

State of Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900

## **Application for Water Right** Temporary or Drought Temporary Transfer Part 1 of 5 - Minimum Requirements Checklist

This temporary transfer application will be returned if Parts 1 through 5 and all required attachments are not completed and included.

For questions, please call (503) 986-0900, and ask for Transfer Section.

		3	FOR ALL TEMPORARY TRANSFER APPLICATIONS	
Che	ck all iten	ns includ	led with this application. $(N/A = Not Applicable)$	
$\boxtimes$		Part 1 -	Completed Minimum Requirements Checklist.	
$\boxtimes$		Part 2 –	Completed Temporary Transfer Application Map Checklist.	
$\boxtimes$		complete http://ap	Application Fee, payable by check to the Oregon Water Resource of Fee Worksheet, page 3. Try the new online fee calculator at: ps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have queer Service at (503) 986-0801.	
$\boxtimes$		Part 4 –	Completed Applicant Information and Signature.	
$\boxtimes$			Information about Transferred Water Rights: <b>How many water</b> red? 1 List them here: 36427	rights are to be
		Please in	nclude a separate Part 5 for each water right. (See instructions on	page 6)
	□n/a	For stan	dard Temporary Transfer (one to five years) Begin Year 2019	End Year <u>2022</u> .
☐ Atto	⊠N/A chments:	•	ary Drought Transfer (Only in counties where the Governor has d	leclared drought) RECEIVED
Alla	chments.		ted Temporary Transfer Application Map.	MAY 1 3 2019
,		•		JF.
X		_	ted Evidence of Use Affidavit and supporting documentation.	OWRD
		Current being m	recorded deed for the land <b>from</b> which the authorized place of us oved.	e is temporarily
$\boxtimes$	□n/a	Affidavi	t(s) of Consent from Landowner(s) (if the applicant does not own on.)	the land the water
	⊠n/a		hental Form $D$ – For water rights served by or issued in the name te when the temporary transfer applicant is not the district.	of a district.
<b>8</b>	⊠n/a	stub). No if <b>all</b> of use of w	be Information Form with approval and signature (or signed land to trequired if water is to be diverted, conveyed, and/or used only the following apply: a) a change in place of use only, b) no struct rater is for irrigation only, and d) the use is located within an irrigular term use zone.	on federal lands or ural changes, c) the
	⊠N/A .		Vell Report/Well Log for changes in point(s) of appropriation (we of appropriation (if necessary to convey water to the proposed plants.	` //
F	Revised 8/8/20	017	(For Staff Use Only)  WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOW!  Application fee not enclosed/insufficient Map not included Land Use Form not enclosed or incomplete Additional signature(s) required Part is inc Other/Explanation Staff.	

### Part 2 of 5 - Temporary Transfer Application Map Checklist

Your temporary transfer application will be returned if any of the map requirements listed below are not met.

Please be sure that the temporary transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

•		
	⊠N/A	If more than three water rights are involved, separate maps are needed for each water right.
$\boxtimes$		Permanent quality printed with dark ink on good quality paper.
$\boxtimes$		The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ inches, $11 \times 17$ inches, or up to $30 \times 30$ inches. For $30 \times 30$ inch maps, one extra copy is required.
$\boxtimes$		A north arrow, a legend, and scale.
		The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
$\boxtimes$		Township, Range, Section, 1/4 1/4, DLC, Government Lot, and other recognized public land survey lines.
$\boxtimes$		Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
$\boxtimes$		Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
$\boxtimes$		Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
		Existing place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.
	□n/a	Proposed temporary place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
		Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
	⊠n/a	If you are proposing a change in point(s) of diversion or well(s) to convey water to the new temporary place of use, show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example $-42^{\circ}32^{\circ}15.5^{\circ}$ ) or degrees-decimal with five or more digits after the decimal (example $-42.53764^{\circ}$ ).
		RECEIVED 1318

13180

**TACS** 

	FEE WORKSHEET for TEMPORARY (not drought) TRANSFERS		
1	Base Fee (includes temporary change to one water right for up to 1 cfs)	1	\$810.00
	Number of water rights included in transfer 1 (2a)		
	Subtract 1 from the number in 3a above: <u>0 (2b)</u> If only one water right this will be 0		
2	Multiply line 2b by \$260.00 and enter » » » » » » » » » » » »	2	\$0.00
	Do you propose to change the place of use for a non-irrigation use?		
	⊠ No: enter 0 on line 4 » » » » » » » » » » » » » » » »		
	$\square$ Yes: enter the cfs for the portions of the rights to be transferred: (4a)		
	Subtract 1.0 from the number in 4a above:(4b)		
	If 4b is 0, enter 0 on line 4 » » » » » » » » » » » » » » » »		
	If 4b is greater than 0, round up to the nearest whole number:(4c) and		
	multiply 4c by \$200.00, then enter on line 4 (or \$0.50 if submitted in a		
3	Department approved digital format) » » » » » » » »	4	0
	Do you propose to change the place of use for an irrigation use?		
	$\square$ No: enter 0 on line 5 $\gg$		
	☐ Yes: enter the number of acres for the portions of the rights to be transferred:		
	12.6 (5a)		
4	Multiply the number of acres in 5a above by \$2.30 and enter on line 5 » »	5	\$28.98
5	Add entries on lines 1 through 5 above » » » » » » » » » Subtotal:	6	\$838.98
	Is this transfer:		
i	☐ necessary to complete a project funded by the Oregon Watershed		
	Enhancement Board (OWEB) under ORS 541.932?		
	☐ endorsed in writing by ODFW as a change that will result in a net benefit to		
	fish and wildlife habitat?		
	If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 »		
6	If no box is applicable, enter 0 on line 7» » » » » » » » » » » » » »	7	0
7	Subtract line 7 from line 6 » » » » » » » » » » » » Transfer Fee:	8	\$838.98

	FEE WORKSHEET for TEMPORARY DROUGHT TRANSFERS		
1	Base Fee (includes drought application and recording fee for up to 1 cfs)	1	\$200.00
	Enter the cfs for the portions of the rights to be transferred (see example below*):		
	(2a)		1
	Subtract 1.0 from the number in 2a above:(2b)		
	If 2b is 0, enter 0 on line 2 » » » » » » » » » » » » » » » »		
	If 2b is greater than 0, round up to the nearest whole number: (2c) and		
2	multiply 2c by \$50, then enter on line 2 » » » » » » » » »	2	
3	Add entries on lines 1 through 2 above » » » » » » » Transfer Fee::	3	

<sup>\*</sup>Example for Line 2a calculation to transfer 45.0 acres of Primary Certificate 12345 (total 1.25 cfs for 100 acres) and 45.0 acres of Supplemental Certificate 87654 (1/80 cfs per acre) on the same land:

MAY 1 3 2019 1 3 1 8 0

<sup>1.</sup> Divide total authorized cfs by total acres in the water right (for C12345, 1.25 cfs  $\div$ 100 ac); then multiply by the number of acres to be transferred to get the transfer cfs (x 45 ac = 0.56 cfs).

If the water right certificate does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (For C87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs)

Add cfs for the portions of water rights on all the land included in the transfer; however do not count cfs for supplemental rights on acreage for which you have already calculated the cfs fee for the primary right on the same land. The fee should be assessed only once for each "on the ground" acres. Blank 2b would be 0 and Line 2 would then also become 0).

