

**CLAIM OF
BENEFICIAL USE
for Transfers changing
Character of Use Only**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

**A fee of \$230 must accompany this form for any transfer final orders
Including a water right with a priority date of July 9, 1987, or later.**

**Example – A transfer involves 5 rights and one of the rights
has a priority date of July 9, 1987, or later, the fee is required.**

A separate form shall be completed for each transfer.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

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

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

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.

"Section 6" 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>

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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 character of use.

YES

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

1. File Information

APPLICATION # T-8652

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME KC Property Holdings, LLC		PHONE NO. 805-440-0258	ADDITIONAL CONTACT NO.
ADDRESS 800 Hwy 234			
CITY Eagle Point	STATE OR	ZIP 97524	E-MAIL Kclement00@yahoo.com

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 Crispin M. Caldwell		
ADDRESS 800 Highway 234		
CITY Eagle Point	STATE OR	ZIP 97524

4. Date of Site Inspection:

5-19-2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Rick Mayfield	5-19-2022	Owner

6. County:

Jackson

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

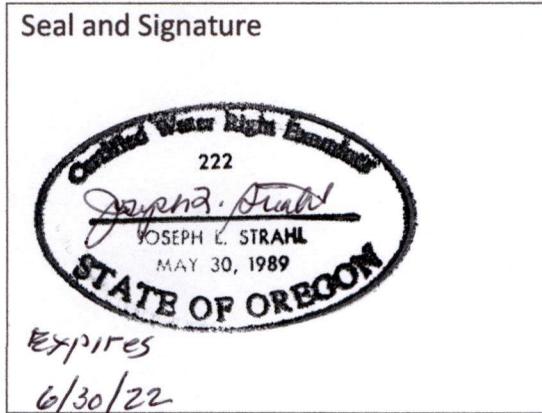
Add additional tables for owners of record as needed

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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.



CWRE NAME Joseph L. Strahl		PHONE NO. 541-301-2946	ADDITIONAL CONTACT NO.	
ADDRESS 9300 John Day Dr.				
CITY Gold Hill	STATE OR	ZIP 97525	E-MAIL joe4548@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
	Katie Mayfield	Owner	7/24/22

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SECTION 3

EXTENT OF CHANGE COMPLETED

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

Change in Character of Use

1. Claim Summary – Authorized Use(s):

Provide the new use(s) authorized by the transfer final order:

NEW USE(S) AUTHORIZED
Primary

2. Variations:

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

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.")

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**SECTION 4
CONDITIONS**

All conditions contained in the transfer, 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 CHANGE WAS COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	5-17-2002	
COMPLETENESS DATE FROM ORDER (C)	10-01-2003	10-01-2003

* 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 require the installation of a meter or 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 or appropriation.

b. Has a meter been installed?

YES

c. Meter Information (Approval letter of measuring device has been requested from Jackson County Watermaster and will be sent directly to OWRD).

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD #1	Micrometer	02-03772-10	Working	705319 gpm	2003
POD #2	Micrometer	01-07142-3	Working	288406 cubic feet	2003

4. Other conditions required by the transfer final order:

a. 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):

Install and maintain a fish screen of fish by-pass device. Must be approved by Oregon Dept. of Fish & Wildlife.

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SECTION 5
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
COBU map	
Letter from ODF&W	Approval letter of fish screen/by-pass device.
Copy of death certificate	Crispin Caldwell (permit holder of record) death certificate
Deed	Proving ownership

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SECTION 6

CLAIM OF BENEFICIAL USE MAP

A 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 use does not require a new survey. The location identified on the Claim map should be based on the original right of record at the time the transfer final order was issued.

If the transfer final order did not require the installation of a meter/measuring device or fish protection devices, it may be possible to obtain a waiver, under OAR 690-014-0170(7), from providing a new map with the Claim. Any request for a mapping waiver must be in writing in the form of an e-mail or a letter.

We use ArcView 10.8.1 mapping. The Jackson County tax lot GIS layer is used for property lines. The Oregon Geospatial Library data is used for the PLSS section and quarter quarter GIS data. Measurements were made on the ESRI aerial World Imagery layer dated 7/20/2020. Accuracy of the aerial imagery was verified using the OnX Hunt GPS function on a smart phone.

