

# CLAIM OF BENEFICIAL USE for Ground Water Permits claiming 0.1 cfs or less



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

**A fee of \$345 must accompany this form for permits  
with priority dates of July 9, 1987, or later.**

Enter the date the priority date of the permit:

3/27/2006

**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>

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 # <b>G-16645</b>	PERMIT # (IF APPLICABLE) <b>G-16260</b>	PERMIT AMENDMENT # (IF APPLICABLE)
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**2. System Owner (current owner information): Various property owners within the water system**

APPLICANT/BUSINESS NAME <b>Sunstone Water LLC</b>		PHONE NO. <b>541-279-3178</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>250 SW Taylor St.</b>			
CITY <b>Portland</b>	STATE <b>OR</b>	ZIP <b>97204</b>	E-MAIL <b>jolson@nwnaturalwater.com</b>

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

PERMIT HOLDER OF RECORD <b>Sunstone Water LLC</b>			
ADDRESS <b>250 SW Taylor St.</b>			
CITY <b>Portland</b>	STATE <b>OR</b>	ZIP <b>97204</b>	

ADDITIONAL PERMIT HOLDER OF RECORD			
ADDRESS			
CITY	STATE	ZIP	

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**4. Date of Site Inspection:**

**3/27/26**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Curtis Olson</b>	<b>3/25/26</b>	<b>Senior Operations Manager</b>

**6. County:**

**Yamhill**

**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)):**

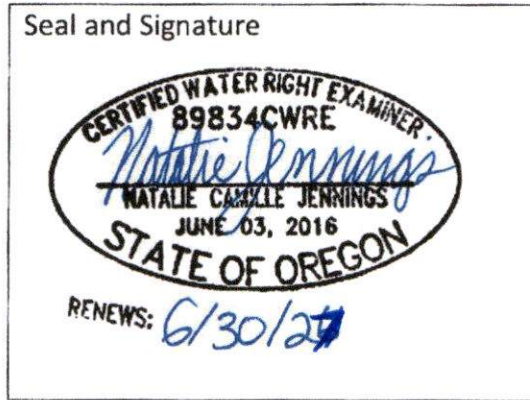
OWNER OF RECORD <b>Various property owners see map, It is Wyland Water, a part of Sunstone Water LLC</b>			
ADDRESS			
CITY	STATE	ZIP	

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.



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CWRE NAME	Natalie Jennings	PHONE NO.	702-759-9206	ADDITIONAL CONTACT NO.
ADDRESS	2090 Popcorn Ct. NW			
CITY	Salem	STATE	OR	ZIP
			97304	E-MAIL
				natalie@owrsp.com

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
<i>Jeffrey Olson</i>	Jeffrey Olson	General Manager	March 30, 2026

**SECTION 3  
CLAIM DESCRIPTION**

**1. Point(s) of Appropriation (POA):**

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 1	YAMH 53637	65771

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

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

POA 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)
Well 1	Quasi-municipal	N/A	Full year	0.02cfs
<b>Total Quantity of Water Used</b>				<b>0.02 cfs</b>

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

The system is a well connected to a vfd pump that ramps up or down depending on need. There is no reservoir, so the pump starts whenever there is usage. The water system serves 15 total homes/businesses through a pressure pipe network.

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).

**4. Variations:**

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

**YES**

(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.")

There was only one point of appropriation constructed. It was determined that more are not needed.

**5. Claim Summary:**

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 1	0.02 cfs	0.22cfs (including other permits)	0.02 cfs	Quasi- municipal	N/a	N/a

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## SECTION 4 SYSTEM DESCRIPTION

Are there multiple POAs?

NO

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

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

Well 1

### A. Place of Use

Attach Claim of Beneficial Use map.

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

### B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

If "NO", items 2 through 4 relating to this section may be deleted.

2. Describe the access port (type and location) or other means to measure the water level in the well:

There is a vent pipe approximately ½" or ¾" which can be easily removed to measure the aquifer level via tape or sonic sounder.

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
6"	60	242	3/16/2004	N/A	Far West Development Corp	David Paysinger Blue Water Drilling Co inc

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

It is provided on the well report query online

### C. Groundwater Source Information (Sump)

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

NO

If "NO", items 2 through 4 relating to this section may be deleted.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

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**D. 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 appropriation to the place of use.