RECEIVED be assessed only once for each "on the ground" acre included in the transfer. (In this example, blank 2a would be only 0.56 cfs,

## Part 4 of 5 - Applicant Information and Signature

Applicant I	nformation
-------------	------------

A I						
APPLICANT/BUSINESS	NAME	PHONE NO.	ADDITIONAL CONTACT NO.			
Dave Kauer/Kauer	Farms	(503) 835-1006				
ADDRESS				FAX NO.		
7325 SE Amity Day	ton Hwy					
CITY	STATE	ZIP	E-MAIL			
Amity	Oregon	97101	davidk755@yaho	o.com		
BY PROVIDING AN	E-MAIL ADDRESS, C	ONSENT IS G	IVEN TO RECEIVE ALL	CORRESPONDENCE FROM THE		
DEPARTMENT EL	ECTRONICALLY. CO	PIES OF THE	FINAL ORDER DOCUM	ENTS WILL ALSO BE MAILED.		

Agent Information - The agent is authorized to represent the applicant in all matters relating to this application.

AGENT/BUSINESS NAM	Œ		PHONE NO.	ADDITIONAL CONTACT NO.				
Bill Ferber/BK Wate	er Right Consulting	503.910.9212						
ADDRESS				FAX NO.				
PO Box 13434				<u>.</u>				
CITY	STATE	ZIP	E-MAIL					
Salem	Oregon	97309	bill@bkwrc.com	1				
BY PROVIDING AN	E-MAIL ADDRESS, C	CONSENT IS G	IVEN TO RECEIVE ALI	L CORRESPONDENCE FROM THE				
DEPARTMENT ELI	ECTRONICALLY, CO	PIES OF THE	FINAL ORDER DOCUM	TENTS WILL ALSO BE MAILED.				

Explain in your own words what you propose to accomplish with this transfer application; and why: Temporarily transfer senior water rights place of use to other lands planted in high value crops.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

Check this box if this project is fully or partially funde	ed by the American Recovery and
Reinvestment Act. (Federal stimulus dollars)	
	,

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? ☐Yes ☒ No

If NO, include signatures of all landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) has been conveyed.

Landowner signature Print Name (and Til

R. THOMAS Mackay 5/10/19
Print Name (and Title if applicable)
Date

6716 W. Rio Grande Kennewick, WA 99336

Please enter mailing and/or email address

RECEIVED

MAY 1 3 2019

DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP
	y of the rights supplied under a wate	r service agreement or other contr
ENTITY NAME	ADDRESS	
CITY	STATE	ZIP
To meet State Land Use Cons	sistency Requirements, you must list	all local governments (each coun
city, municipal corporation, o	sistency Requirements, you must list r tribal government) within whose ju	all local governments (each coun risdiction water will be diverted,
city, municipal corporation, o conveyed or used.	sistency Requirements, you must list r tribal government) within whose ju	all local governments (each coun risdiction water will be diverted,
city, municipal corporation, o conveyed or used.  ENTITY NAME	r tribal government) within whose ju	all local governments (each coun risdiction water will be diverted,
city, municipal corporation, o conveyed or used.  ENTITY NAME	r tribal government) within whose ju	all local governments (each countrisdiction water will be diverted,
city, municipal corporation, o conveyed or used.  ENTITY NAME  Polk County  CITY	r tribal government) within whose ju  ADDRESS 850 Main Street	risdiction water will be diverted,
city, municipal corporation, o conveyed or used.  ENTITY NAME  Polk County	ADDRESS 850 Main Street STATE	zip ZIP

**RECEIVED** 

MAY 1 3 2019

	Please u	use a s ud past	eparate Par te additiona	t 5 f l Pa	or eart 5s,	ch w or to	vater i o add	right b additi	eing onal	cha rov	ing vs 1	ged. See to tables	instructions on page 6, to s within the form.			
l	Descrip	tion o	f Water De	elive	ry S	yster	n									
							(	Certifi	cate	364	127	7				
	System o	capaci	ty: <u>2.5</u> cub	oic f	eet pe	er se	cond	(cfs) (	OR							
				gall	ons p	er m	inute	(gpm)	)							
	five year and appl	s. Inc	lude inform water at the	atio aut	n on horiz	the p	oumpa lace o	s, cana of use.	als, p <u>2 - 5</u>	ipel 0 F	line <b>Ip</b>	es, and s <b>Cornel</b>	place at some time within the lasprinklers used to divert, convey Pumps with 6" intakes pump 2" nozzles are used for irrigated.	y, <u>o</u>		
(Note	(POA)												name or number here.)			
POD/POA Name or Number	Is thi POD/P Authorize the Certific is it Propo	OA ed on cate or	If POA, OWRD Well Log ID# (or Well ID Tag # L)	T	wp	F	lng.	Sec	1/4	1/4		Tax. Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)			
POD 2			The state of the s	8	s	5	w	31	N W	S			1250' N AND 870' W FROM NW Bowman DLC 55.	Corne		
N/A	□ Author ⊠ Propos				The second secon					The same of the sa						
	□ Author □ Propos				Carried to the second s		Maria again y Turnish tudhan at a s					-				
	□ Author □ Propos															
	Check a			por	ary c	han	ge(s)	propo	sed l	belo	D <b>W</b>	(chang	ge "CODES" are provided in			
	<b>₽</b>	•	e of Use (Po	OU)							Appropriation/Well (POA)					
			t of Diversi	ĺ		)					Additional Point of Appropriation (APOA)					
		Addi	tional Poin	t of	Dive	rsion	ı (AP	OD)								
			e(s) of tem arentheses	_	ary c	hanş	ge(s)	due to	dro	ugļ	ht j	propose	ed below (change "CODES" a	re		
	· 🗆	_	e of Use (Po	•							Po	int of A	ppropriation/Well (POA)			
		Char	acter of Us	e (U	SE)						Additional Point of Appropriation (APOA)					
		Poin	t of Diversi	on (	POD	)					Αċ	ditiona	l Point of Diversion (APOD)			
250	-14/5		Will a	ll of	the	prop	osed	chang	ges a	ffe	et t	the enti	re water right?			
	<b>CEIVED</b> 1 3 2019		□Yes			-	•		•		•		ds) section of Table 2 on the nex to describe the proposed changes			
O/	WRD		⊠No		Con	-		of Tab	le 2 t	o d	esc	cribe the	e portion of the water right to be	;		

Please use and attach additional pages of Table 2 as needed. See page 6 for instructions.

Do you have questions about how to fill-out the tables? Contact the Department at 503-986-0900 and ask for Transfer Staff.

### Table 2. Description of Temporary Changes to Water Right Certificate # 36427

List only the part of the right that will be changed. For the acreage in each ½ ¼, list the change proposed. If more than one change, specify the acreage associated with each change. If more than one POD/POA, specify the acreage associated with each POD/POA.

