

**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 \$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:

October 29, 2021

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.

If additional changes were authorized, you will need to select a different form.

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YES

1. File Information

APPLICATION #

T-13858

Revised 7/1/2025

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2a. Property Owner (current owner information):**TL 4 1W 26 600 convey, 4 1W 34 600 divert, convey and use, 4 1W 35 200 convey and use**

APPLICANT/BUSINESS NAME Stauffer Farms Inc.		PHONE NO. (503) 982-9393	ADDITIONAL CONTACT NO.
ADDRESS 13851 Stauffer Rd NE			
CITY Hubbard	STATE OR	ZIP 97032	E-MAIL staufferfarmsinc@yahoo.com

2b. Property Owner (current owner information):**TL 4 1W 26 500 convey, TL 4 1W 27 1200 divert, convey and use**

APPLICANT/BUSINESS NAME Stauffer Brothers LLC		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 13851 Stauffer Rd NE			
CITY Hubbard	STATE OR	ZIP 97032	E-MAIL

2c. Property Owner (current owner information):**TL 4 1W 27 1700 convey and use, TL 4 1W 27 1900, TL 4 1W 34 100, and TL 4 1W 35 300 convey**

APPLICANT/BUSINESS NAME CNR Farms Inc. c/o Charles Stauffer		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 13851 Stauffer Rd NE			
CITY Hubbard	STATE OR	ZIP 97032	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 Stauffer Farms Inc.		
ADDRESS 13851 Stauffer Rd NE		
CITY Hubbard	STATE OR	ZIP 97032

4. Date of Site Inspection:**November 11, 2025**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Jeff Bizon	November 11, 2025	Manager of Stauffer Farms Inc.

6. County**Marion County**

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

NA

ADDRESS

CITY

STATE

ZIP

Add additional tables for owners of record as needed

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.

Seal and Signature



CWRE NAME Doann Hamilton		PHONE NO. (503) 349-6946 cell	ADDITIONAL CONTACT NO. 503-931-0210
ADDRESS 15333 Pletzer Rd. SE			
CITY Turner	STATE OR	ZIP 97392	E-MAIL phgdmh@gmail.com

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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>Sheryl A. Stauffer</i>	SHERYL A. STAUFFER	SEC/owner	12/22/2025

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 2	MARI 63689	L-157039	A Well a tributary of Pudding River
Well 3	MARI 767	L-156033	A Well a tributary of Pudding River
Well 4	MARI 764 764	L-156034	A Well a tributary of Pudding River
Well 5	MARI 69905	L-132871	A Well a tributary of Pudding River
Well 6	MARI 1013	L-156035	A Well a tributary of Pudding River

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

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OWNER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

SECTION 2

SIGNATURES

Seal and Signature

CWRE NAME Doann Hamilton		PHONE No. (503) 349-6946 cell	ADDITIONAL CONTACT No. 503-931-0210
ADDRESS 15333 Pletzer Rd. SE			
CITY Turner	STATE OR	ZIP 97392	E-MAIL phgdmh@gmail.com

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final?

YES

If yes, describe below.

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

1. The authorized Well 1 (MARI 765) caved in on itself and has not been used; therefore, Well 1 is not included in this Claim of Beneficial Use.

3. Claim Summary:

CERTIFICATE	NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
29406	Well 2	0.21 cfs	1.02 cfs	Not Measured
40438		0.69 cfs		
46907		0.98 cfs		
56269		0.9 cfs		
29406	Well 3	0.21 cfs	1.17 cfs	Not Measured
40438		0.69 cfs		
56269		0.9 cfs		
89385		1.06 cfs		
29406	Well 4	0.21 cfs	1.16 cfs	Not Measured
40438		0.69 cfs		
46907		0.98 cfs		
89385		1.06 cfs		
29406	Well 5	0.21 cfs	2.07 cfs	Not Measured
40438		0.69 cfs		
46907		0.98 cfs		
56269		0.9 cfs		
89385		1.06 cfs		
29406	Well 6	0.21 cfs	0.73 cfs	Not Measured
46907		0.98 cfs		
56269		0.9 cfs		
89385		1.06 cfs		

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SECTION 4a of 4e

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):

Well 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
Western Hydro Corp distributor w/Goulds Pump	9RCL-C	CCT - 11 - 31	Turbine	6 inch	6 inch

2. Motor Information:

MANUFACTURER	HORSEPOWER
General Electric	50 Hp

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)
50 Hp	80 psi	141.2 feet (from pump test recorded on well log)	0 feet	1.02 cfs

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

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(50 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(141.2 \text{ ft lift} + 203.2 \text{ ft pressure head})} = 1.02 \text{ cfs}$$

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)
Not running during site visit			

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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)
NA				

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

7. Provide pump calculations:

NA

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)
NA			

9. Additional notes or comments related to the system:

NA

B. Groundwater Source Information (Well and Sump)

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

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.

