

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

**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:

November 27, 2007

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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-16968	G-16424	NA

2. Property Owner (current owner information):

APPLICANT/ BUSINESS NAME PROPERTY OWNER Christopher R. & Audrey J. Kaufman		PHONE NO. 503.507.0838	ADDITIONAL CONTACT NO.
ADDRESS 5383 Howell Prairie Road NE TL 062W 36 1400			
CITY Silverton	STATE OREGON	ZIP 97381	E-MAIL chris@kuenzielectricinc.com

APPLICANT/ BUSINESS NAME PROPERTY OWNER Melanie Kaufman		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 5281 Howell Prairie Road NE TL 062W 36 1500			
CITY Silverton	STATE OREGON	ZIP 97381	E-MAIL

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 Chris Kaufman & Wilma Kaufman, Trustee, Steven and Wilma Kaufman RT		
ADDRESS 5383 Howell Prairie Road NE		
CITY Silverton	STATE OREGON	ZIP 97381

ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

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4. Date of Site Inspection:

July 2, 2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Chris Kaufman	July 2, 2025	Permit Holder/Owner

6. County:

Marion

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)):

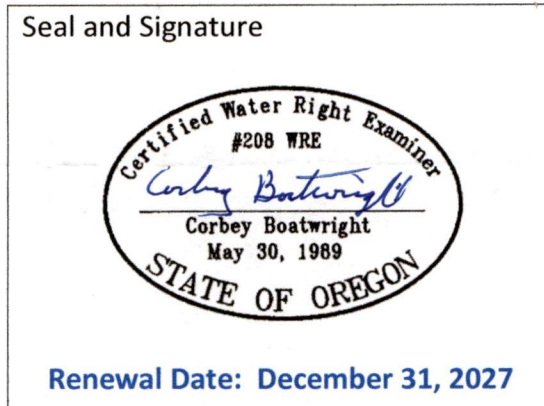
OWNER OF RECORD None		
ADDRESS		
CITY	STATE	ZIP

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 Corbey Boatwright		PHONE NO. 503.363.9225	ADDITIONAL CONTACT NO.	
ADDRESS Boatwright Engineering, Inc. 2613 12th Street SE				
CITY Salem	STATE OREGON	ZIP 97302	E-MAIL corbey@boatwrightengr.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
	Chris Kaufman	-----	5-15-2026
	Wilma Kaufman	Trustee, Steven and Wilma Kaufman RT	5-16-2026

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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	MARI 16968	L-158430

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	IR	Grass Seed, Hay, Landscaping, Garden	Mar 1-Oct 31	0.14 cfs
Total Quantity of Water Used				

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:

Water is pumped with a 5 HP VSD (Variable Speed Drive) up a 2-inch line that exits the well casing underground and runs west to the two domestic houses, smaller yard irrigation, and ends in a valve box where the service can extend to the surface for the connection to the field irrigation hand lines.

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.")

The permit allowed for irrigation of 8.0 acres. The permit holder developed 5.9 acres.

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	0.1 cfs	0.14 cfs (61.1 gpm)	Not Available	IR	8.0	5.9

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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

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

Unbolt the Removeable Well Cap

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"	119'	122'	8-18-1973	NA	Steve Kaufman	Steve Stadel

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.

Section (10) on the well log erroneously lists the Township as "7S". The well is located in Township 6S.

C. Groundwater Source Information (Sump)

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

NO

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

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2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Franklin	NA	NA	Submersible	2"	2"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin	5 HP

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)
5HP VSD	60 psi normally 70.5 psi field irrigation	56'	1'	0.14 cfs (61 gpm)

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

5. Provide pump calculations:

With a variable speed drive, the pump could put out less than the flow shown in the calculations below.

$$Q = \frac{7.04 \times (5)}{56 + 1 + [70.5 \times (2.52)] + [7.87 \times (3.03)]} = \frac{35.20}{258.5} = 0.14 \text{ cfs or } 61.1 \text{ gpm}$$

7.87 is the head loss on a 2-inch pipe at 61.1 gpm flow per every 100-feet of Sch 40 PVC pipe length.

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)
No meter required	No meter present		

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)
NA				

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

8. Provide pump calculations:

NA

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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)
NA			

10. Is the distribution system piped?

YES

11. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3-inch	240'	Aluminum	Above Ground
2-inch	303'	PVC	Buried
1-inch	900' ±	PVC	Buried

12. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3-inch	840'	Aluminum	Above Ground

13. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
5/32 field	70	6.1	19	10	61 gpm (0.14 cfs)
5/32 yard	60	7.76	7	4	31 gpm (0.07 cfs)

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

14. Drip Emmitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
NA					

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
18"	1.11	120'	60'	0.67 gpm (0.001cfs)	Tape is 1.0 gph per outlet

16. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
NA				

E. Storage

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

NO

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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

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

H. Additional notes or comments related to the system:

The locations of the irrigation pipelines for the landscaped areas about the two homes are unknown.