T	AUTHORIZED (the "from" or "off" lands) he listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											PROPOSED (the "to" or "on" lands)  The listing as it would appear AFTER PROPOSED CHANGES  are made.							ES						
Tw	p		ng	Sec		7/4 -	Tax Lot	Gvt	Acres	To- crior	POP(s) or POA(s) (name or number from Table 1)	Priority Date	Changes (see "CODES" from previous page)	Twp	F	₹ng	Sec	1/4	1/4	Tax Lot	Gvt	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date
	EXAMPLE																								
2	Ś	9		15	NE	NW	100		15,0	Irrigation	POD #1 POD #2	1901	POU/POD	2	s 9	E	1	NW	NW	500	1	10.0		POD #5	1901
 7		"	"		"	"	66		14	EXAMPLE	<b>"</b>	<b>.</b> 6		2	9	E	2	sw	ŊW	500:	1944 1944 1944	5.0 √		POD #6	* 1901
8	s	5	w	31	sw	}	400, 600	3	5.2	Irrigation	POD 2	1962	POU	8 5	5 5	w	31	sw	sw	400	55	0.1	N/A	POD 2	1962
8	s	5	w	31	NW	sw	400, 600	2	7.4	Irrigation	POD 2	1962	POU	8 5	5 5	w	31	sw	sw	400, 600	3	6.3	N/A	POD 2	1962
			in a second seco									-	POU	8 5	6	w	36	SE	SE	400, 600	N/A	5.1	N/A	POD 2	1962
		_	-										POU	-9-5	6	w	-1-	-NE	-NE	-101	1	-1.1	N/A	_POD-2_	1962
		-	-																The state of the s						
													7.5												
			The same of the sa							·		-							The second secon						
	Ī					Annual Control of the								-										,	
			Acres seasons											-											
		•	The Contract of the Contract o																						
		TOTAL ACRES 12.6																TOTA	AL AC	RES	12.6				

RECEIVED

Temporary Transfer Application – Page 7 of 9

MAY 1 3 2019

TACS

Revised 8/8/2017

Additional remarks: TO Lands in 8 S 6 W 36 SESE overlap Certificate 39185. The overlap lands for C 39185 are not being moved and with this being a Temporary Transfer no primary/supplemental condition is being created.

RECEIVED
MAY 1 3 2019
OWRD

### For Place of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? 

No

If YES, list the certificate, water use permit, or ground water registration numbers: <u>Permit: G</u>
4480; G 8747. Both permits are for Group Domestic. Certificate 39185 which is not part of this Temporary Transfer.



Pursuant to ORS 540.525, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for temporary transfer can be included in the transfer or remain unused on the authorized place of use. If the primary water right does not revert soon enough to allow use of the supplemental right within five years, the supplemental right shall become subject to cancellation for nonuse under ORS 540-610.

## Not Applicable

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation if necessary to convey the water to the new temporary place of use:

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map. (**Tip**: You may search for well logs on the Department's web page at: <a href="http://apps.wrd.state.or.us/apps/gw/well\_log/Default.aspx">http://apps.wrd.state.or.us/apps/gw/well\_log/Default.aspx</a>)

#### AND/OR

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

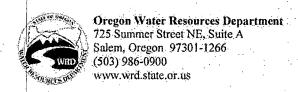
Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well - specific rate (cfs or gpm). If less than full rate of water right
						\				

RECEIVED

# Application for Water Right Transfer

## **Evidence of Use Affidavit**



Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing.

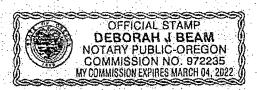
Supporting documentation must be attached.

State o	f Oregon			):					] .	:			
County	of Polk)			)	SS	٠							
	<u>KAUER,</u> in my	capa	city as	TENAN	IT FARM	ER.				· ·			
	g address 314				- '		REGON 9	7101				. I	
	one number (		1 14						sav:				٠.
										i Zulovali an	_5		* .
171	y knowledge o ⊠ Perso	onal o		1.	status (	n ine w		ii is bas sional e	,		e):		
		onar o	obel ya	ition,			TOECS	MOHAL C.	Apert	130			
	test that:	المائمة							11.			. :	
$\boxtimes$	Water was u Certificate #	36427	iring t ; <b>OR</b>	ne pre	vious i	nve yea	irs on tn	e entire	piac	e of use to	<b>r</b>		
	My knowled	loe is s	necifi	ic to th	ie use (	of wate	r at the t	followir	io loc	eations with	in the la	st five vea	re•
	Certificate #		nship	<b>t</b>	inge	Mer	Sec	1/4 1/	 	Gov't Lot		cres	]
	Colument #	100	iisiiib 	I Co	ilige	iviei	sec	/4 /		or DLC	(if ap	plicable)	
		:							! <del> </del>			<del> </del>	1
									1		<u> </u>		
					<u> </u>			- <del></del>	<u>.</u>				
			,			1							
				ļ									
							<del></del>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	ļ.,		
	:- - <del>1</del>	<u> </u>	l.,,,,,		<u> </u>	<u>l</u>		· · · · · · · · · · · · · · · · · · ·			<u> </u>	<del></del>	]
R	Berger in the Medical Marie III and American			•		1.			-	· . ·			- ,
	Confirming	1.											
	Part or all of instream leastransfer was	se nun	nber is	S	_(Note	e: If the	entire r	ight pro	pose	d for		. :	n.); <b>Ol</b>
	The water ri			. •	. 12.11					at a presum	ption of	forfeiture i	for
	Water has be 10 years for										for mor	e than	
		i •			(c	ontinues	on rever	se side)		R	ECEIV	ED	
						•		i			Δ\/ 1 <b>9</b> 2	010	

- 3. The water right was used for: (e.g., crops, pasture, etc.): CROPS
- 4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

4-15-19 Date

Signed and sworn to (or affirmed) before me this 15th day of April, 2019.



My Commission Expires: 34-2022

Supporting Documents	Examples
Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of confirming water right certificate that shows issue date
Copies of receipts from sales of irrigated crops or for expenditures related to use of water	Power usage records for pumps associated with irrigation use
	Fertilizer or seed bills related to irrigated crops
	Farmers Co-op sales receipt
Records such as FSA crop reports, irrigation	District assessment records for water delivered
district records, NRCS farm management plan, or	Crop reports submitted under a federal loan agreement
ecords of other water suppliers	Beneficial use reports from district
	IRS Farm Usage Deduction Report
	Agricultural Stabilization Plan
이 경영 이 성상으로 가는 상당한 경영이 보는 물건이 되었다. 그 사람들은 기상에 되었다고 있었다.	CREP Report
Aerial photos containing sufficient detail to establish location and date of photograph	Multiple photos can be submitted to resolve different areas of a water right.
	If the photograph does not print with a "date stamp" or without
	the source being identified, the date of the photograph and source should be added.
	Sources for aerial photos:
	OSU -www.oregonexplorer.info/imagery
	OWRD - www.wrd.state.or.us
	Google Earth – earth google.com TerraServer – www.terraserver.com
Approved Lease establishing beneficial use	Copy of instream lease or lease number

RECEIVED MAY 1 3 2019

225 E Street

Independence OR 97351

(503)838-1861 Fax: (503)838-5690

Pest Lic#: AG-L0075483PD

TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

AMITY, OR 97101

TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

**AMITY, OR 97101** 

Invoice

GROWER SOLUTIONS

758055877

Invoice Date

03/17/2017 04/20/2017

14262

Sileapeltion

iorenzem 1057 All

Tickette)

12.19 375812264

Comments: 40-0-0 Treaded Triple k jcs/del by ricky to riverbend

Quantity

"; <sub>35.</sub>..." : Si ٠.:

12,185 Tons

40-0.0-0.0 5\$

12.185 Tons

DELIVERY DRY [T]

318.30 /Tons 11.70 /Tons

3.878.49 Paid 142.56 Paid

extilizer

## Simplot

#### **GROWER SOLUTIONS**

PO Box 97 · Independence, OR 97351 · 503-838-1861

GIAPANTEED ANALYSIS

2	ODARAN EED ANALISIS:						
	N	P <sub>2</sub> O <sub>5</sub>	K₂O	\$			
	40 %	0 %	0 %	%			

KEEP OUT OF REACH OF CHILDREN WARNING

HARMFUL IF INHALED. CAUSES SKIN IRRITATION. HARMFUL IN CONTACT WITH SKIN.

PRECAUTIONARY STATEMENTS: Avoid breathing dust. Wash thoroughly after handling. Use only outdoors or in a well-ventilated area.