2. If the appropriation involves a **SUMP, provide the following information for each **SUMP**:**

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
NA					

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
NA	

C. Additional notes or comments related to the system:

Access port is: 0.75 inch plug on the west side of the base plate of the turbine pump.
Well 2 supplies several other water rights.

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SECTION 4b of 4e

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):

Well 3

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
Worthington	10H75	VTP-100-1961	Turbine	6 inch	6 inch

2. Motor Information:

MANUFACTURER	HORSEPOWER
US Electrical Motor	50 Hp

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)
50 Hp	80 psi	98 feet (from pump test recorded on well log)	0 feet	1.17 cfs

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

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(50 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(98 \text{ ft lift} + 203.2 \text{ ft pressure head})} = 1.17 \text{ cfs}$$

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)
Not running during site visit			

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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)
NA				

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

7. Provide pump calculations:

NA

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)
NA			

9. Additional notes or comments related to the system:

NA

B. Groundwater Source Information (Well and Sump)

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

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.

2. If the appropriation involves a **SUMP, provide the following information for each **SUMP**:**

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
NA					

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
NA	

C. Additional notes or comments related to the system:

Access port is: 1.5 inch steel angled port on the south side of the well casing.
Well 3 supplies several other water rights.

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SECTION 4c of 4e

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):

Well 4

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
Worthington	10H61 - 8	VTP-37124	Turbine	6 inch	6 inch

2. Motor Information:

MANUFACTURER	HORSEPOWER
General Electric	50 Hp

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)
50 Hp	80 psi	100.7 feet (from permit condition pump test)	0 feet	1.16 cfs

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

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(50 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(100.7 \text{ ft lift} + 203.2 \text{ ft pressure head})} = 1.16 \text{ cfs}$$

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)
Not running during site visit			

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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)
NA				

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

7. Provide pump calculations:

NA

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)
NA			

9. Additional notes or comments related to the system:

NA

B. Groundwater Source Information (Well and Sump)

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

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.

2. If the appropriation involves a **SUMP**, provide the following information for each **SUMP**:

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
NA					

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
NA	

C. Additional notes or comments related to the system:

Access port is: 1.5 inch steel angled port on the west side of the well casing.
Well 4 supplies several other water rights.

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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):

Well 5

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
Gould	PRCLC	Unknown	Submersible	8 inch	8 inch

2. Motor Information:

MANUFACTURER	HORSEPOWER
Sta-rite	100 Hp

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)
100 Hp	80 psi	137 feet (from permit condition pump test)	0 feet	2.07 cfs

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

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(100 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(137 \text{ ft lift} + 203.2 \text{ ft pressure head})} = 2.07 \text{ cfs}$$

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)
Not running during site visit			

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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)
NA				

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

7. Provide pump calculations:

NA

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)
NA			

9. Additional notes or comments related to the system:

NA

B. Groundwater Source Information (Well and Sump)

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

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.

2. If the appropriation involves a **SUMP**, provide the following information for each **SUMP**:

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
NA					

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
NA	

C. Additional notes or comments related to the system:

Access port is: 1.5 inch steel angled port on the west side of the well casing.
Well 5 supplies several other water rights.

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SECTION 4e of 4e
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):

Well 6

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
Western Pump Company	Unknown	Unknown	Turbine	4 inch	4 inch

2. Motor Information:

MANUFACTURER	HORSEPOWER
US Electrical Motors	30 Hp

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)
30 Hp	80 psi	85 feet (from pump test recorded on well log)	0 feet	0.73 cfs

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

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(30 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(85 \text{ ft lift} + 203.2 \text{ ft pressure head})} = 0.73 \text{ cfs}$$

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)
Not Running during site visit			

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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)
NA				

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

7. Provide pump calculations:

NA

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)
NA			

9. Additional notes or comments related to the system:

NA

B. Groundwater Source Information (Well and Sump)**1. Is the appropriation from a dug well (sump)?**

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.

2. If the appropriation involves a **SUMP, provide the following information for each **SUMP**:**

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
NA					

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
NA	

C. Additional notes or comments related to the system:

Access port is: 2 inch steel angled port on the west side of the well casing
Well 6 supplies several other water rights.

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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	July 25, 2025	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2026	October 2025

* 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

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

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 appropriation.

- b. Has a meter been installed?

YES

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 2	McCrometer	25-02207-06	Working	7.437 AF (November 11, 2025)	2011 original, April 2025 replacement
Well 3	McCrometer	25-02205-06	Working	22.163 AF (November 11, 2025)	April 2025
Well 4	McCrometer	25-02206-06	Working	14.178 AF (November 11, 2025)	April 2025
Well 5	McCrometer	20-06257-08	Working	292.046 AF (November 11, 2025)	2021
Well 6	McCrometer	25-02208-04	Working	15.669 AF (November 11, 2025)	April 2025

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

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DEC 31 2025

Salem, OR

4. Recording and reporting conditions

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

b. Was submittal of a ground water monitoring plan required? **NO**

c. Other conditions? **YES**

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

c) Condition:

Water shall be acquired from the same aquifer (water source) as the original point of appropriation.