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
- 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
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) ***Not required for this type of Claim of Beneficial Use**
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Transfer application number
- North arrow
- Legend
- CWRE stamp and signature

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SECTION 7
REFERENCE INFORMATION FOR CWRE USE
(Please DO NOT submit these pages.)

Additional information is available at:

<https://www.oregon.gov/OWRD/programs/WaterRights/COBU/Pages/default.aspx>
(Go to "Resources for Water Right Examiners (CWRE)" Page

MS Word Hints

To add rows to a table, click outside the table on the far right and hit enter.

← Place cursor here and hit return to add a row

To resolve page numbering issues, go to print preview. Page through the entire document (while in print preview), then print from print preview.

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STATE OF OREGON
CERTIFICATION OF VITAL RECORD

895602
I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-2020-013718
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name	First Crispin	Middle Matthew	Last Caldwell	Suffix	Death Date May 15, 2020
	Sex	Male	Age	63 years	Social Security Number	572-88-2890
	Birthdate	February 14, 1957	Birthplace	Upland, California	County of Death	Crook
	Residence	9715 SW Houston Lake Road			City/Town	Powell Butte
	Residence County	Crook	State or Foreign Country	Oregon	Zip Code + 4	97753
	Martial Status at Time of Death	Divorced				
	Father's Name	Thomas Caldwell			Mother's Name Prior to First Marriage	Mary Sullivan
	Informant's Name	Laurel Caldwell	Telephone Number	Not Available	Relationship to Decedent	Daughter
	Place of Death	Decedent's Residence - Hospice				
	Location of Death	9715 SW Houston Lake Road		City/Town or Location of Death	Powell Butte	State
Method of Disposition	Cremation	Place of Disposition	Prineville Heritage Crematory		Location (City/Town and State)	Prineville, Oregon
Name and Complete Address of Funeral Facility Prineville Funeral Home 199 NE 10th St, Prineville, Oregon 97754						
Date of Disposition	May 20, 2020	Funeral Director's Signature	Brett E. Edgerly		OR License Number	CO-3631
Registrar's Signature	Jennifer A. Woodward			Date Received	May 20, 2020	Local File Number

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?	No	Autopsy?	No	Were autopsy findings available to complete the cause of death?	Time of Death	07:58 PM	
	CAUSE OF DEATH						Approximate Interval Onset to Death	
	IMMEDIATE CAUSE ↓							
	a. splenic vein thrombosis						4 months	
	b. Due to (or as a consequence of) ↓ pancreatic cancer metastatic to liver						4 months	
	c. Due to (or as a consequence of) ↓ pancreatic cancer						4 months	
	d. Due to (or as a consequence of) ↓							
	Other significant conditions contributing to death							
	none							
	Manner of Death	Natural	If Female	Not Applicable		Did tobacco use contribute to death?	No	
Date of Injury		Time of Injury		Place of Injury		Injury at Work?		
Location of Injury								
Describe how injury occurred							If transportation injury, specify	
Name and Address of Certifier								
Lisa Jo Lewis					2075 NE Wyatt Court, Bend, Oregon 97701	Date Signed	May 20, 2020	
Name and Title of Attending Physician Other than Certifier					Medical Certifier	License Number	MD22810	
Lisa Jo Lewis					Electronically Signed	Title of Certifier	M.D.	

45-2CC (01/06)
20200519626



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.
May 20, 2020

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR



DATE ISSUED: _____ THIS COPY IS NOT VALID WITHOUT THE OREGON STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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Jackson County Official Records **2015-031396**
R-WD
Stn=12 BARROWCK **09/18/2015 08:49:44 AM**
\$20.00 \$11.00 \$10.00 \$8.00 \$20.00 **\$69.00**
I, Christine Walker, County Clerk for Jackson County, Oregon, certify
that the instrument identified herein was recorded in the Clerk
records.
Christine Walker - County Clerk

470315041858

RECORDING REQUESTED BY:

Ticor Title Company of Oregon
1555 E. McAndrews, Suite 100
Medford, OR 97504

TICOR TITLE

GRANTOR:
Caldwell Family LLC and Thomas Scott Caldwell
and Georganna Mary Happel and Karen Jean
Hammonds and Crispin Matthew Caldwell
800 Hwy 234,
Eagle Point, OR 97524

GRANTEE:
KC Property Holdings LLC, An Oregon Limited
Liability Company
60 S. Market St., Suite 800
San Jose, CA 95113

SEND TAX STATEMENTS TO:
KC Property Holdings LLC, An Oregon Limited
Liability Company
7206 Silver Lode Lane
San Jose, CA 95120

AFTER RECORDING RETURN TO:
KC Property Holdings LLC, An Oregon Limited
Liability Company
7206 Silver Lode Lane
San Jose, CA 95120

Escrow No: 470315041858-TTJA37

351W16 501 / 10799268

800 Hwy 234, Tax lot 500 & 501
Eagle Point, OR

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SPACE ABOVE THIS LINE FOR RECORDER'S USE

STATUTORY WARRANTY DEED

Caldwell Family LLC and Thomas Scott Caldwell and Georganna Mary Happel and Karen Jean Hammonds and Crispin Matthew Caldwell, Grantor, conveys and warrants to

KC Property Holdings LLC, An Oregon Limited Liability Company, Grantee, the following described real property, free and clear of encumbrances except as specifically set forth below, situated in the County of Jackson, State of Oregon:

Parcel One:

Parcels. 1 of Partition Plat recorded December 28, 1990 as Partition Plat No. P-158-1990 of "Record of Partition Plats" in Jackson County, Oregon and filed as Survey No. 12347 in the Office of the County Surveyor.

Parcel Two:

Parcel 2 of Partition Plat recorded December 28, 1990 as Partition Plat No. P-158-1990 of "Record of Partition Plats" in Jackson County, Oregon and filed as Survey No. 12347 in the Office of the County Surveyor.

THE TRUE AND ACTUAL CONSIDERATION FOR THIS CONVEYANCE IS \$3,800,000.00. (See ORS 93.030)

Subject to and excepting: Covenants, Conditions, Restrictions, Reservations, set back lines, Power of Special Districts, and easements of Record, if any.

470315041858-TTJA37
Deed (Warranty-Statutory)

①

2015-2016 taxes, a lien in an amount to be determined but not yet due and payable.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

DATED: 9/15/15

Caldwell Family LLC

BY: [Signature]
Managing Member

[Signature]
Thomas Scott Caldwell

[Signature]
Georganna Mary Happel

[Signature]
Kaiten Jean Hammonds

[Signature]
Crispin Matthew Caldwell

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State of KY

COUNTY of Fayette

This instrument was acknowledged before me on September, 15, 2015

by Crispin Matthew Caldwell

Thomas Scott Caldwell

[Signature], Notary Public - State of KY

My commission expires: 8/16/18

470315041858-TTJA37
Deed (Warranty-Statutory)

BRUCE BATES
NOTARY PUBLIC
ID # 515776
Commonwealth of Kentucky
My Commission Expires August 16, 2018

2

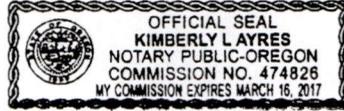
State of OREGON

County of Jackson

This instrument was acknowledged before me on 9/14/ 20 15 by

Georganna Mary Happel

Kimberly Ayres
Notary Public - State of Oregon



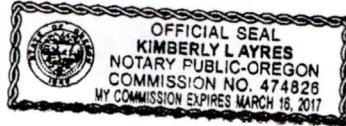
State of OREGON

County of Jackson

This instrument was acknowledged before me on 9/16/ 20 15 by

Karen Jean Hammonds

Kimberly Ayres
Notary Public - State of Oregon



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State of: Kentucky

County: State at Large

Subscribed and sworn to (or affirmed) before me on this 15th day of SEPTEMBER, 2015, by CRISPIN MATTHEW CALDWELL as MANAGING MEMBER of Caldwell Family LLC, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Signature 
Notary Public in and for the State of Kentucky

BRUCE BATES
NOTARY PUBLIC
ID # 515776
Commonwealth of Kentucky
My Commission Expires August 16, 2018

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JAN 27 2026
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(A)

Request for Assignment By Proof of Ownership (If Water Right Holder is Not Available)



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/owrd

If the Department determines that the application is incomplete, fees have not been paid, or the required documents are not acceptable, the application and all fees submitted will be returned to the applicant.