Specific treatment is given in the first aid section below.

PERSONAL PROTECTIVE EQUIPMENT: Wear protective gloves/ protective clothing / eye protection / face protection. Take off contaminated

clothing and wash it before reuse.

FIRST AID: IF INHALED Remove person to fresh air and keep comfortable for breathing. IF IN EYES Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists, get medical advice. IF ON SKIN Wash with plenty of water. Call a poison center / doctor if you feel unwell.

IN CASE OF EMERGENCY CALL (206) 336-2110

CUSTOMER **DELIVERY AREA** DATE 3 DRIVER DENSITY TONS

. 12

1:

2264 **DELIVERY TICKET NO** 

.05 .00

.05

RECEIVED

MAY 1 3 2019

225 E Street

Independence OR 97351

5 90 (503)838-1861 Fax: (503)838-5690

Pest Lic#: AG-L0075483PD

TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

**AMITY, OR 97101** 

TRIPLE K FARMS 7145 SE AMITY-DAYTON HWY

**AMITY, OR 97101** 

GROWER SOLUTIONS Invoice

758055878

03/17/2017 04/20/2017

14262

lorenzem 1057 ΑII

12.01 375812260

Comments: 40-0-0 Treaded Triple k jcs/del by ricky to riverbend

Arrates 40 0 0 0

12.010 40-0.0-0.0 5S Tons

12.010 Tons DELIVERY DRY [T]

318.30 /Tons 11.70 /Tons 3.822.78 Paid 140.52 Paid

30

30

.00

Sh .

## **Simplot**

#### **GROWER SOLUTIONS**

PO Box 97 · Independence, OR 97351 · 503-838-1861

IARANTEED AMAI VOICE

OP ALIGNIE LED	PAIGNI LED ANALI (11).						
N	P <sub>2</sub> O	5	K <sub>2</sub> O	)	S		
40%	6	_%	0	_%		_%	



#### KEEP OUT OF REACH OF CHILDREN WARNING

HARMFUL IF INHALED. CAUSES SKIN IRRITATION. HARMFUL IN CONTACT WITH SKIN.

PRECAUTIONARY STATEMENTS: Avoid breathing dust. Wash thoroughly after handling. Use only outdoors or in a well-ventilated area.

Specific treatment is given in the first aid section below.

PERSONAL PROTECTIVE EQUIPMENT: Wear protective gloves/ protective clothing/eye protection/face protection. Take off contaminated clothing and wash it before reuse.

FIRST AID: IF INHALED Remove person to fresh air and keep comfortable for breathing. IF IN EYES Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists, get medical advice. IF ON SKIN Wash with plenty of water. Call a poison center/doctor if you feel unwell.

CUSTOMER DELIVERY AREA DATE 3/16/17 DRIVER TONS\_12.01 DENSITY 2260 **DELIVERY TICKET NO** 

**-**...

OWRD

225 E Street

Independence OR 97351

(503)838-1861 Fax: (503)838-5690

Pest Lic#: AG-L0075483PD

TRIPLE K FARMS
7145 SE AMITY-DAYTON HWY
AMITY, OR 97101

Ship To: TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

**AMITY, OR 97101** 

comments: 40-0-0 Treaded Triple k jos/del by ricky to riverbend

40-0.0-0.0 5S 12.145 Tons

DELIVERY DRY [T] 12,145 Tons

Si

Com .

Simplot

Commence of the Commence of th

GROWER SOLUTIONS

PO Box 97 · Independence, OR 97351 · 503-838-1861

**GUARANTEED ANALYSIS:** 

K,O

KEEP OUT OF REACH OF CHILDREN WARNING

HARMFUL IF INHALED, CAUSES SKIN IRRITATION. HARMFUL IN CONTACT WITH SKIN.

PRECAUTIONARY STATEMENTS: Avoid breathing dust. Wash thoroughly after handling. Use only outdoors or in a well-ventilated area. Specific treatment is given in the first aid section below.

PERSONAL PROTECTIVE EQUIPMENT: Wear protective gloves/ protective clothing / eye protection / face protection. Take off contaminated clothing and wash it before reuse.

FIRST AID: IF INHALED Remove person to fresh air and keep comfortable for breathing. IF IN EYES Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists, get medical advice. IF ON SKIN Wash with plenty of water. Call a poison center / doctor if you feel unwell.

IN CASE OF EMERGENCY CALL (206) 336-2110

Invoice

GROWER SOLUTIONS

758055879

03/17/2017 04/20/2017

14262

Fleid ID

lorenzem 1057 Αll

12.14 375812257

318.30 /Tons 11.70 /Tons 142.10 Paid

35

35

00

CUSTOMER

**DELIVERY AREA** 

DRIVER

DENSITY. TONS 225 DELIVERY TICKET NO

MAY 1 3 2019

RECEIVED

OWRD

13180

55879

SGS Independence 225 E Street independence OR 97351 (503)838-1861 Fax: (503)838-5690 Pest Lic#: AG-L0075483PD

GROWER SOLUTIONS Invoice

758055880

**基施 TRIPLE K FARMS** 7145 SE AMITY-DAYTON HWY MITY, OR 97101

TRIPLE K FARMS 7145 SE AMITY-DAYTON HWY AMITY, OR 97101

lorenzem 1057 All

03/17/2017

04/20/2017

14262

12.17 375812255

Comments: 40-0-0 Treaded Triple k jcs/del by ricky to riverbend

Control of the State of the Sta

15/412.170 Tons

12.170 Tons

40-0.0-0.0 5S DELIVERY DRY [T]

11.70 /Tons

3,873.71 Paid 142.39 Paid

10

10

00

Si

Simplot

CHARLEST THE WAY I HAVE STORY TO SEE THE

GROWER SOLUTIONS

PO Box 97 · Independence, OR 97351 · 503-838-1861

**QUARANTEED ANALYSIS:** 

N	P <sub>2</sub> O <sub>5</sub>	K,O	S
40%	0 %	0 %	%

KEEP OUT OF REACH OF CHILDREN WARNING

HARMFUL IF INHALED, CAUSES SKIN IRRITATION. HARMFUL IN CONTACT WITH SKIN.

PRECAUTIONARY STATEMENTS: Avoid breathing dust. Wash thoroughly after handling. Use only outdoors or in a well-ventilated area, Specific treatment is given in the first aid section below.

PERSONAL PROTECTIVE EQUIPMENT: Wear protective gloves / protective clothing / eye protection / face protection. Take off contaminated clothing and wash it before reuse.

FIRST AID: IF INHALED Remove person to fresh air and keep comfortable for breathing. IF IN EYES Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation parsists, get medical advice. IF ON SKIN Wash with plenty of water. Call a poison center i doctor if you feel unwell.

IN CASE OF EMERGENCY CALL (208) 336-2110

CUSTOMER	Tin	l <sub>e</sub>	Ł	
DELIVERY ARE	A	·10"		
DRIVER	2:24		DATE .	3/16/17
	1			

47 TONS\_

DELIVERY TICKET NO \_\_

RECEIVED

OWRD

13180

55880

225 E Street

Independence OR 97351

(503)838-1861 Fax: (503)838-5690

Pest Lic#: AG-L0075483PD

TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

**AMITY, OR 97101** 

... 都 Post

TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

AMITY, OR 97101

Comments: 40-0-0 Treaded Triple k jcs/del by ricky to riverbend

Analysis: 40 - 0 - 0 - 8

12.225 Tons 40-0.0-0.0 5\$

-33.12.225 Tons

DELIVERY DRY [T]

St. p

Com

318.30 /Tons

11.70 /Tons

03/17/2017

04/20/2017

14262

lorenzem

1057

12.23 375812251

Αll

143.03 Paid

758055881

## Simplot

#### GROWER SOLUTIONS

PO Box 97 - Independence, OR 97351 - 503-838-1861

ARANTEED ANALYSIS:

- ;	N	P <sub>2</sub> O <sub>5</sub>	K,0	S
	40%	0 %	0 %	%

KEEP OUT OF REACH OF CHILDREN Warning

HARMFUL IF INHALED, CAUSES SKIN IRRITATION. -HARMFUL IN CONTACT WITH SKIN.