**1. Is a pump used?**

YES

If "NO" items 2 through item 9 may be deleted.

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	55GS50	Unknown	Submersible	2"	2"

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
Franklin Electric	5

**4. 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)
5	64	67	Min -25 ft. max +8 ft	At least 0.11cfs (commonly observed flow, max unknown)

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

**5. Provide pump calculations:**

$Q \text{ Pump} = \frac{(\text{horsepower})(80\% \text{ pump efficiency})}{(\text{total head in feet})} = Q \text{ in cfs}$ $Q \text{ Pump} = \frac{(5 \text{ HP})7.04 \text{ ft}^4/\text{sec}/\text{Hp}}{(162.56)\text{ft}} = 0.22 \text{ in cfs}$
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**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)
68679957	68680123	Approximately 7 minutes	0.07 max (it is on vfd, so this isn't full capacity, but it is the highest seen today, and larger than the water right)

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

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

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

**8. Provide pump calculations:**

N/A

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A			

**10. Is the distribution system piped?**

YES

If "NO" items 11 through item 16 may be deleted.

**11. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	2,359'	PVC	buried
4"	1,338'	HDPE	buried
2"	205'	PVC	buried

**12. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

**13. Sprinkler Information:**

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

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

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**14. Drip Emitter Information:**

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

**15. 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					

**16. Pivot Information:**

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

**E. Storage**

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

**NO**

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

**F. 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?

**NO**

*If "NO", items 2 through 4 relating to this section may be deleted.*

**G. 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?

**NO**

*If "NO", items 2 through 4 relating to this section may be deleted.*

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

There is a small pressure tank that stores a few gallons, but it is not very large. Please see attached exemption to pump test since there is no storage in 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 extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	2006		
BEGIN CONSTRUCTION (A)	2006	1993	Well existed before permit
COMPLETE CONSTRUCTION (B)	2012	2004	Well existed before permit
COMPLETE APPLICATION OF WATER (C)	2012	2006	Water services were connected to the additional houses allowed by this permit. There was already an existing water system serving other properties.

\* 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)?

**NO**

If "NO", items a and b relating to this section may be deleted.

### 3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? **YES**

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

b. What month was the initial measurement to be taken in?

Not specified

c. Was the measurement submitted to the Department? **YES**

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

### 4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? **YES**

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

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b. Provide the month, or months, in which the static water level measurement(s) were to be made:

**March 1-31**

c. Were the static water level measurements taken in the month(s) required? **Some years**

d. If "YES", were those measurements submitted to the Department? **Some were**

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
<b>2026</b>	<b>Unknown</b>	<b>Well Tape</b>	<b>66'7"</b>
<b>2025</b>	<b>Unknown</b>	<b>Well Tape</b>	<b>66'3"</b>
<b>2024</b>	<b>Unknown</b>	<b>Well Tape</b>	<b>65'</b>
<b>2023</b>	<b>Unknown</b>	<b>Well Tape</b>	<b>67'</b>

**5. Pump Test:**

a. Is a pump test required? **YES**

Ground water permits with priority dates on or after December 20, 1988, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

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

b. Has the pump test been previously submitted to the Department? **NO**

c. Is the pump test attached to this claim? **Exemption Request is attached**

d. Has the pump test been approved by the Department? **NO**

e. Has a pump test exemption been approved by the Department? **NO, request is attached**

**\*\*The Claim will not be reviewed until a pump test or exemption has been approved by the Department.**

**6. Measurement Conditions:**

a. Does the permit, permit amendment, or any extension 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 appropriation.**

b. Has a meter been installed? **YES**

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
<b>Well 1</b>	<b>Mueller</b>	<b>70441719</b>	<b>working</b>	<b>68680123</b>	<b>2020</b>

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? **Received by OWRD NO**

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE
N/A		

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
N/A		

**7. Recording and reporting conditions:**

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

*If "NO", item b relating to this section may be deleted.*

b. Have the reports been submitted? **YES**

*If the reports have not been submitted, attach a copy of the reports if available.*