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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	Dec 18, 2008		
BEGIN CONSTRUCTION (A)	None	Dec 19, 2008	Well MARI 1673 was constructed in Aug 1973. It is the source well for this permit and continues to be used by the permit holders.
COMPLETE CONSTRUCTION (B)	Oct 1, 2013 Pmt Oct 1, 2023 TE	Nov 16, 2020	All components of the system were completed by October 1, 2023
COMPLETE APPLICATION OF WATER (C)	Oct 1, 2013 Pmt Oct 1, 2023 TE	Oct 1, 2023	Water from the permitted source well was used for IR on authorized acres in compliance with all Permit terms and conditions except for the well tag. Permit Holder submitted Appl for Well ID Number to OWRD 11-16-2020. Well Tag was sent from OWRD around July 24, 2025, per email from Ladeena Ashley, Well ID Program Coordinator. The Well ID tag #158430 was installed September 3, 2025. No additional conditions were added with the Extension of Time, Final Order.

* 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

a. Did the Extension Final Order require the submittal of Progress Reports?

NO

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3. Initial Water Level Measurements:

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

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

March

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
NA			

4. Annual Static Water Level Measurements:

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

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

March for 7-years

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

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

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>

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

c. Is the pump test attached to this claim? **YES**

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

e. Has a pump test exemption been approved by the Department? **NO**

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

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6. Measurement Conditions:

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

7. Recording and reporting conditions:

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

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
L-158430	September 3, 2025

d. Other conditions? **NO**

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

The Application for Well ID Number was submitted to OWRD on November 16, 2020. The application was put into the water right file, and never forwarded to be processed until June 26, 2025. Per Gerry Clark, Program Analyst, Certificate Section, Water Right Services Division, a time extension is not needed for the well tag situation. The Claim of Beneficial Use may be filed.

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use	Map
MARI 16713	Well Log
Annual Static Water Level Measurements	2009-2025 March Water Levels
Well & Well Tag Photos	Photos
OWRD Pump Test Form	Pump Test provided by R. Stadel & Sons, Well & Pump, Inc.

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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.

The well location was tied to the NW corner of DLC Claim 38 using Marion County survey record MCSR 38960. The well location was measured from the onsite property corners set on said survey. That information was used, in conjunction with the survey's tie to the brass cap at the NW corner of the Wesley & Elizabeth Shannon DLC 38, to determine the northing and easting distances to the DLC corner. The brass cap at the DLC corner has been erroneously stamped as the NW corner of the Shannon DLC 55, which is the number for that portion of the DLC located in Section 1, T7S, R2W. Google Earth photos from 2022 and 2023 were used to verify IR areas, with the 2024 photo used to map the IR areas, as it is a clearer photograph than the earlier ones.

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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Photo: 07-02-2025
Well MARI 16968, L-158430



Photo: 07-02-2025
Well MARI 16968, L-158430

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Photo: 02-20-2026
Well MARI 16968, L-158430
Tag installed September 3, 2025

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WELL & WELL TAG PHOTOS

Measured Water Level

Date	Time	Water Level (BLSD)	WL Elev (ft AMSL)	Organization	OWRD	Method	Status	MP Height
3/20/2025		25.56	156.44	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/22/2024		24.58	157.42	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/16/2023		24.88	157.12	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/23/2022		26.15	155.85	DRILLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/23/2022		26.15	155.85	DRILLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/22/2021		24.72	157.28	DRILLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/11/2020		27.50	154.50	DRILLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/19/2019		27.66	154.34	DRILLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/8/2018		24.30	157.70	DRILLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/13/2017		21.75	160.25	DRILLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/15/2016		24.75	157.25	DRILLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/16/2015		25.92	156.08	DRILLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/12/2014		24.30	157.70	DRILLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/18/2013		23.50	158.50	DRILLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/8/2012		23.25	158.75	DRILLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/17/2011		21.10	160.90	DRILLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/18/2010		24.65	157.35	DRILLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/31/2009		25.40	156.60	DRILLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
8/18/1973		56.00	126.00	DRILLER	WELL LOG	REPORTED	UNKNOWN	

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KAUFMAN				
Permit: G-16424		Wel: I MARI 16713		
Annual March Static Water Level Measurements				
	Year	Depth	Elev	Dif from Ref level
Prior to use	2009	25.40	156.60	
Yr 1 Ref Level	10	24.65	157.35	0.00
7 Years of reqd meas	11	21.10	160.90	3.55
	12	23.25	158.75	1.40
	13	23.50	158.50	1.15
	14	24.30	157.70	0.35
	15	25.92	156.08	-1.27
	16	24.75	157.25	-0.10
	17	21.75	160.25	2.90
Additional Yrs meas (not reqd)	18	24.30	157.70	0.35
	19	27.66	154.34	-3.01
	20	27.50	154.50	-2.85
	21	24.72	157.28	-0.07
	22	26.15	155.85	-1.50
	23	24.88	157.12	-0.23
	24	24.58	157.42	0.07
	25	25.56	156.44	-0.91

NOTE: No enforceable declines

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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Christopher R. & Audrey J. Kaufman
5383 Howell Prairie Rd. NE Silverton, OR 97381

Transaction Type: COBL

Fees Received: \$ 345.00

Cash

Check:

Check No. 1817

Name(s) on Check: Wuma C. Kaufman

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.