PRECAUTIONARY STATEMENTS: Avoid breathing dust. Wash thoroughly after handling. Use only outdoors or in a well-ventilated area. Specific treatment is given in the first aid section below.

PERSONAL PROTECTIVE EQUIPMENT: Wear protective gloves!

protective clothing / eye protection / face protection. Take off contaminated clothing and wash it before reuse.

FIRST AID: IF INHALED Remove person to fresh air and keep comfortable for breathing. IF IN EYES Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye imitation persists, get medical advice. IF ON SKIN Wash with plenty of water. Call a poison center / doctor if you feel unwell.

IN CASE OF EMERGENCY CALL (206) 336-2110

CUSTOMER	Trip	z K	
DELIVERY AREA	B"	· · · · · · · · · · · · · · · · · · ·	
DRIVER R	icky	DATE	3/16/17
DENSITY	79	TONS	12.75
DELIVERY TICKE	T NO	2251	

GROWER SOLUTIONS INVOICE

RECEIVED

MAY 1 3 2019

OWRD

13180

5881

,25 25

00

225 E Street

Independence OR 97351

(503)838-1861 Fax: (503)838-5690

Pest Lic#: AG-L0075483PD

TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

**AMITY, OR 97101** 

TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

**AMITY, OR 97101** 

nems: 40-0-0 Treaded Triple k ss/del by don to airlie rd

40-0.0-0.0 58 Tons 11.975

DELIVERY DRY [T] 11.975 Tons

GROWER SOLUTIONS

Invoice

758055916

Leventer Dete

03/21/2017 04/20/2017

14262

torenzem 1057 All

11.97 375812282

Chicken Commence of the second state of the second second

318.30 /Tons

3,811.64

11.70 /Tons

140.11 Paid

75

75

00

Simplot

**GROWER SOLUTIONS** 

PO Box 97 · Independence, OR 97351 · 503-838-1861

**GUARANTEED ANALYSIS:** 

P,O,

KEEP OUT OF REACH OF CHILDREN WARNING

HARMFUL IF INHALED. CAUSES SKIN IRRITATION. HARMFUL IN CONTACT WITH SKIN.

PRECAUTIONARY STATEMENTS: Avoid breathing dust. Wash thoroughly after handling. Use only outdoors or in a well-ventilated area. Specific treatment is given in the first aid section below.

PERSONAL PROTECTIVE EQUIPMENT: Wear protective gloves/ protective clothing / sye protection / face protection. Take off contaminated clothing and wash it before reuse.

FIRST AID: IF INHALED Remove person to fresh air and keep comfortable for breathing. IF IN EYES Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing, if eye irritation persists, get medical advice. IF ON SKIN Wash with plenty of water. Call a poison center/doctor if you feel unwell.

IN CASE OF EMERGENCY CALL (206) 336-2110

DELIVERY AREA DRIVER DENSITY TONS

DELIVERY TICKET NO

点点 18 1960000

THE TOTAL

RECEIVED

LI 15/2017 ELLUAR

. 3 212

## PastSGS Independence

225 E Street

1137

Independence OR 97351

(503)838-1861 Fax: (503)838-5690

Pest Lic#: AG-L0075483PD

TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

**AMITY, OR 97101** 

A POP

TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

**AMITY, OR 97101** 

Comments: 40-0-0 Treaded Triple k ssidel by jim fields to airlie rd

Om: N

1134

Section.

And the second

12,170 Tons 40-0.0-0.0 5S

.1

12,170 Tons DELIVERY DRY [T]

Invoice

GROWER SOLUTIONS

758055917

03/21/2017 04/20/2017

-

14262

Sulpaperson Shipping Loc. Feat lo

lorenzem 1057 Ali

Torre

12.17 375812291

UnitPrice Trans

318.30 /Tons 11.70 /Tons 1,873,71 Paid 142,39 Paid

## **Simplot**

**GROWER SOLUTIONS** 

PO Box 97 · Independence, OR 97351 · 503-838-1861

**GUARANTEED ANALYSIS:** 

N P<sub>2</sub>O, K<sub>2</sub>O S



## KEEP OUT OF REACH OF CHILDREN WARNING

HARMFUL IF INHALED, CAUSES SKIN IRRITATION, HARMFUL IN CONTACT WITH SKIN.

PRECAUTIONARY STATEMENTS: Avoid breathing dust. Wash thoroughly after handling, Use only outdoors or in a well-ventilated area. Specific treatment is given in the first aid section below.

PERSONAL PROTECTIVE EQUIPMENT: Wear protective gloves/protective clothing/eye protection/face protection. Take off contaminated clothing and wash it before reuse.

FIRST AID: IF INHALED Remove person to fresh air and keep comfortable for breathing. IF IN EYES Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing, if eye irritation persists, get medical advice. IF ON SKIN Wash with plenty of water. Call a poison center / doctor if you feel unwell.

IN CASE OF EMERGENCY CALL (206) 336-2110

CUSTOMER

DELIVERY AREA

DRIVER \_\_\_\_

\_ DATE <u>3-20-</u>

DENSITY L.

TONS 2

DELIVERY TICKET NO 22

...; ·

10

10

00

RECEIVED

MAY 1 3 2019

**OWRD** 

13180

j.: 10

223

## <sup>™sl</sup>SGS Independence

225 E Street

Independence OR 97351

(503)838-1861 Fax: (503)838-5690

Pest Lic#: AG-L0075483PD

UND

. 7.89

136.33

TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

AMITY, OR 97101

TRIPLE K FARMS 7145 SE AMITY-DAYTON HWY

AMITY, OR 97101

GROWER SOLUTIONS Invoice

**那么海豚一个海绵的人**的

758055918

03/21/2017 04/20/2017

14262

lorenzem 1057 All

12.02 375812296

Comments: 40-0-0 Treaded Triple k ss/del by ricky to smith rd

12,025 Tons

40-0.0-0.0 58

12.025 Tons DELIVERY DRY [T]

3.827.56

Paid

318.30 /Tons 11.70 /Tons

140.69 Paid

## Simplot

**GROWER SOLUTIONS** 

PO 8ox 97 · Independence, QR 97351 · 503-838-1861

**GUARANTEED ANALYSIS:** 

P,0, K,O

KEEP OUT OF REACH OF CHILDREN WARNING

HARMFUL IF INHALED. CAUSES SKIN IRRITATION. HARMFUL IN CONTACT WITH SKIN.

PRECAUTIONARY STATEMENTS: Avoid breathing dust. Wash thoroughly after handling. Use only outdoors or in a well-ventilated area.

Specific treatment is given in the first aid section below.

PERSONAL PROTECTIVE EQUIPMENT: Wear protective gloves/ protective clothing / eye protection / face protection. Take off contaminated clothing and wash it before reuse.