Compliance: Original wells are:

Certificate 29406

Authorized Well (Unknown well log)

Certificate 40438

Authorized Well (Well 6) (MARI 1013) develops water within the alluvial aquifer through perforations in the casing within the depth intervals of 83 to 112 feet with in layers of sand, gravel and clay.

Certificate 46907

Authorized Well 3 (MARI 767) develops water within the alluvial aquifer through perforations in the casing within the depth intervals of 104 to 130 feet with in layers of sand, gravel and clay.

Certificate 56269

Authorized Well 4 (MARI 764) develops water within the alluvial aquifer through perforations in the casing within the depth intervals of 112 to 123 and 184 to 201 feet with in layers of sand, gravel and clay.

Certificate 89385

Authorized Well 2 (MARI 63689) develops water within the alluvial aquifer through perforations in the casing within the depth intervals of 142 to 147.36, 158.69 to 173, 247.83 to 252.83, 265.83 to 272.83 and 276.83 to 279.83 feet with in layers of sand, gravel and clay.

Compliance – the one additional well not authorized in the other certificates:

Well 5 (CLAC 69905) develops water within the alluvial aquifer through perforations in the casing within the depth intervals of 195 to 226.5 feet with in layers of sand, gravel and clay.

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It appears all the proposed well obtains water from the alluvial aquifer; therefore, this condition has been met.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map, modified Certificate 29406
Claim of Beneficial Use Map	Claim of Beneficial Use Map, modified Certificate 40438
Claim of Beneficial Use Map	Claim of Beneficial Use Map, modified Certificate 46907
Claim of Beneficial Use Map	Claim of Beneficial Use Map, modified Certificate 56269
Claim of Beneficial Use Map	Claim of Beneficial Use Map, modified Certificate 89385
State Water Well Report – MARI 63689	Well log and driller's notes for MARI 63689 – Well 2
State Water Well Report – MARI 767	Well log and driller's notes for MARI 767 – Well 3
State Water Well Report – MARI 764	Well log and driller's notes for MARI 764 – Well 4
State Water Well Report – MARI 69905	Well log and driller's notes for MARI 69905 – Well 5
State Water Well Report – MARI 1013	Well log and driller's notes for MARI 1013 – Well 6
BLM Cadastral Map	BLM Cadastral Map T. 4S. R. 1W. showing DLC and Government Lot locations

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.

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DEC 31 2025

Salem, OR

The COBU map was prepared using tax assessor's maps 04 1W26, 27, 34, 35 overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:
<http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html>

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
- ☒ Quarter-Quarters illustrated and named (NE NE, NW NE, etc.)
- ☐ 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 by OWRD

DEC 31 2025

Salem, OR

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

MARI 63689

LOST!
WELL LABEL # L-465628 157039

START CARD # 201752

(1) LAND OWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company Stauffer Farms INC.
Address 13851 Stauffer Rd. NE
City Hubbard State OR Zip 97032

(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (repair/recondition) ☐ Abandonment

(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 301 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
20	0	48	Bentonite	0	48	86	S
16	48	301					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other OAR 690-210-0340

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 141.75 ft. to 301 ft. Material gravel Size 4/12

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Std	Pstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	2	301	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/>	1	141.75	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 141.75

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method torch

Screens Type v-wire Material stainless

Perf/	Casing/	Screen	Dia	From	To	Screen/lot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
Screen			12	142	147.36	.085			
Screen			12	158.69	173	.085			
Perf			12	247.83	252.83	.125	6	112	
Perf			12	265.83	272.83	.125	6	144	
Perf			12	276.83	279.83	.125	6	54	

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

☒ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
600	77.2		1
600	85.5		3
600	86.2		4

Temperature 53 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 4 S N/S Range 1 W E/W WM

Sec 26 SW 1/4 of the NW 1/4 Tax Lot 00500

Tax Map Number _____ Lot _____

Lat _____ or _____ DMS or DD

Long _____ or _____ DMS or DD

☐ Street address of well ☐ Nearest address

19328 Hwy 99E NE Hubbard OR 97032

(10) STATIC WATER LEVEL

Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening		
Completed Well	05-03-2011	55

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 94

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11-29-2010	94	122	350		49
12-09-2010	143	173	600		55
01-27-2011	252	279	40		55

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	1
Clay brown silty	1	73
Sand brown fine & silt	73	83
Sand fine & silt gray	83	84
Sand black	84	85
Clay gray & sand	85	89
Clay green sticky	89	94
Sand black	94	111
Sand 60% & gravel to 4"	111	122
Clay green, sand & gravel	122	126
Clay green	126	134
Clay gray silty	134	137
Clay sand & gravel	137	143
Sand black	143	147
Clay green & gray sticky	147	159
Sand black med. fine	159	164
Sand & gravel	164	173
Clay gray	173	177
Clay gray & blue	177	183

