

Water Resources Department

725 Summer St NE, Suite A Salem, OR 97301 (503) 986-0900 Fax (503) 986-0904

December 2, 2020

Donald W & Le'Ann M Marjama Trust Donald W Marjama & Le'Ann M Marjama Trustees 11333 SE Bluff Rd Sandy OR 97055

On November 30, 2020 the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application G-12505 Permit G-17710 T-12256

The COBU included a report and map. The Department hopes to review your submittal within approximately 2 - 4 years. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

If you are interested in having your COBU reviewed sooner, you may pay to have your file processed immediately, using the Reimbursement Authority program, which is described at:

https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/Certificate.aspx

Customer Service phone: (503) 986-0900

Enclosed is your receipt for the \$200.00 COBU recording fee

If you sell the property, please contact the Department, or have the new owners contact the Department about the need to file an assignment.

Cc: file G-12505

Doann Hamilton, CWRE

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #:		WRD Reviewer:		
Transfer #:				
Date Recei	ved:			
CWRE Nar	ne:			
Priority Da				
Fees Require	d:			
□ YES NO □	A fee of \$200 must accompany the 1987, or later.	is form for <u>permi</u>	ts with priority dates of	f July 9,
☐ YES NO ☐ A fee of \$200 must accompany this form for any <u>transfers</u> 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. Fill in Ap				
Map Review:		37, or facer, the re	ze is required.	or Transfer Number
☐ Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))			MONEY SLIP	
☐ Application & pc☐ Disclaimer (OAl☐ North arrow (OA☐ CWRE stamp an☐ Appropriate scal☐ of the coold appropriate scal☐ of th	ermit #; or transfer # (OAR 690-014-0100(1))	ize scale	CASH CHECK # OTHER (IDENTIFY) [F083 TREASURY 4176 MISC CASH ACCT. DATE (IDENTIFY) OTHER (IDENTIFY)	SFER
Report Review:			0203 GROUND WATER \$	0202 \$ 0204 \$
☐ On form provided by the Department (OAR 690-014-0100(1)) ☐ Application & permit #; or transfer # (OAR 690-014) ☐ Ownership information (OAR 690-014) ☐ Date of survey (OAR 690-014) ☐ Person interviewed (OAR 690-014) ☐ County (OAR 690-014))		0219 S RECORD FEE S S S S S S S S S S S S S S S S S S
☐ CWRE stamp and signature (OAR 690-014-0100) ☐ Signature(s) of <u>all</u> permittee of transfer holder (OAR 690-01)		-0100)	☐ RETURN TO APPLICANT LETTER ATTACHED	
	• File Review: equired (Priority Date prior to December 20, red (Priority Date on or after December 20, 1		de pump test flyer w/acknow	vledgment letter
☐ Pump Test subm	itted	700)		