FIRST AID: IF INHALED Remove person to fresh air and keep comfortable for breathing. IF IN EYES Rinse cautiously with water for several minutes. Remove contact tenses, if present and easy to do. Continue rinsing. If eye irritation persists, get medical advice. IF ON SKIN Wash with plenty of water, Call a poison center / dector if you feel unwell.

**DELIVERY** DATE TONS 25 DENSITY DELIVERY TICKET NO **00** 

- 1941年 127日 **- 128**日本の表現

RECEIVED

MAY 1 3 2019

OWRD :

17 M 1917 TO BURK

13180

13 程业12

1...

225 E Street

Independence OR 97351

(503)838-1861 Fax: (503)838-5690

Pest Lic#: AG-L0075483PD

TRIPLE K FARMS 7145 SE AMITY-DAYTON HWY AMITY, OR 97101

TRIPLE K FARMS 7145 SE AMITY-DAYTON HWY AMITY, OR 97101

comments: 40-0-0 Treaded Triple k jcs/del by ricky to riverbend

Si

RAMENOS 40-0

40-0,0-0.0 58 12.065 Tons 12.065 Tons DELIVERY DRY [T]

. : t

Invoice

GROWER SOLUTIONS

758055823

Invelor Bate

03/14/2017 04/20/2017

14262

lorenzem 1057 ΑII

12.07 375812245

318.30 /Tons 11.70 /Tons

Paid 3.840.29 141.16 Paid

## Simplot

#### **GROWER SOLUTIONS**

PO Box 97 · Independence, OR 97351 · 503-838-1861

**GUARANTEED ANALYSIS:** 

P,O, K,O %

> KEEP OUT OF REACH OF CHILDREN Warning

HARMFUL IF INHALED. CAUSES SKIN IRRITATION. HARMFUL IN CONTACT WITH SKIN.

PRECAUTIONARY STATEMENTS: Avoid preathing dust. Wash thoroughly after handling. Use only outdoors or in a well-ventilated area. Specific treatment is given in the first aid section below.

PERSONAL PROTECTIVE EQUIPMENT: Wear protective gloves! protective clothing / eye protection / face protection. Take off contaminated clothing and wash it before reuse.

FIRST AID: IF INHALED Remove person to fresh air and keep comfortable for breathing. IF IN EYES Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists, get medical advice. IF ON SKIN Wash with plenty of water, Call a poison center / doctor if you feel unwell.

IN CASE OF EMERGENCY CALL (206) 336-2110

CUSTOMER_	Tr. 013	X "	
 DELIVERY AR			
DRIVER /	KY	DATE	3-13-17

TONS 12.07

DELIVERY TICKET NO

Th. 12 (Mail 2010)

15 45

RECEIVED

MAY 1 3 2019

13180

5823

1. 2 170

225 E Street

Independence OR 97351

(503)838-1861 Fax: (503)838-5690 Pest Lic#: AG-L0075483PD

DIN Tax

TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

**AMITY, OR 97101** 

Ship To:

TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

**AMITY, OR 97101** 

Invoice

GROWER SOLUTIONS

758059820

invoice Date Due Date

10/19/2017 11/20/2017

Customer ID

14262

Salesperson Shipping Loc. Field ID

lorenzem 1057 ΑII

Tons

13.04

Ticket(s) 375812997

Comments: 10-5-39 Triple K ss/del by jason to riverbend shop

Quantity Description Analysis: 10 - 5 - 39 - 2 13.040 10-5-39 2S Tons

13.040 Tons DELIVERY DRY [T] **Unit Price** 

Total \$

353.30 /Tons 11.70 /Tons 4,607.03 Paid

152.57 Paid

## Simplot

#### **GROWER SOLUTIONS**

PO Box 97 · Independence, OR 97351 · 503-838-1861

CHADANTEEN ANALYSIS.

0							
	N P <sub>2</sub> O <sub>6</sub>		K <sub>2</sub> O	S			
_	10%	_5_%	39%	%			

#### KEEP OUT OF REACH OF CHILDREN WARNING

HARMFUL IF INHALED. CAUSES SKIN IRRITATION. HARMFUL IN CONTACT WITH SKIN.

PRECAUTIONARY STATEMENTS: Avoid breathing dust. Wash thoroughly after handling. Use only outdoors or in a well-ventilated area. Specific treatment is given in the first aid section below.

PERSONAL PROTECTIVE EQUIPMENT: Wear protective gloves/ protective clothing / eye protection / face protection. Take off contaminated clothing and wash it before reuse.

FIRST AID: IF INHALED Remove person to fresh air and keep comfortable for breathing. IF IN EYES Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists, get medical advice. IF ON SKIN Wash with plenty of water. Call a poison center / doctor if you feel unwell.

CUSTOMER **DELIVERY AREA** DRIVER DA DATE / DENSITY TONS

60 60

**DELIVERY TICKET NO** 

.00

计 14年注册 The State of the S

RECEIVED

MAY 1 3 2019

OWRD.

225 E Street

Independence OR 97351

(503)838-1861 Fax: (503)838-5690

Pest Lic#: AG-L0075483PD

製造運搬法 TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

**AMITY, OR 97101** 

Ship To:

TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

AMITY, OR 97101

Comments: 10-5-39 Triple K ss/del by ricky to riverbend shop

Description

Analysis 10 - 5 - 39 - 2

13.000 Tons 10-5-39 28

13.000 Tons DELIVERY DRY [T] Invoice

GROWER SOLUTIONS

758059821

Invoice Date Due Date

10/19/2017 11/20/2017

Castemar ID

14262

Salesperson Shipping Loc. Field ID

Jorenzem 1057 ΑII

Tores Tickotte) 13

375812995

11.70 /Tons

Unit Price Total \$ 353.30 /Tons 4,592,90 Paid

152.10 Paid

## Simplot

#### **GROWER SOLUTIONS**

PO Box 97 · Independence, OR 97351 · 503-838-1861

**GUARANTEED ANALYSIS:** 

1	N	P <sub>2</sub> O <sub>3</sub>	K <sub>2</sub> O	\$
	10 %	5 %	39 %	%



#### KEEP OUT OF REACH OF CHILDREN Warning

HARMFUL IF INHALED. CAUSES SKIN IRRITATION. HARMFUL IN CONTACT WITH SKIN.

PRECAUTIONARY STATEMENTS: Avoid breathing dust. Wash thoroughly after handling. Use only outdoors or in a well-ventilated area. Specific treatment is given in the first aid section below.

PERSONAL PROTECTIVE EQUIPMENT: Wear protective gloves/ Protective clothing / eye protection / face protection. Take off contaminated clothing and wash it before reuse.

FIRST AID: IF INHALED Remove person to fresh air and keep comfortable for breathing. IF IN EYES Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists, get medical advice. IF ON SKIN Wash with plenty of water. Call a poison center I doctor if you feel unwell.

CUSTOMER

**DELIVERY AREA** 

DRIVER DENSITY

DELIVERY TICKET NO

DATE

TONS

10

10 10

RECEIVED

MAY **1 3** 2019

OWRD

i jija kapa

#### SGS Independence 225 E Street

Independence OR 97351

(503)838-1861 Fax; (503)838-5690

Pest Lic#: AG-L0075483PD

OH To:

TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

**AMITY, OR 97101** 

Ship To:

TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

**AMITY, OR 97101** 

GROWER SOLUTIONS

Invoice

758059822

Invoice Date **Due Date** 

10/19/2017 11/20/2017

Customer ID

14262

Salesperson Shipping Loc. Field (D

lorenzem 1057 ΑII

Tons Ticket(s)

16.87 375813000

Comments: 10-5-39 Triple K ss/del by jason to riverbend shop

Quantity Description

Analysis: 10-5-39-2 16.865 Tons

10-5-39 2S

16.865 Tons

DELIVERY DRY [T]

**Unit Price** 

Total \$

353.30 /Tons 11.70 /Tons 5.958.40 Paid 197.32 Paid

## Simplot

**GROWER SOLUTIONS** 

AND THE PERSON OF

PO Box 97 · Independence, OR 97351 · 503-838-1861

GHARANTEED ANALYSIS:

	N	P <sub>2</sub> O <sub>5</sub>	K,O	\$
Į	10%	5_%	39%	%

KEEP OUT OF REACH OF CHILDREN WARNING

HARMFUL IF INHALED. CAUSES SKIN IRRITATION. HARMFUL IN CONTACT WITH SKIN.