Date Started 11-05-2010

Completed 05-03-2011

(unbonded) Water Well Contractor 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 1704

Date _____

Password: (if filing electronically) _____

Signed _____

(bonded) Water Well Contractor 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 783

Date 6/2/11

Password: (if filing electronically) _____

Signed _____

Contact Info (optional) Crossen Well Drilling P.O. Box 526 Woodburn, OR 97071

ORIGINAL FILED IN WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.88

JUN 16 2011

WATER RESOURCES DEPT
SALEM, OREGON

WATER SUPPLY WELL REPORT -
continuation page

MARI 63689

Well 2

LOST!

WELL I.D. # L 105828 157039

START CARD # 201752

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Std	Pstic	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Material	From	To
Clay blue sticky	183	193
Clay gray sandy	193	198
Clay dark green silty	198	209
Clay blue-green hard	209	211
Gravel & basalt	211	213
Clay green & gravel	213	219
Clay green sticky	219	224
Clay green hard	224	234
Clay green hard & gravel	234	243
Gravel cemented w/some clay gray	243	244.5
Clay sticky gray	244.5	246
Clay green & gray sticky	246	249
Clay soft green & clay gray sandy, small gravel	249	252
Clay green, gray, brown & gravel	252	254
Clay green, brown, soft	254	258
Clay green, gray, sticky	258	259
Clay gray sticky hard	259	267
Clay green, gray, sticky w/seams of fine black sand	267	270
Clay green sandy & gravel	270	272
Clay gray sticky	272	278
Clay gray, sand & gravel	278	279
Clay blue sticky hard	279	292
Clay black hard	292	299
Clay blue sticky hard	299	301

Comments/Remarks

RECEIVED

JUN 06 2011

WATER RESOURCES DEPT
SALEM, OREGON



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for Well ID Number

Replacement tag

Do not complete if the well already has a Well Identification Number.

RECEIVED

FEB 24 2025

OWRD

I. OWNER INFORMATION

Current Owner Name (please print): Stauffer Farm Inc.

Mailing Address: 13851 Stauffer Rd NE

City, State, Zip: Hubbard, OR 97032

Mail Well ID to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 4S (North / South) Range: 1W (East / West) Section: 26 SW 1/4 of the NW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 1200 (Sec 27) County Marion

GPS Coordinates: 45.195405 -122.780841

Street Address of Well, City: 13851 Stauffer Rd NE, Hubbard, OR 97032

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): May 3, 2011 Total Well Depth: 301' Casing Diameter: 16 inch

Owner at time the well was constructed (if known): Stauffer Brothers Well Report # (if known): MARI 63689

Other Information: L-105628 missing needs replaced Claim GR-785

T-11153

SUBMITTED BY (please print): Kavlee Southerland

PHONE: 971-599-9031 EMAIL &/or FAX: Kavlee.staufferfarmsinc@yahoo.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
Or EMAIL the completed PDF form to: Ladeena.KAshley@water.oregon.gov, or FAX it to: (503) 986-0902.

★ REPLACEMENT ID# ★

For Official Use Only by the Oregon Water Resources Department:

Received Date:

2-24-25

Well Report Number:

MARI 63689

Well Identification #:

L-157039

NOTICE TO WATER WELL CONTRACTOR

The original and first copy
of this report are to be
filed with the

STATE ENGINEER, SALEM, OREGON
within 30 days from the date
of well completion.

RECEIVED
AUG 28 1970
STATE ENGINEER
SALEM, OREGON

WATER WELL REPORT

DATE OF OREGON

(Please type or print)

write above this line

RECEIVED
MARI. 767
SEP 16 1970
STATE ENGINEER
SALEM, OREGON

Well 3

4/1 W-26

(1) OWNER:

Name Stauffer Bros.Address Hubbard, Oregon

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☒ Driven ☐
Cable ☐ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

CASING INSTALLED:

Threaded ☐ Welded ☒

22" Diam. from 0 ft. to 80 ft. Gage 1/4"

12" Diam. from 0 ft. to 146 ft. Gage 1/4"

" Diam. from ft. to ft. Gage

PERFORATIONS:

Perforated? ☒ Yes ☐ No.of perforator used Millknife

Size of perforations 3/8 in. by 5 in.
360 perforations from 104 ft. to 130 ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name

Type Model No.

Diam. Slot size Set from ft. to ft.

Diam. Slot size Set from ft. to ft.

(8) WATER LEVEL: Completed well.