**8. Other conditions required by permit, permit amendment 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. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL ID #	DATE ATTACHED TO WELL
65771	unknown

d. 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):

**Well ID was assigned. Other conditions are average water level decline of 3+ ft/year for five consecutive years, or a total water level decline of 15+ ft or hydraulic interference of surrounding wells of more than 15+ ft, They are monitoring levels.**

**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>COBU Map</b>	<b>Map of claim of beneficial use</b>
<b>Pump test exemption form</b>	<b>The system has no storage, so cannot run the pump continuously for 4 hours.</b>

## 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.

**The use of aerial photos and existing GIS files were used to create the map. The aerial photo is from ESRI basemaps on 3/27/2026 source info is provided on the map per ESRI standards.**

### 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 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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**PUMP TEST UNREASONABLE BURDEN  
EXEMPTION REQUEST FORM**

<b>OWNER NAME/BUSINESS NAME:</b> Sunstone Water LLC		<b>PHONE No.:</b> 971-509-1555	<b>ADDITIONAL CONTACT No.:</b>
<b>ADDRESS:</b> 250 SW Taylor St.			
<b>CITY:</b> Portland	<b>STATE:</b> OR	<b>ZIP:</b> 97204	<b>E-MAIL:</b> jolson@rwnaturalwater.com

*If there is a reason why a pump test cannot be performed on a well, the owner may request from the Director an exemption from the pump test requirement. Requests shall be in writing and include the reason why a pump test cannot be performed. Exemptions, or conditioned exemptions, shall be granted if the reasons are found to valid and eliminating the problem would place an unreasonable burden on the well owner. Exemptions shall be granted for public water supply wells if pump testing will cause interruption of service to customers. OAR 690-217-0015(3).*

1. List each well and associated water right(s) for which you are requesting an exemption. If a well is listed on more than one water right, be sure to include them all here. If additional space is needed, please attach another form. If available, please attach all water well reports (i.e. well logs) and a map showing the locations of all wells listed on this form.

	<b>WELL LOG #</b> <small>(EX. MARI 99999)</small>	<b>WELL TAG #</b> <small>(EX. L-999999)</small>	<b>WELL NAME OR #</b>	<b>APPLICATION</b>	<b>PERMIT</b>	<b>TRANSFER</b>
<b>a</b>	YAHM53637	L- 65771	Well 1	G-16645	G-16260	T-
<b>b</b>	YAHM53637	L- 65771	Well 1	G-16249	G-16027	T-
<b>c</b>		L-		G-	G-	T-
<b>d</b>		L-		G-	G-	T-
<b>e</b>		L-		G-	G-	T-

(CONTINUED)

	<b>TWP</b> <small>(EX: 25S)</small>	<b>RNG</b> <small>(EX: 31E)</small>	<b>SEC</b> <small>(EX: 12)</small>	<b>QQ</b> <small>(EX: SE/SW)</small>	<b>SURVEYED LOCATION</b> <small>(EX: 100 ft N &amp; 735 ft E fr SE cor, sec 5)</small>	<b>LATITUDE</b> <small>(EX: 44.94473859)</small>	<b>LONGITUDE</b> <small>(EX: -123.02787000)</small>
<b>a</b>	3S	3W	24	SE/NE		45.2944	-122.9937
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							

2. Please explain why the test cannot be performed:

The system runs off a pump and vfd that turns on and ramps up or down to meet demand of a very small system. It does not have a reservoir or any type of storage, so it cannot be pumped continuously for 4 hours without just opening a blow-off and letting it flow through and flood the neighborhood. We can run a test for a shorter amount of time to prove the pump rate until it is stable.

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I hereby certify that the well(s) requested for exemption(s) are under my ownership.

**SIGNATURE:** Jeffrey Olson **DATE:** 03-30-2026

OREGON



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9:00 AM

Date Received (Date Stamp Here)

## OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Sunstone Water LLC  
250 SW Taylor St. Portland OR 97204  
 Transaction Type: Colou  
 Fees Received: \$ 345.00

Cash

Check:

Check No. 124

Name(s) on Check: ORWSP LLC

Natalie Jennings

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: Conie Lowman  
(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.