If for multiple rights, a separate form and fee for each right will be required.

1. KC Property Holdings, LLC
(Name of Party Requesting Assignment)
800 Hwy 234 EAGLE POINT, OR 97524 (805) 440-0258
(Mailing Address) (City) (State) (Zip) (Phone #)

- hereby request assignment of an entire application/permit/transfer order /limited license/groundwater statement;
- hereby request assignment of a portion of application/permit/transfer order/limited license/groundwater statement;
(You must include a map showing the portion of the application/permit/ transfer order /limited license/groundwater statement to be assigned.)

Application # _____; Permit # _____; Transfer Order # T-8652;

Limited License # _____; Groundwater Statement # _____;

CRISPIN M. CALDWELL
(Name of Current Holder of Record)
9715 SW HOUSTON LAKE RD. POWELL BUTTE, OR 97753
(Mailing Address) (City) (State) (Zip) (Phone #)

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Note: Write the initials (first letters) of your first and last names at the spots indicated below _____.

- 1) KM I certify that I am the current owner of the property described in this application, permit, transfer order, limited license, or groundwater statement. I have attached proof of ownership that may include but not be limited to: a copy of the deed to the land, a copy of a land sales contract, a court order or decree, documentation of survivorship of property held jointly. The Department cannot accept a copy of a tax statement.
- 2) KM I have the legal right to request assignment under OAR 690-310-0280 and 690-320-0060.
- 3) KM have not been able to contact the owner(s) of record for the above referenced transaction. I have attached proof acceptable to the Department that notice of the assignment has been given or attempted for each identified property owner not a party to the assignment. ORS 537.220(2) Failure to submit this proof will result in the return of your request. (Proof may include but not be limited to: a copy of returned certified mailing, copy of a Death Certificate, or a court order.)
- 4) KM I further certify that the information provided herein is true and correct to the best of my knowledge.

Witness my hand this 26 day of May, 2022.
(Day) (Month) (Year)

Signature of Party Requesting Assignment Katrina Mayfield

Failure to provide any of the required information will result in the return of your application.

This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon.
Fee receipt # 138449
For Director by Mary F. Bjork, Program Analyst in Water Rights Division. MFB

The completed "Request for Assignment" form must be submitted to the Department along with the recording fee of \$120.

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Assign by Proof - Approve
MFB 6-28-2022

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STATE OF OREGON
WATER RESOURCES DEPARTMENT

725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # 138449

INVOICE # _____

RECEIVED FROM: Mayfield Transport, LLC
BY: _____

APPLICATION	
PERMIT	
TRANSFER	T-8652
TOTAL REC'D	\$ 120.00

CASH: CHECK:# 1808 OTHER: (IDENTIFY)

1083 TREASURY	4170 WRD MISC CASH ACCT	\$
0407 COPIES		\$

OTHER: (IDENTIFY) _____
0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS		\$
0407 COPY & TAPE FEES		\$
0410 RESEARCH FEES		\$
0408 MISC REVENUE: (IDENTIFY)		\$
TC162 DEPOSIT LIAB. (IDENTIFY)		\$
0240 EXTENSION OF TIME		\$
WATER RIGHTS:		
0201 SURFACE WATER	0202	\$
0203 GROUND WATER	0204	\$
0205 TRANSFER		
WELL CONSTRUCTION		
0218 WELL DRILL CONSTRUCTOR	0219	\$
LANDOWNER'S PERMIT	0220	\$

416111

0250 OTHER (IDENTIFY) Assignment \$120.00

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE	\$	CARD#	
0210 MONITORING WELLS	\$	CARD#	
OTHER (IDENTIFY)			