Static level 49 ft. below land surface Date 7/15/70

Man pressure lbs. per square inch Date

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? ☒ Yes ☐ No If yes, by whom? drillerield: 1050 gal./min. with 23 ft. drawdown after 4 hrs.1700 " 49 " 4 "

Bailer test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m. Date

Temperature of water Was a chemical analysis made? ☐ Yes ☒ No

(10) CONSTRUCTION:

Well seal—Material used Well Gel BentoniteDepth of seal 80 ft.Diameter of well bore to bottom of seal 25 in.Were any loose strata cemented off? ☐ Yes ☒ No DepthWas a drive shoe used? ☐ Yes ☒ NoDid any strata contain unusable water? ☐ Yes ☒ No

Type of water? depth of strata

Method of sealing strata off

Was well gravel packed? ☒ Yes ☐ No Size of gravel: 3/4-roundGravel placed from 70 ft. to 146 ft.

(11) LOCATION OF WELL:

County Marian Driller's well number1/4 1/4 Section 26 T.4S R.1W W.M.

Bearing and distance from section or subdivision corner

(12) WELL LOG:

Diameter of well below casing

Depth drilled 146 ft. Depth of completed well 146 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level as drilling proceeds. Note drilling rates.

MATERIAL	From	To	SWL
Surface	0	3	
Brown sandy clay	3	45	
Blue sandy clay	45	81	
Broken sand & gravel	81	86	
Blue sandy clay	86	89	
Sand	89	102	
Sand & gravel	102	139	
Blueclay	139	146	

Work started June 10 1970 Completed July 15 1970Date well drilling machine moved off of well July 15 1970

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] John T. Miller Date July 20, 1970
(Drilling Machine Operator)

Drilling Machine Operator's License No. 26

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME John Truman Miller
(Person, firm or corporation) (Type or print)

Address P.O. Box 342 Hubbard, Oregon

[Signed] John T. Miller
(Water Well Contractor)

Contractor's License No. 277 Date July 20, 1970

well 3



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for Well ID Number

RECEIVED

OCT 22 2024

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Stauffer Farm Inc.

Mailing Address: 13851 Stauffer Rd NE

City, State, Zip: Hubbard, OR 97032

Mail Well ID to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 4 S (North / South) Range: 1 W (East / West) Section: 26 NW 1/4 of the SW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 1200 County Marion

GPS Coordinates: 45.19167121 -122.78437571 per WRD GWIS

Street Address of Well, City: 13851 Stauffer Rd NE

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): July 15, 1970 Total Well Depth: 146' Casing Diameter: 22 inch

Owner at time the well was constructed (if known): Stauffer Brothers Well Report # (if known): MARI 767

Other Information: 1,470 ft S and 860 ft E from the NW corner, DLC 63 "Well 3"

SUBMITTED BY (please print): Karlee Sutherland

PHONE: 503-982-9393 EMAIL &/or FAX: karlee.staufferfarmsinc@yahoo.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

10-22-2024

Well Report Number:

MARI 767

Well Identification #:

L-156033

NOTICE TO WATER WELL CONTRACTOR
The original and first copy
of this report are to be
filed with the

STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date
of well completion.

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

RECEIVED

AUG 21 1974

State Well No.

45/1W-26

STATE ENGINEER

State Permit No.

6-8128

SALEM, OREGON

(1) OWNER:

Name Stauffer Bros.
Address 462 4th
Hubbard, Oregon

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☐ Driven ☐
Cable ☒ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

CASING INSTALLED:

Threaded ☐ Welded ☒
12" Diam. from 0 ft. to 205 ft. Gage 250
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

PERFORATIONS:

Perforated? ☒ Yes ☐ No.

Type of perforator used Mills Knife
Size of perforations 3/8 in. by 3 1/2 in.
192 perforations from 112 ft. to 123 ft.
300 perforations from 184 ft. to 201 ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is
lowered below static level

Was a pump test made? ☒ Yes ☐ No If yes, by whom? Stettlers

Yield: 650 gal./min. with 52 ft. drawdown after 8 hrs.

Ball test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m.

Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used Cement
Well sealed from land surface to 20 ft.
Diameter of well bore to bottom of seal 15 in.
Diameter of well bore below seal 12 in.
Number of sacks of cement used in well seal 20 sacks
Number of sacks of bentonite used in well seal _____ sacks
Brand name of bentonite _____

Number of pounds of bentonite per 100 gallons
of water _____ lbs./100 gals.

Was a drive shoe used? ☒ Yes ☐ No Plugs _____ Size; location _____ ft.

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? _____ depth of strata _____

Method of sealing strata off _____

Was well gravel packed? ☐ Yes ☒ No Size of gravel: _____

Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County Marion Driller's well number _____
1/4 1/4 Section 26 T. 4N R. 1W W.M.
Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found 96 ft.
Static level 53 ft. below land surface. Date 7-30-74
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing _____

Depth drilled 205 ft. Depth of completed well 205 ft.