## Business Name Search

[New Search](#)

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## Business Entity Data

04-02-2026

13:38

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
1536825-97	DLLC	ACT	OREGON	03-15-2019	03-15-2027	
<b>Entity Name</b> SUNSTONE WATER, LLC						
<b>Foreign Name</b>						

[New Search](#)

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## Associated Names

<b>Type</b>	PPB	PRINCIPAL PLACE OF BUSINESS			
<b>Addr 1</b>	250 SW TAYLOR STREET				
<b>Addr 2</b>					
<b>CSZ</b>	PORTLAND	OR	97204	<b>Country</b>	UNITED STATES OF AMERICA

Please click [here](#) for general information about registered agents and service of process.

<b>Type</b>	AGT	REGISTERED AGENT	<b>Start Date</b>	03-26-2026	<b>Resign Date</b>	
<b>Name</b>	MEGAN	H	BERGE			
<b>Addr 1</b>	250 SW TAYLOR STREET					
<b>Addr 2</b>						
<b>CSZ</b>	PORTLAND	OR	97204	<b>Country</b>	UNITED STATES OF AMERICA	

<b>Type</b>	MAL	MAILING ADDRESS			
<b>Addr 1</b>	250 SW TAYLOR STREET				
<b>Addr 2</b>					
<b>CSZ</b>	PORTLAND	OR	97204	<b>Country</b>	UNITED STATES OF AMERICA

<b>Type</b>	MGR	MANAGER			<b>Resign Date</b>	
<b>Name</b>	JUSTIN		PALFREYMAN			
<b>Addr 1</b>	250 SW TAYLOR STREET					
<b>Addr 2</b>						
<b>CSZ</b>	PORTLAND	OR	97204	<b>Country</b>	UNITED STATES OF AMERICA	

<b>Type</b>	MGR	MANAGER			<b>Resign Date</b>	
<b>Name</b>	MARDILYN		SAATHOFF			
<b>Addr 1</b>	250 SW TAYLOR STREET					
<b>Addr 2</b>						









CSZ	PORTLAND	OR	97204		Country	UNITED STATES OF AMERICA
Type	MGR	MANAGER			Resign Date	
Name	RAYMOND		KASZUBA	III		
Addr 1	250 SW TAYLOR ST					
Addr 2						
CSZ	PORTLAND	OR	97204		Country	UNITED STATES OF AMERICA

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Business Entity Name	Name Type	Name Status	Start Date	End Date
SUNSTONE WATER, LLC	EN	CUR	03-15-2019	

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Image Available	Action	Transaction Date	Effective Date	Status	Name/Agent Change	Dissolved By
	AMENDED ANNUAL REPORT	03-26-2026		FI	Agent	
	AMENDED ANNUAL REPORT	03-17-2025		FI	Agent	
	AMENDED ANNUAL REPORT	03-07-2024		FI		
	AMENDED ANNUAL REPORT	03-10-2023		FI		
	AMENDED ANNUAL REPORT	03-08-2022		FI		
	AMENDED ANNUAL REPORT	02-26-2021		FI		
	AMENDED ANNUAL REPORT	04-02-2020		FI		
	ARTICLES OF ORGANIZATION	03-15-2019		FI	Agent	

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Executive Offices

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Salem, OR

**SECRETARY'S CERTIFICATE**

**OF**

**SUNSTONE WATER LLC**

I, Megan H. Berge, the duly elected and acting Corporate Secretary of Sunstone Water LLC, a limited liability company organized and existing under the laws of the State of Oregon (the Company), HEREBY CERTIFY that Jeffrey Olson is the duly appointed General Manager of the Company, and Marshall Thompson is the duly appointed Regional Manager of the Company, and each is authorized in such role, subject to compliance with the Company's internal expenditure policies and procedures, to sign permits, permit applications, and related documents on behalf of the Company.

IN WITNESS WHEREOF, I have hereunto signed my name this 6<sup>th</sup> day of April, 2026.

A handwritten signature in black ink, appearing to read "Megan H. Berge", written over a horizontal line.

Megan H. Berge, Corporate Secretary