☐ (Attach copy)  
Depth of Completed Well 160.00 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
12	0	45	Cement w/5% Bentonite	0	45	15 S
8	45	160			Calculated	10.72
					Calculated	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E  
☐ Other \_\_\_\_\_

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used: ☐ Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(5a) ABANDONMENT USING UNHYDRATED BENTONITE  
Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

(6) CASING/LINER  
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld  
☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) 160  
Temp casing ☒ Yes Dia 12 From + ☐ 0 To 45

(7) PERFORATIONS/SCREENS  
Perforations Method Holte Air perforator  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot Slot # of Tele/  
Screen Liner Dia From To width length slots pipe size  
Perf Casing 8 138.5 154 .2 1 350  
Perf Casing 8 138.5 154 .2 1 350  
Perf Casing 8 138.5 154 .2 1 350  
Perf Casing 8 138.5 154 .2 1 350  
Perf Casing 8 138.5 154 .2 1 350  
Perf Casing 8 138.5 154 .2 1 350

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian  
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  
200 150 2  
200 150 2

Temperature 53 °F Lab analysis ☐ Yes By \_\_\_\_\_  
Water quality concerns? ☐ Yes (describe below) TDS amount 195 ppm  
From To Description Amount Units  
From To Description Amount Units

(9) LOCATION OF WELL (legal description)  
County MARION Twp 6.00 S N/S Range 2.00 W E/W WM  
Sec 33 SW 1/4 of the NE 1/4 Tax Lot 300  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ or 45.00942000 DMS or DD  
Long \_\_\_\_\_ or -122.93450000 DMS or DD  
☐ Street address of well ☒ Nearest address

BARE LAND WEST OF 6214 HAZELGREEN ROAD N.E. SALEM, OREGON 97305

(10) STATIC WATER LEVEL  
Date SWL(psi) + SWL(ft)  
Existing Well / Pre-Alteration \_\_\_\_\_  
Completed Well 6/8/2020 \_\_\_\_\_  
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES				Depth water was first found <u>54.00</u>	
SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
6/8/2020	54	160	200		50

(11) WELL LOG			Ground Elevation	
Material	From	To		
Silty brown top soil	0	5		
Silty gray and brown clay	5	15		
Brown silty clay	15	32		
Sticky brown clay	32	54		
Coarse brown sand	54	70		
Brown sand with some gravel	70	83		
Brown sand and gravel	83	101		
Silty dark brown sand and gravel	101	110		
Large loose gravel and brown sand	110	115		
Tight gray sand and gravel	115	119		
Light brown sand and gravel	119	126		
Large gravel and brown sand	126	140		
Large gravel and gray sand	140	149		
Brown sand and gravel	149	158		
Soft black sand and gravel	158	160		

Date Started 6/1/2020 Completed 6/8/2020

(unbonded) Water Well Constructor Certification  
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1903 Date 6/9/2020

Signed RYAN PILLSBURY (E-filed)

(bonded) Water Well Constructor Certification  
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1273 Date 6/10/2020

Signed FLOYD SIPPEL (E-filed)

Contact Info (optional) \_\_\_\_\_





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Kuenzi cobu 9/30/25 Well





OREGON  
WATER RESOURCES DEPT  
WELL #  
L136045  
DO NOT REMOVE LABEL

Kuenzi COBU

9/30/25

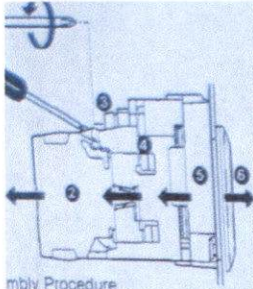
Well tag

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#### Assembly Procedure

1. Insert a flat blade screwdriver into the opening of the broad snap hook latches of the modules. Press the screwdriver down to unlatch the module.  
2. Move the modules.  
3. Remove the fastening screw on the holder.  
4. Move the holder while activating the Unlock lever.  
5. Move the adapter.  
6. Move the actuating device.

A5E48283758

INSPECTED BY  
057453  
F31424  
2001 REV 1 10/7/96

QC  
100

## 6" SUBMERSIBLE MOTOR SAND FIGHTER

HP **15**

KW **11**

V **460/380**

PH **3** HZ **60/50**

DATE CODE **25F19**

**16 00074 A**

QTY **1**



WATER QUALITY  
DRINKING WATER  
SYSTEM COMPONENT  
ASSEMBLED BY OWRD



**236 6138 120**



S/N 25F19-16-00074A



**Franklin Electric**

www.franklin-electric.com

ASSEMBLED IN USA



**Franklin Electric**  
SUBMERSIBLE MOTOR

MODEL **2366138120**

3-PHASE

50Hz:	11 kW	380 V	24.2 A	2880 min <sup>-1</sup>	cos φ 0.87
metric		400 V	23.0 A	2870 min <sup>-1</sup>	cos φ 0.84
		415 V	24.1 A	2880 min <sup>-1</sup>	cos φ 0.82

60Hz:	12.8 kW	460 V	23.7 A	3465 min <sup>-1</sup>	cos φ 0.85
metric	(11 kW SF 1.15)				

60Hz:	15 HP	460 V	20.8 A	3465 RPM	23.7 MAX A
	SF 1.15				

KVA Code H

Thrust Load 16500N 3600LB  
Max Ambient Temp 30°C  
Min Cooling Flow 15cm<sup>3</sup>/s 0.9ft<sup>3</sup>/sec  
Ins Class F (IP68)  
Continuous Duty

ASSEMBLED IN USA

Franklin STS6175  
4 sty  
Set at 147

Kuenzi COBU

9/30/25

Pump/motor  
tag

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Kuenzi COBU  
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Flow Meter

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# GEM Series Flow Meter

Model	GEM2
Nominal Diameter	3"
Configuration	A1-RS-S
Power	8-32V DC/AC 1W 3.6V19Ahx5
Bluetooth ID	30240819507
Serial No.	GEM24030379
Production Date	08.2024



Kuenzi COBU

9/30/25

Flow  
Meter tag

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Kuenzi COBU  
9/30/25  
hazelnut  
crop, Pou

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Date Received (Date Stamp Here)

## OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Roger & Leon Kuenzi  
PO Box 9026 Salem OR 97305

Transaction Type: Claim

Fees Received: \$ 345

☐ Cash

☒ Check:

Check No.

2473

Name(s) on Check:

Will McGill Surveying

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,

OWRD Customer Service Staff

Submission received by:

Coni Lavin

(Name of OWRD staff)

### Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.