Formation: Describe color, texture, grain size and structure of materials;
and show thickness and nature of each stratum and aquifer penetrated,
with at least one entry for each change of formation. Report each change in
position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Top soil	0	2	
Brown clay	2	21	
Brown sandy clay	21	56	
Blue clay	56	73	
Grey sandy clay	73	79	
Black silt	79	84	
Grey clay	84	96	
Black sand	96	105	
Sand and Gravel	105	112	
Gravel	112	123	
Grey clay	123	136	
Grey sandy clay	136	141	
Black silt	141	147	
Grey sandy clay	147	167	
Black sand	167	176	
Grey clay	176	184	
Black sand & gravel	184	202	
Grey clay	202	205	

Work started 5-17 1974 Completed 7-30 1974

Date well drilling machine moved off of well 7-30 1974

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision.
Materials used and information reported above are true to my
best knowledge and belief.

[Signed] Richard L. Wright Date 7-30, 1974

(Drilling Machine Operator)
Drilling Machine Operator's License No. 761

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is
true to the best of my knowledge and belief.

Name William D. Christensen, Jr.
(Person, firm or corporation) (Type or print)

Address P.O. Box 343 Hubbard, Oregon

[Signed] William D. Christensen, Jr.
(Water Well Contractor)

Contractor's License No. 511 Date 7-30 1974



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for Well ID Number

RECEIVED

OCT 22 2024

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): CNR Farms Inc.

Mailing Address: 13851 Stauffer Rd NE

City, State, Zip: Hubbard, OR 97032

Mail Well ID to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 4 S (North / South) Range: 1 W (East / West) Section: 26 SW 1/4 of the SW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 300 County Marion

GPS Coordinates: 45.18777338 -122.78431883 per WRD GWIS

Street Address of Well, City: 13851 Stauffer Rd NE (nearest)

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Domestic

Date Well Constructed (or property built): July 30, 1974 Total Well Depth: 205' Casing Diameter: 12 inch

Owner at time the well was constructed (if known): Stauffer Brothers Well Report # (if known): MARI 764

Other Information: 220 ft N and 70 ft E from the SW corner, Section 26 "Well 4"

SUBMITTED BY (please print): Karlee Sutherland

PHONE: 503-982-9393

EMAIL &/or FAX: karlee.staufferfarmsinc@yahoo.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:
10-22-2024

Well Report Number:
MARI 764

Well Identification #:
L-156034

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

MARI 69905

6/11/2021

Well 5
WELL I.D. LABEL# L 132871
START CARD # 1049510
ORIGINAL LOG #

Page 1 of 2

(1) LAND OWNER

Owner Well I.D. _____
First Name JEFF Last Name BIZON
Company STAFFER FARM INC.
Address 13851 STAUFFER RD. NE
City HUBBARD State OR Zip 97032

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Dia + From To Gauge Stil Plstc Wld Thrd
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 247.40 ft.

BORE HOLE			SEAL			Amt	sacks/
Dia	From	To	Material	From	To		
20	0	38	Bentonite Chips	0	38	2350	P
16	38	292			Calculated	2350	
					Calculated		

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

☒ Other OAR 690-210-0340

Backfill placed from 247.4 ft. to 292 ft. Material CEMENT

Filter pack from 195 ft. to 200 ft. Material GRAVEL Size 6/9

Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stil	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	2.5	247.4	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	1.3	194.3	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 194.3

Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type v wire

Material Stainless

Perf/	Casing/	Screen	Screen	Liner	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Casing							width	length	slots	pipe size
Screen	Casing				12	195	209.3	.065			
Screen	Casing				12	209.3	226.5	.25			

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1075	107	186	5

Temperature 54 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 144 ppm
From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 4.00 S N/S Range 1.00 W E/W WM
Sec 35 NW 1/4 of the NW 1/4 Tax Lot 600

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

13617 WHISKEY HILL RD. NE
HUBBARD OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Pre-Alteration			
Completed Well	1/20/2021		59.6

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 117.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10/30/2020	117	128	100		58
11/9/2020	174	183	80		58
11/11/2020	195	226	1250		59

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	1
Clay, brown, hard	1	7
Clay, brown, hard	7	13
Clay, brown, sandy, hard	13	18
Clay, brown, med.	18	36
clay, light yellowish brown,	36	42
Clay, greenish gray, soft	42	61
Silt, dark gray, med.	61	70
Silt and sand, dark gray, hard	70	78
Silt, dark brown, soft	78	82
Clay, gray, hard, sticky	82	84
Clay, dark gray, soft	84	89
Sand and dark gray silt, hard	89	103
Clay, dark gray, hard, sticky	103	108
Clay, dark greenish gray, hard	108	114
Sand and gravel, claybound	114	117
Gravel and sand, black, loose	117	128
Clay, dark greenish gray, med, sticky	128	144
Clay, dark greenish gray, hard, sticky	144	156

