

CLAIM OF BENEFICIAL USE for Surface Water Permits claiming more than 0.1 cfs



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 permits
with priority dates of July 9, 1987, or later.**

Enter the date the priority date of the permit:

3/18/2008

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

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>

Go to "Resources for Water Right Examiners (CWRE)" Page

<https://www.oregon.gov/OWRD/programs/WaterRights/COBU/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.

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>

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SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # S-87129	PERMIT # S-54467	PERMIT AMENDMENT # T-
---------------------------------	----------------------------	---------------------------------

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Clark M. and Joan D. Firestone		PHONE NO. (503) 407-9118	ADDITIONAL CONTACT NO.
ADDRESS 15245 W Perrydale Rd.			
CITY Amity	STATE OR	ZIP 97101	E-MAIL ffarms@nwlinc.com

APPLICANT/BUSINESS NAME Arrimeier Properties LLC		PHONE NO. (541) 490-5898	ADDITIONAL CONTACT NO.
ADDRESS 12354 Mt. Angel Gervais Rd. NE			
CITY Mt. Angel	STATE OR	ZIP 97362	E-MAIL aaron.bielemeier@gmail.com

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

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

PERMIT HOLDER OF RECORD Clark M. and Joan D. Firestone		
ADDRESS 18460 N Highway 99W		
CITY Dayton	STATE OR	ZIP 97114

ADDITIONAL PERMIT HOLDER OF RECORD Arrimeier Properties LLC		
ADDRESS 12354 Mt. Angel Gervais Rd. NE		
CITY Mt. Angel	STATE OR	ZIP 97362

ADDITIONAL PERMIT HOLDER OF RECORD Northwest Farm Credit Services FLCA		
ADDRESS 380 Farm Credit Dr. SE		
CITY Salem	STATE OR	ZIP 97301

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4. Date of Site Inspection:

11/7/2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Ryan Maxson	11/7/2025	Former owner/Tenant

6. County:

Polk

7. If any property described in the place of use of the permit 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

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.



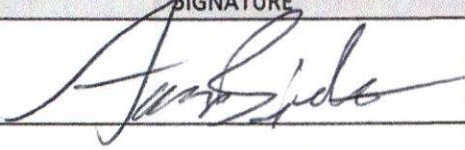

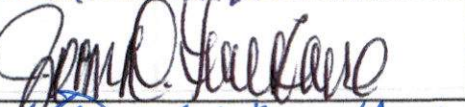
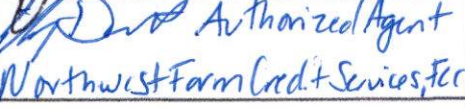
CWRE NAME William E. McGill		PHONE NO. (503) 510-3026	ADDITIONAL CONTACT NO. (503) 931-0210
ADDRESS 15333 Pletzer Rd. SE			
CITY Turner	STATE OR	ZIP 97392	E-MAIL willmcgill.surveying@gmail.com

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Permit Holder(s) of Record Signature or Acknowledgement

Each permit 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
	AARON BEITZELMEIER	OWNER MANAGING MEMBER	3/6/2026
	CLARK M. FERRELL	OWNER	3/12/2026
	JOHN D. KIVESTINE	OWNER	3/12/2026
 Authorized Agent Northwest Farm Credit Services, FCRA	Emily Duerst	Authorized Agent Lender NWFC, FCRA	3/31/2026

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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Clark M. and Joan D. Firestone		PHONE NO. (503) 407-9118	ADDITIONAL CONTACT No.
ADDRESS 15245 W Perrydale Rd.			
CITY Amity	STATE OR	ZIP 97101	E-MAIL ffarms@nmlink.com

APPLICANT/BUSINESS NAME Arrimeier Properties LLC		PHONE NO. (541) 490-5898	ADDITIONAL CONTACT No.
ADDRESS 12354 Mt. Angel Gervais Rd. NE			
CITY Mt. Angel	STATE OR	ZIP 97362	E-MAIL aaron.bielemeier@gmail.com

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ADDRESS 18460 N Highway 99W		
CITY Dayton	STATE OR	ZIP 97114

ADDITIONAL PERMIT HOLDER OF RECORD Arrimeier Properties LLC			Received by OWRD MAR 20 2026 Salem, OR
ADDRESS 12354 Mt. Angel Gervais Rd. NE			
CITY Mt. Angel	STATE OR	ZIP 97362	