PRECAUTIONARY STATEMENTS: Avoid 'breathing dust. Wash thoroughly after handling. Use only outdoors or in a well-ventilated area. Specific treatment is given in the first aid section below.

PERSONAL PROTECTIVE EQUIPMENT: Wear protective gloves! protective clothing / eye protection / face protection. Take off contaminated

clothing and wash it before reuse.

FIRST AID: IF INHALED Remove person to fresh air and keep comfortable for breathing. IF IN EYES Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists, get medical advice. IF ON SKIN Wash with plenty of water, Call a poison center/doctor if you feel unwell. CUSTOMER

**DELIVERY AREA** 

**DELIVERY TICKET NO** 

DATE

TONS

M: 180

72 72

.00

RECEIVED

MAY 1 3 2019

OWRD

IN CASE OF EMERGENCY CALL (206) 336-2110

1664

59822

BE CONTRACTOR OF THE SECONDARY

225 E Street

Independence OR 97351

(503)838-1861 Fax: (503)838-5690

Pest Lic#: AG-L0075483PD

TRIPLE K FARMS 7145 SE AMITY-DAYTON HWY AMITY, OR 97101

Ship To:

TRIPLE K FARMS

7145 SE AMITY-DAYTON HWY

**AMITY, OR 97101** 

Comments: 10-5-39 Triple K ss/del by jason to smith rd

Country

Description

Ansigna 10-5-39-2

7.830 Tons 10-5-39 2S

7.830 Tons DELIVERY DRY [T]

Invoice

GROWER SOLUTIONS

758059823

invoice Bate Due Date 10/19/2017

Customer ID

14262

Salesperson Shipping Loc. Field ID lorenzem 1057 All

Tone Ticket(s) 7.83 375813001

Unit Price Total \$

353.30 /Tons 2,766.34 Paid 11.70 /Tons 91.61 Paid

## Simplot

#### **GROWER SOLUTIONS**

PO Box 97 • Independence, OR 97351 • 503-838-1861

**GUARANTEED ANALYSIS:** 

N	P <sub>2</sub> O <sub>5</sub>	K,O	S
10%	5 %	39%	%

**①** 

KEEP OUT OF REACH OF CHILDREN

HARMFUL IF INHALED. CAUSES SKIN IRRITATION. HARMFUL IN CONTACT WITH SKIN.

PRECAUTIONARY STATEMENTS: Avoid breathing dust. Wash thoroughly after handling. Use only outdoors or in a well-ventilated area. Specific treatment is given in the first aid section below.

PERSONAL PROTECTIVE EQUIPMENT: Wear protective gloves / protective clothing / eye protection / face protection. Take off contaminated clothing and wash it before reuse.

FIRST AID: IF INHALED Remove person to fresh air and keep comfortable for breathing. IF IN EYES Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists, get medical advice. IF ON SKIN Wash with plenty of water, Call a poison center i doctor if you feel unwell.

IN CASE OF EMERGENCY CALL (206) 336-2110

CUSTOMER TYIPE K

DELIVERY AREA

DRIVER SASON

DATE 10/11/17

DENSITY 59 TONS 7.83

DELIVERY TICKET NO 300/

SECOND BELLEVIEW

RECEIVED

MAY 1 3 2019

**OWRD** 

13180

1665

59823

15

15

DO

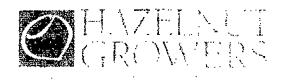
3/14/2018

CY17PAY2

34,735,98

0.00

34,735.98



Check: 012386

3/16/2018 KA7000Z

KAUER FAMILY FARMS LLC.

34.735.98

HAZELNUT GROWERS OF OREGON . MT. ANGEL, OR 97362

12386

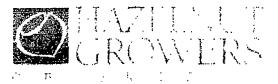
3/14/2018

CY17PAY2

34,735.98

0.00

34,735,98



Check: 012386

3/16/2018

KA7000Z

KAUER FAMILY FARMS LLC

34,735.98

HIS DOCUMENT HAS A COLORED SECURITY BACKGROUND, DO NOT CASH IF THE WORD "VOID" IS VISIBLE. THIS PAPER HAS AN ARTIFICIAL WATERMARK ON REVERSE SIDE AND IS ALTERATION PROTECTION.



P.O. BOX 258 MT. ANGEL, OR 97362



12386

PAY \*THIRTY-FOUR THOUSAND SEVEN HUNDRED THIRTY-FIVE AND 98 / 100

3/16/2018

TO THE ORDER

KAUER FAMILY FARMS LLC 7145 SE AMITY-DAYTON HWY AMITY, OR 97101 RECEIVED

MAY 1 3 2019

**OWRD** 

ED SIGNATURE 13180

VOID AFTER 90 DAYS

# 123BB# (200



# Member Grower Payment Statement 2nd Progress Payment for the 2017 Crop Year KA7000Z - KAUER FAMILY FARMS LLC

For questions or inquiries please contact Customer Care:

phone: 503-845-6122 email: cc@wilco.coop

**Crop Summary:** Please see attached page for detailed information by Orchard.

	ation of all your Delivery Reports ponding field on the Delivery Report		Overali Value	Your Value
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>,</b>		Before Splits *	After Splits *
Merchantable Weight (lbs)			248,399.00	248,399.00
Total Crop Field Value (Gross F	Pay)		\$240,947.03	\$240,947.03
Total Crop Charges			(14,636. <del>96</del> )	(14,636.96
Total Premiums		į	5,263.15	5,263.15
Total Net Value (Total Paymen	t)		\$231,573.22	\$231,573.22
* A split is a Percentage of	proceeds to each invested party per	orchard.		
Payment Summary:				
Total Net Value				\$231,573.22
Less Previous Progress Payme	ent(s)		•	(\$115,786.61)
Less Outstanding Crop Value	(Total Payment)			(\$81,050.63
Less Deductions for Current &	& Previous Progress Payment(s)			\$0.00
<b>Current Progress Payment</b>	(Net of Deductions & Retained Equity He	eld)		\$34,735.98
Hauling Allowance: (Had	uling Allowance was paid in January)			\$2,483.99
Previous Progress Payn	nent Detail:			
Payment Number	Check Date	Check Num	ber ***	Amount
1st Progress Payment	01/02/18	12131		\$115,786.61
			Total Payments	\$115,786.61

RECEIVED

MAY 1 3 2019





200 Industrial Way PO Box 258 Mt. Angel, OR 9736

800.382 5339 www.wilco.coop

March 19, 2018

Dear HGO Member-Grower.

Enclosed is the second installment payment on your 2017 crop. For those of you with direct deposit, you will receive a deposit remittance advice in lieu of a check.

This payment includes the opening field price of \$0.97 per pound on all varieties, plus any quality premium as shown on your 2017 crop delivery reports. On average, the quality premium is running at approximately \$0.02 per pound.