Date Started 10/21/2020 Completed 1/20/2021

(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 _____ Date _____

Signed _____

(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 783 Date 6/11/2021

Signed IVAN GROSSEN (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

**WATER SUPPLY WELL REPORT -
continuation page****MARI 69905**

WELL I.D. LABEL# L

132871













START CARD #

1049510

ORIGINAL LOG #

6/11/2021

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
								
								
								

Material	From	To	Amt	sacks/lbs
----------	------	----	-----	-----------

(5) BORE HOLE CONSTRUCTION

BORE HOLE

SEAL

sacks/

Dia	From	To	Material	From	To	Amt	lbs
					Calculated		
					Calculated		
					Calculated		
					Calculated		
					Calculated		

FILTER PACK

From	To	Material	Size
------	----	----------	------

200	247	GRAVEL	1/4"

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
--------	-------	-----	---	------	----	-------	-----	-------	-----	------

The figure shows a series of empty 10x10 grids for data entry. Each grid has a column of circles on the left and a column of squares on the right. The grids are arranged in a row, with the first grid on the left and the last grid on the right.

(7) PERFORATIONS/SCREENS

Perf/	Casing/	Screen			Scrn/slot	Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	pipe size

[illegible]

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
---------------	----------	-----------------------	---------------

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
----------	------	----	----------	----------	-----------

[illegible]

(11) WELL LOG

Material

From

To

[illegible]**Comments/Remarks**

Bottom plate 247.4'
Lift bar 1.5' from bottom

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date of well completion.

RECEIVED
JUL 14 1965

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

G-3722

State Well No.

4/10-26

State Permit No.

(1) OWNER:

Name Stauffer Bros.Address Hubbard, Oregon

(2) LOCATION OF WELL:

County Marion

Driller's well number

1/4

1/4 Section 26T. 4SR. 1W

W.M.

Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

New Well ☒Deepening ☐Reconditioning ☐Abandon ☐

Abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic ☐Industrial ☐Municipal ☐Irrigation ☒Test Well ☐Other ☐

(5) TYPE OF WELL:

Rotary ☐Driven ☐Cable ☒Jetted ☐Dug ☐Bored ☐

(6) CASING INSTALLED:

Threaded ☐ Welded ☒

12" Diam. from 0 ft. to 120 ft. Gage 1/4"

8" Diam. from 0 ft. to 80 ft. Gage 1/4"

" Diam. from ft. to ft. Gage

(7) PERFORATIONS:

Perforated? ☒ Yes ☐ NoType of perforator used Millknife

Size of perforations 1/2 in. by 2 1/2 in.

315 perforations from 83 ft. to 112 ft.

perforations from ft. to ft.

perforations from ft. to ft.

perforations from ft. to ft.

perforations from ft. to ft.

(8) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name

Model No.

Slot size Set from ft. to ft.

Diam. Slot size Set from ft. to ft.

(9) CONSTRUCTION:

Well seal—Material used in seal Puddled mudDepth of seal 18 ft. Was a packer used? ☒ No

Diameter of well bore to bottom of seal 24 in.

Were any loose strata cemented off? ☐ Yes ☒ No DepthWas a drive shoe used? ☐ Yes ☒ NoWas well gravel packed? ☒ Yes ☐ No Size of gravel: 1/4"

Gravel placed from 80 ft. to 105 ft.

Did any strata contain unusuable water? ☐ Yes ☒ No

Type of water? depth of strata

Method of sealing strata off

(10) WATER LEVELS:

Static level 34 ft. below land surface Date 7/2/65

Artesian pressure lbs. per square inch Date

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? ☒ Yes ☐ No If yes, by whom? driller

Yield: 400 gal./min. with 81 ft. drawdown after 6 hrs.

" 250 " 51 " 6 "

Bailer test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m. Date

Temperature of water Was a chemical analysis made? ☐ Yes ☒ No

(12) WELL LOG:

Diameter of well below casing 12

Depth drilled 136 ft. Depth of completed well 136 ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Surface	0	3
Brown sandy clay	3	43
Blue sandy clay	43	82
Broken sand and gravel	82	86
Blue sandy clay	86	92
Red sand	92	97
Black sand	97	102
Broken gravel	102	112
Blue clay	112	136

Work started June 2 1965 Completed July 2 1965

Date well drilling machine moved off of well July 2 1965

(13) PUMP:

Manufacturer's Name

Type: H.P.

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME John Truman Miller

(Person, firm or corporation)

(Type or print)

Address P O Box 42 Hubbard, Oregon

Drilling Machine Operator's License No. 277

[Signed]

(Water Well Contractor)

Contractor's License No. 26 Date July 10 1965

Well 6



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for Well ID Number

RECEIVED

OCT 22 2024

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Stauffer Farm Inc.