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NAME	DATE	ASSOCIATION WITH THE PROJECT
Ryan Maxson	11/7/2025	Former owner/Tenant

6. County:

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

Superseded

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

SECTION 2 SIGNATURES

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ADDRESS 15333 Pletzer Rd. SE			
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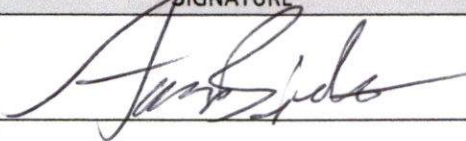

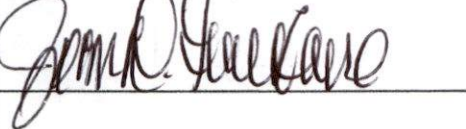
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Superseded

Permit Holder(s) of Record Signature or Acknowledgement

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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
	AARON BEILEMAIER	OWNER MANAGING MEMBER	3/6/2026
	CLARK M. FRAZIER	OWNER	3-12-2026
	JOHN D. KIVESTINE	OWNER	3/12/2026

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Superseded

SECTION 3
CLAIM DESCRIPTION

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1. Point of diversion name or number:

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)
POD

2. Point of diversion source and tributary:

POD NAME OR NUMBER	SOURCE	TRIBUTARY
POD	South Pond (Permit R-14609)	
POD	North Pond (Permit R-14610)	

3. Developed use(s), period of use, and rate for each use:

POD NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
POD	Irrigation	Grass seed	Mar. 1 – Oct. 31	35.0 AF
Total Quantity of Water Used				35.0 AF

4. Provide a general narrative description of the distribution works. This description must trace the water system from each point of diversion to the place of use:

Water from the North Pond flows into the South Pond. Water is pumped from the South Pond at the POD by a 7.5 HP centrifugal pump located on top of and near the center of the South Pond dam. Water was delivered to the POU through 6", 4", and 2" buried PVC mainline and applied by 3" aluminum handlines.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLOT), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit, or permit amendment final order? If yes, describe below.

YES NO

(e.g. "The permit allowed three points of diversion. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

North Pond and South Pond POD specified in the permit, but all water flows to one POD at the South Pond dam.
The permit allowed 197.9 acres, but only 168.7 acres were developed.

6. Claim Summary:

POD NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POD	N/A	0.33 cfs	*	Irrigation	197.9	168.7
*System not running at time of site inspection.						

SECTION 4
SYSTEM DESCRIPTION

Are there multiple PODs?

YES NO

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

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

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POD

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A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
6S	5W	WM	17	SWNW		52	Irrigation	5.1	
6S	5W	WM	17	SENW		52	Irrigation	0.8	
6S	5W	WM	17	NESW		52	Irrigation	9.8	
6S	5W	WM	17	NWSW		52	Irrigation	40.0	
6S	5W	WM	17	SWSW		52	Irrigation	18.1	
6S	5W	WM	17	SESW		52	Irrigation	13.0	
6S	5W	WM	18	SENE		52	Irrigation	3.0	
6S	5W	WM	18	SENE	2		Irrigation	1.8	
6S	5W	WM	18	NESE		52	Irrigation	26.1	
6S	5W	WM	18	NESE	6		Irrigation	13.9	
6S	5W	WM	18	SESE		52	Irrigation	25.7	
6S	5W	WM	18	SESE	7		Irrigation	11.4	
Total Acres Irrigated								168.7	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLOT), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLOT, and QQ.

B. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of diversion to the place of use.

1. Is a pump used?

YES NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Berkeley	B1.5TPMS	Not available	Centrifugal	4"	2"

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3. Motor Information:

MANUFACTURER	HORSEPOWER
Baldor Reliance	7.5

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
7.5	40	6.2'	43' avg.	0.33

5. Provide pump calculations:

$$Q = (7.5 * 6.61) / (101.6 + 6.2 + 43) = 0.33 \text{ cfs}$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
System not running at time of site inspection.			

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

7. Is the distribution system piped?
 YES NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	4,840'	PVC	Buried
4"	2080'	PVC	Buried
2"	740'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"x40'	1,000'	Aluminum	Above Ground

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
11/64"	40	5.4	25	25	0.30 cfs

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
N/A					

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
N/A					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
N/A				

C. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

YES NO

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir

YES NO
 YES NO

Complete appropriate table(s), unused table may be deleted.