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233 POWER LICENSE FEE (FW/WRD)		\$
0231 HYDRO LICENSE FEE (FW/WRD)		\$
HYDRO APPLICATION		\$

TREASURY OTHER / RDX

FUND _____ TITLE _____
OBJ. CODE _____ VENDOR # _____
DESCRIPTION _____

RECEIPT: 138449

DATED: 06/16/2022 BY: _____

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

Screening Requirement for Water right T-8652

From KELSEY Josh P * ODFW <Josh.P.KELSEY@odfw.oregon.gov>

Date Wed 1/21/2026 3:25 PM

To Katie Mayfield Transport <katie@mayfieldtransport.com>

 1 attachment (249 KB)

Transfer 8652 ODFW Approval Letter.pdf;

Katie,

I appreciate your prompt response to gain access for today's screen inspection. As described over the phone..... attached to this email is your approval letter that you will need to ensure Oregon Water Resources Department has on file and you retain for your records. This letter pertains to water right transfer T-8652 and the diversion at the Rogue River.

If you have any questions or concerns, please reach out.

Thanks



Josh Kelsey

Screens & Passage Field Coordinator

Email: Josh.P.Kelsey@odfw.oregon.gov

Phone: 541-857-2424 | Mobile: 541-944-8557

1495 East Gregory Rd, Central Point, OR 97502

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Oregon

Tina Kotek, Governor

Department of Fish and Wildlife

Rogue Watershed District Office

1495 East Gregory Rd.

Central Point, OR 97502

Phone: 541-826-8774

Fax: 541-826-8776

www.odfw.com



January 21, 2026

Rick & Katie Mayfield
800 Hwy 234
Eagle Point, OR 97524

Dear Rick,

Regarding OWRD Transfer-8652, ODFW has determined the fish screen at the point-of-diversion (42.533600, -122.834855) meets current fish protection criteria, and fish bypass devices are not necessary. This approval is contingent on the following: current conditions remain unchanged, screens are installed so effective screen area is submerged during operation, the screen is regularly inspected and maintained to ensure it remains in working order (including debris removal), and the screen is annually inspected when it is not in use. Thank you.

Sincerely,

Josh Kelsey
Screens and Passage Coordinator
Fish Screening and Passage Program
(541) 857-2424

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Request for Assignment By Proof of Ownership (If Water Right Holder is Not Available)



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(You must include a map showing the portion of the application/permit/ transfer order /limited license/groundwater statement to be assigned.)

Application # _____; Permit # _____; Transfer Order # T-8652;

Limited License # _____; Groundwater Statement # _____;

CRISPIN M. CALDWELL
(Name of Current Holder of Record)
9715 SW HOUSTON LAKE RD. POWELL BUTTE, OR 97753
(Mailing Address) (City) (State) (Zip) (Phone #)

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Note: Write the initials (first letters) of your first and last names at the spots indicated below _____.

- KM I certify that I am the current owner of the property described in this application, permit, transfer order, limited license, or groundwater statement. I have attached proof of ownership that may include but not be limited to: a copy of the deed to the land, a copy of a land sales contract, a court order or decree, documentation of survivorship of property held jointly. The Department cannot accept a copy of a tax statement.
- KM I have the legal right to request assignment under OAR 690-310-0280 and 690-320-0060.
- KM have not been able to contact the owner(s) of record for the above referenced transaction. I have attached proof acceptable to the Department that notice of the assignment has been given or attempted for each identified property owner not a party to the assignment. ORS 537.220(2) Failure to submit this proof will result in the return of your request. (Proof may include but not be limited to: a copy of returned certified mailing, copy of a Death Certificate, or a court order.)
- KM I further certify that the information provided herein is true and correct to the best of my knowledge.

Witness my hand this 26 day of May, 2022.
(Day) (Month) (Year)

Signature of Party Requesting Assignment Katrina Mayfield

Failure to provide any of the required information will result in the return of your application.

This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon.
Fee receipt # 138449
For Director by Mary F. Bjork, Program Analyst in Water Rights Division. MFB

The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of \$120.

Assign by Proof - Approve
MSB 6-28-2022