Mailing Address: 13851 Stauffer Rd NE

City, State, Zip: Hubbard, OR 97032

Mail Well ID to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 4 S (North / South), Range: 1 W (East / West) Section: 26 SE 1/4 of the SW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 1200 County Marion

GPS Coordinates: 45.18798096 -122.77526650 per WRD GWIS

Street Address of Well, City: 13851 Stauffer Rd NE

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): July 2, 1965 Total Well Depth: 136' Casing Diameter: 12 inch

Owner at time the well was constructed (if known): Stauffer Brothers Well Report # (if known): MARI 1013,

Other Information: 130 ft N and 1,360 ft W from the NW corner, DLC 63 "Well 6"

SUBMITTED BY (please print): Karlee Sutherland

PHONE: 503-982-9393

EMAIL &/or FAX: karlee.staufferfarmsinc@yahoo.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

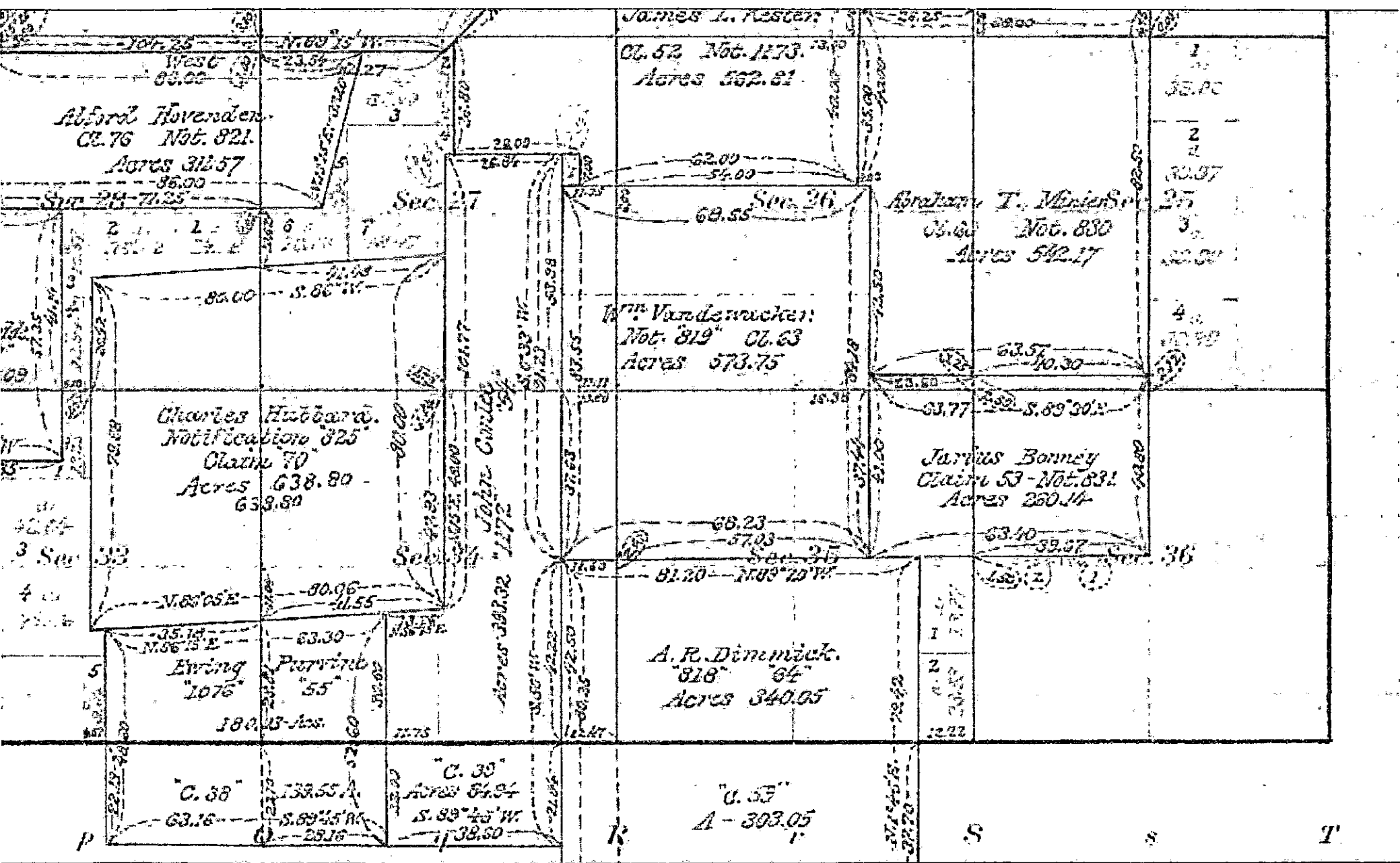
10-22-2024

Well Report Number:

MARI 1013

Well Identification #:

L-156035





Received by OWRD

DEC 31 2025

Salem, OR

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Stauffer Farms Inc.
13851 Stauffer Rd NE Hubbard OR 97032

Transaction Type: Claim

Fees Received: \$ 345.00

☐ Cash

☒ Check:

Check No. 2501

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: Corie Lovrien
(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.