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
North Pond (R-14610)	7.4'	16.9
South Pond (R-14609)	7.5'	30.9

D. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

YES NO

E. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES NO

F. Additional notes or comments related to the system:

This COBU report is for what was used during the Permit S-54467 development period of 11/13/2008 – 10/1/2013. During the permit period, all of the acreage that is being claimed has been irrigated at least one time. Since the permit period, a 40 HP centrifugal pump equipped with a totalizing flow meter has been added to the system.

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**SECTION 5
CONDITIONS**

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension of time:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	11/13/2008		
BEGIN CONSTRUCTION (A)	N/A	N/A	N/A
COMPLETE CONSTRUCTION (B)	N/A	N/A	N/A
COMPLETE APPLICATION OF WATER (C)	10/1/2013	June 2011	Irrigated all acres being claimed.

* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)?

YES NO

3. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? YES NO

If "NO", items b through f relating to this section may be deleted.

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion.

b. Has a meter been installed?

YES NO

c. Meter Information

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD	Netafim	19-50005815	Working	006147	June 2009

4. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department?

YES NO

5. Fish Screening:

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

*See attached ODFW waiver letter.

6. By-pass Devices:

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? YES NO*

*See attached ODFW waiver letter.

7. Other conditions required by some permits, permit amendment final orders, or extension final orders:

- a. Was the water user required to restore the riparian area if it was disturbed? YES NO
- b. Was a fishway required? YES NO
- c. Was submittal of a water management and conservation plan required? YES NO
- d. Other conditions? YES NO

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s) in the box below. If the condition required the approval of a plan, submit documentation that the plan was approved.

Restore disturbed POD riparian area: *None disturbed.*

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Photos (x15)	Taken at 11/7/2025 site inspection.
ODFW letter (1 pg.)	Waiver letter for fish screen and passage condition.

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SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly 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.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

Survey method used was aerial photo provided by Vantor, survey GPS.
Source Date: 6/2/2025

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- N/A Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- 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

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Oregon

Kate Brown, Governor

Department of Fish and Wildlife

Fish Division

4034 Fairview Industrial Drive SE

Salem, OR 97302

(503) 947-6201

FAX (503) 947-6202

www.dfw.state.or.us/

August 8th, 2016



Ryan Maxson
8005 Dejong Road
Amity, Oregon 97101

RE: Fish Passage/Screening for Permits R-14609, R-14610 & S-54467

Dear Mr. Maxson,

I am writing this letter in reference to Permits R-14609, R-14610 and S-54467 which are currently held under your name. The ODFW (Oregon Department of Fish and Wildlife) has determined that native migratory fish are not currently, nor were historically, present in the location of these reservoirs, nor in the intermittent stream that is permitted as a source for filling these reservoirs. Therefore, ODFW does not require fish screening/passage for the infrastructure associated with the reservoirs at this property (located at 8005 Dejong Road, Amity, Oregon, 97101).

Please let me know if you have any questions.

Sincerely,

Josie Thompson
Assistant District Fish Biologist
North Willamette Watershed District

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N Pond Storage Area

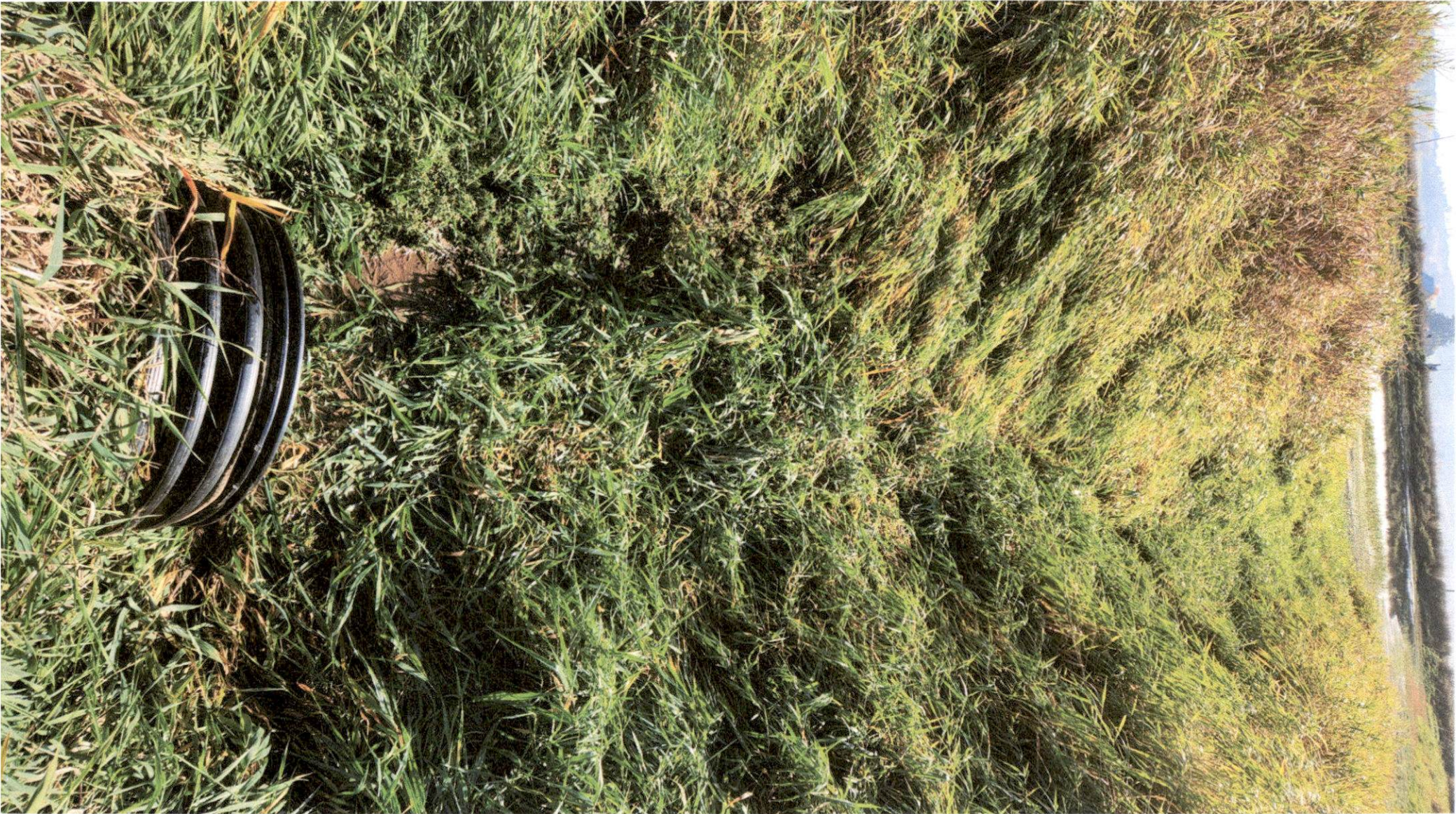


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N pond
outlet
assembly



N Pond
outlet

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S Pond from N Pond dam



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S Pond Storage Area and Staff Gage



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irrigation pump @ S PoD

BALDOR • RELIANCE

Super-E Motor

CAT. NO.	EJMM3219T										
SPEC.	36G687S516										
HP	7.5										
VOLTS	208-230/460										
AMPS	18-17.2/8.6										
R.P.M.	3450										
FRAME	184JM					HZ	60		PH	3	
SER. F.	1.15		CODE	L	DES.	A	CLASS	F			
NEMA NOM. EFF.	88.5		%	P.F.	89						
RATING	40C AMB-CONT										
CC	010A					USABLE AT 208V 1S					
BEARINGS	DE 6207					ODE 6205		A			
ENCL	QPSB		SN	F1992193629							

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IR pump
motor tag

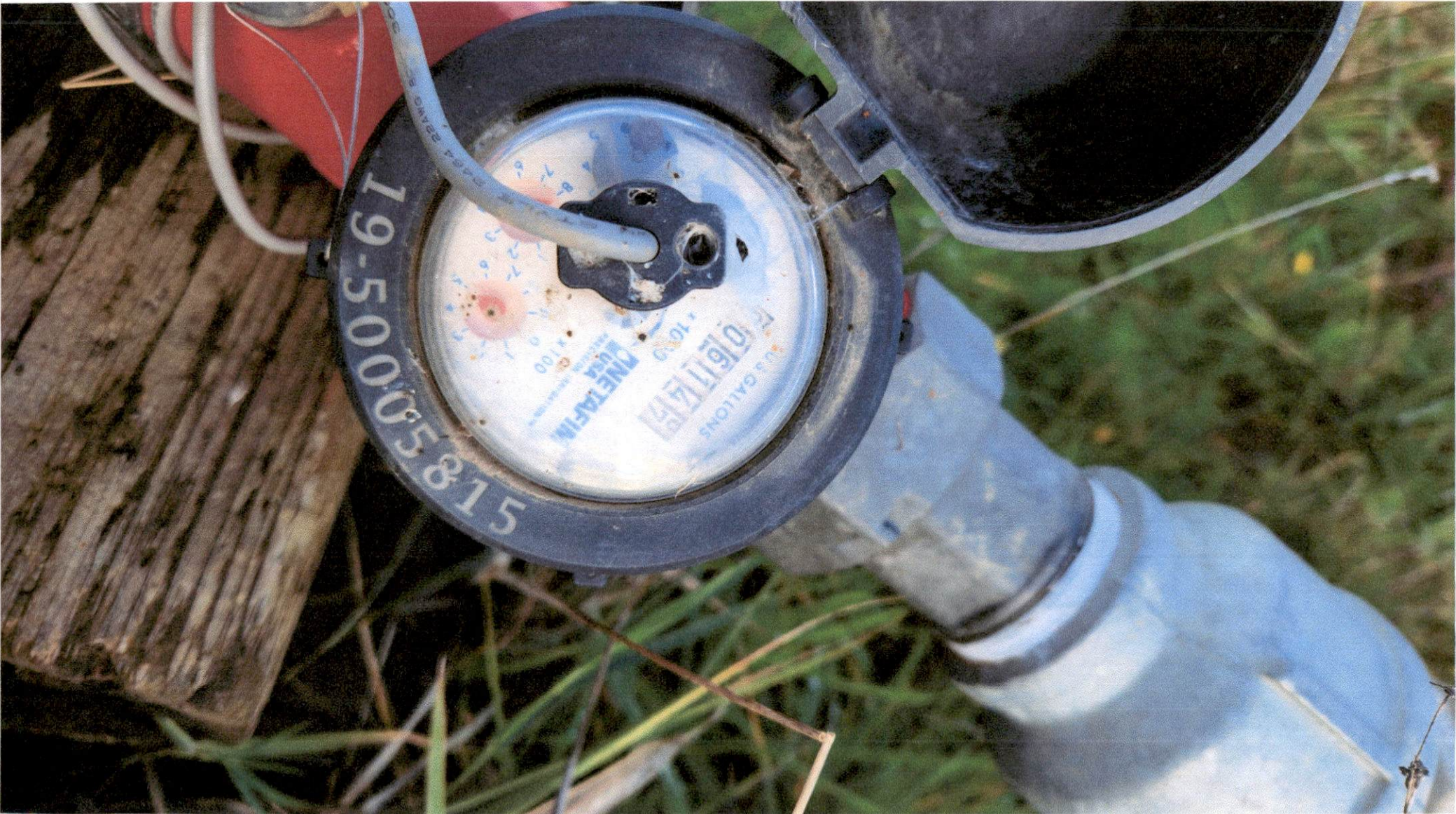


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IR pump tag



Flow
meter

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New IR
pump



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New IR pump tag



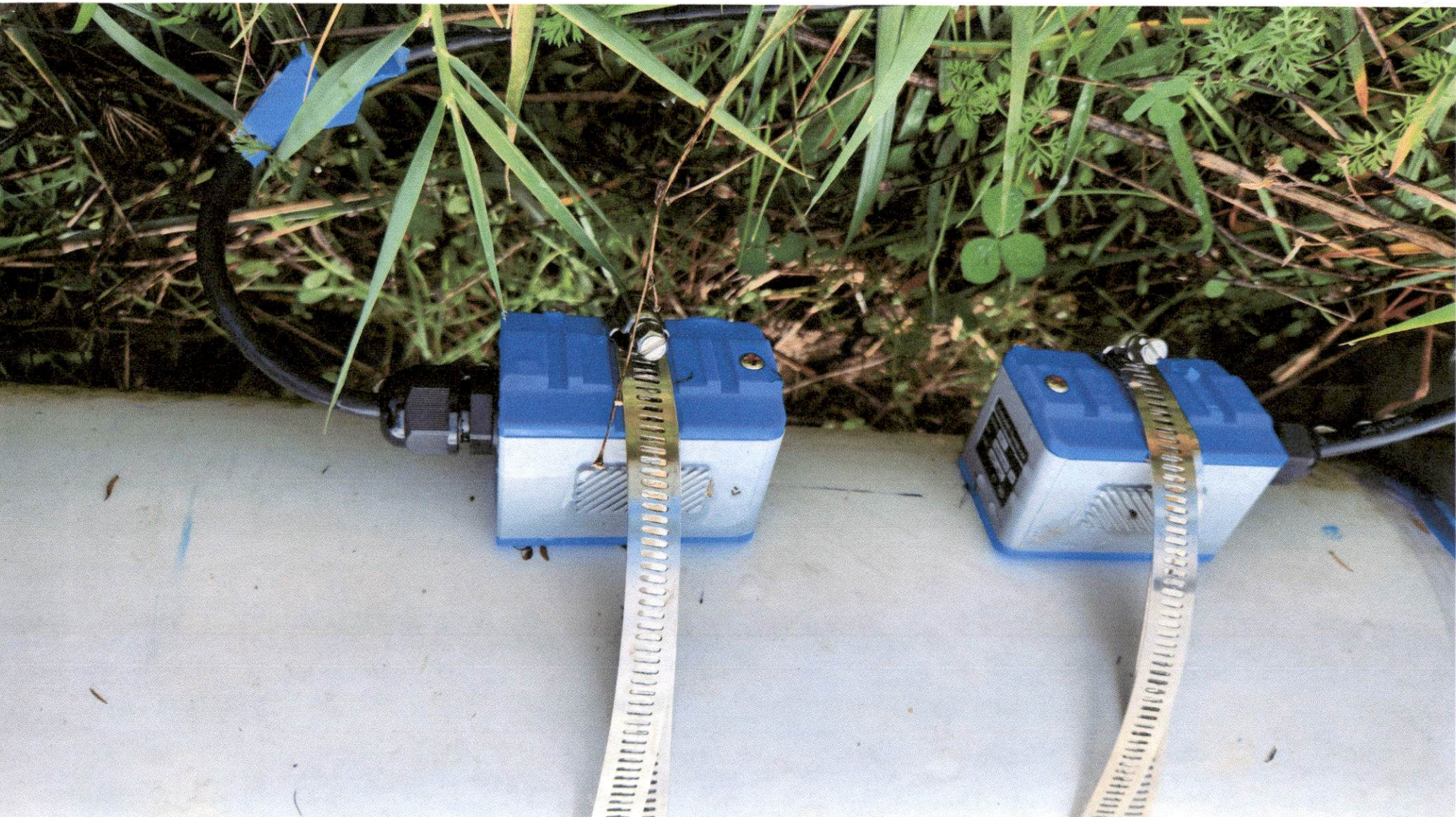
Century
 PATENTS PENDING
 MADE IN U.S.A.
 SQUIRREL-CAGE INDUCTION MOTOR
 MODEL SC-326UY-FCA EMI 9-313198-02 SPEC. NO. 51506
 HP 40 60 R 3500 A M 102-96/48 208-220/440
 3 PH F 50 M 2900 S 108/54 220/440
 1.15 ON 220/440 V 60 CYCLES CONT. DUTY 40 ON 220/440 V 60 CYCLES
 CLASS A INS.
 SERIAL NO. 116
 CENTURY ELECTRIC CO. ST. LOUIS, MO.

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New pump motor tag



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New Flow meter



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New Flow meter tag



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Spand
overflow/
outlet pipe

Superseded

Claim of Beneficial Use - Firestone/Arrimeier Properties Application S-87129, Permit S-54467

Township 6S, Range 5W, W.M.



0 660 1,320 2,640 Feet

This map is not intended to provide legal dimensions or locations of property ownership lines.

- Legend**
- IR POU
 - DLC
 - Mainline
 - Taxlot

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MAR 20 2026
Salem, OR

CERTIFIED WATER RIGHT EXAMINER
30680
William E. McGill
WILLIAM E. MCGILL
MAY 3, 2011
STATE OF OREGON
EXPIRES: 12-31-2026



Received by OWRD
MAR 20 2026
Salem, OR

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Clark & Joan Firestone
15245 W Perrydale Rd Amity, OR 97101

Transaction Type: COBU

Fees Received: \$ 345.00

Cash

Check:

Check No. 2574

Name(s) on Check: Will McGill Surveying LLC

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: Sarah Benham
(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.