If there is an increase applied to the field price, we will promptly notify you of the date we intend to make the payment related to the increase.

It is very possible that Oregon produces its first 50,000-ton hazelnut crop in 2018. With a crop this big, it could be necessary for processors to hold more inventory into spring and summer, thus needing additional climate-controlled, food safe storage space. Rest assured that your new HGO processing facility in Donald will be completed in July and is able to accommodate such a large crop.

The new HGO processing facility will be the industry flagship in production capability, storage, and food safety. We will have the opportunity to showcase the HGO processing facility to all hazelnut growers, when we host the Nut Growers Society Summer Tour on Wednesday, August 8, 2018.

Our quarterly newsletter will be mailing to you in the coming weeks. We look forward to sharing information with you on a variety of topics including the new processing facility.

#### Important Upcoming Dates:

- Third installment payment on 2017 Crop, on or before June 25,2018
- Nut Grower Society Summer Tour at HGO plant in Donald, OR, August 8, 2018
- Final installment payment on 2017 Crop, on or before September 25, 2018
- First installment payment on 2018 Crop, on or before November 25, 2018

We thank you for your continued patronage. Please don't hesitate to contact Customer Care at 503-845-6122 if you have any questions.

Sincerely,

Jeff Fox

President, Wilco Hazelnut LLC

RECEIVED

MAY 1 3 2019



# Member Grower Payment Statement 2nd Progress Payment for the 2017 Crop Year KA7000Z - KAUER FAMILY FARMS LLC

For questions or inquiries please contact Customer Care:

phone: 503-845-6122 email: cc@wilco.coop

**Detail Information by Orchard:** 

Orchard	Variety	Total Merch Weight	Split Merch Welght	price	Field Price Gross Value	Quality / Jumbo Premiums	Total Charges	Net Value Before Split	Split	Net Value After Split
Orchard 1-Home Orchard  Totals	BARC	248,399.0 <b>248,399.0</b>	248,399.0 <b>248,399.0</b>	\$0.97	\$240,947.03 <b>\$240,947.03</b>	\$5,263.15 <b>\$5,263.15</b>	(\$14,636.96) <b>(\$14,636.96)</b>	\$231,573.22 <b>\$231,573.22</b>	100%	\$231,573.22 <b>\$231,573.22</b>

Note: For detailed information regarding the above Orchards, please reference the Delivery Report sent previously.

irrigation

CRI

CONSUMERS POWER INC.

P.O. BOX 1180 6990 WEST HILLS ROAD PHILOMATH, OR 97370

(541) 929-3124 • (800) 872-9036

164 1 SP 0.460 TRIPLE K LLC 7145 SE AMITY DAYTON HWY AMITY OR 97101-2004

4 164 C-1 P-2 Account Number 11956401

Statement Date 10/09/2017 | Due Date 10/30/2017

Billing Summary

LAST MONTH'S BILL PAYMENTS - THANK YOU

\$538.57 \$538.57 CR

BALANCE FORWARD
Current Charges

\$0.00

Account Belance

S1,794.04

Page 1 of 2

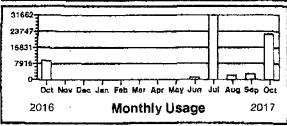
լլիկիսիլումանանակիների հիրակինիրինիրիրինինինին

#### Messages

Looking for a better heating system or ways to lower your monthly bill? Check out this month's Ruralite and our website for information on CPI's energy efficiency program. One of the many services that CPI offers to help you manage your electric usage!

Location HENDRICKSON #2 - Irrigation

	Meter	From	Through	Daye	Type	End Read	Start Read	Mult	Usage	Rate
ĺ	TD235	08/29/17	09/30/17	32	KWH	73435	51318	1	22117	034
I	TD235	08/29/17	09/30/17	32	KW	74.609		1	74.609	034



Average KWH per Day: 691 This Month Last Year: 314 Basic Service Charge

KWH Revenue

KW Revenue Load Factor - 39%

**Total This Service** 

Detail of Charges - Electric

Charge \$55.50 \$1415.49 \$323.05

\$1794.04

MAY 1 3 2019

RECEIVED



б. вох 1180 6990 WEST HILLS ROAD PHILOMATH, OR 97370

(541) 929-3124 • (800) 872-9036

150 1 SP 0.460 TRIPLE K LLC 7145 SE AMITY DAYTON HWY AMITY OR 97101-2004

4 150 C-1 P-2

երիրեկրքի միջոլիցեր անգերել անկանիկ անգերել եր և

#### Account Number 11956401

Statement Date 09/07/2017

Due Date 09/28/2017

#### Billing Summary

LAST MONTH'S BILL **PAYMENTS - THANK YOU BALANCE FORWARD Current Charges** 

\$177,93 \$177.93 CR

\$0.00 \$538,57

Account Ratance

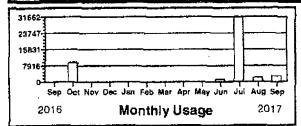
Page 1 of 2

### Messages

CPI offers energy rebates year-around to help with updating your home. Please be sure to check our website for the latest information at www.cpi.coop/rebate or give us a call to find out more information at 800-872-9036.

ocation HENDRICKSON #2 - Irrigation

Mediar	F3569		Day's	Type	END HOUR	Stan Seas	Halt	Usage	C.	1950
TD235	07/31/17	08/29/17	29	KWH	51318	48543	1	2775		034
TD235	07/31/17	08/29/17	29	KW	71,094		1	71.094		034



Average KWH per Day: 96 This Month Last Year: 0

KWH Revenue KW Revenue

#### Detail of Charges - Electric

Basic Service Charge Power factor - 73.000% **Total This Service** 

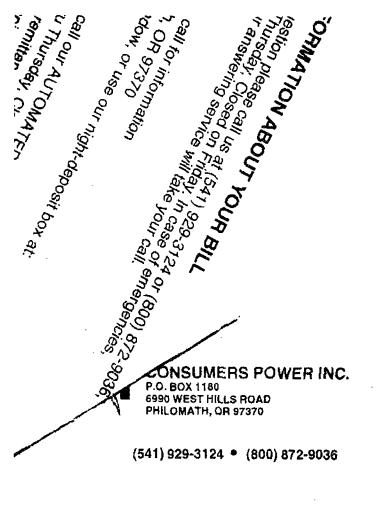
\$55.50 \$177.60 \$305.47

\$538.57

### RECEIVED

MAY 1 3 2019

OWRD



2 1 SP 0.460 4 2 TRIPLE K LLC C-1 P-1 7145 SE AMITY DAYFON HWY AMITY OR 97101-2004 Account Number 11956401

Statement Date 08/08/2017 Due Date 08/29/2017

Billing Su	menary
LAST MONTH'S BILL PAYMENTS - THANK YOU	\$2,416.64 \$2,416.64 CR
BALANCE FORWARD	\$0.60
Current Charges	\$177.98
Account Balance	\$177.93

Page 1 of 2

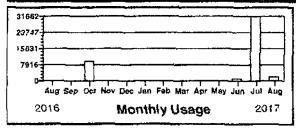
միկանդիկանիկիկիարևնիկներիկիանիկիրներիկիանում

### Messages

CPI's annual meeting is Saturday, September 16th. Doors open at 9 AM at our Philomath office. To help with our lunch count please RSVP to 541-929-3124 or email us at info@cpi.coop. Details for the meeting are in your August Ruralite.

ocation HENDRICKSON #2 - Irrigation

	Meter	Frem	moven	Days	Type	End Read	Start Read	Mult	Usage	Code	Rate
I	TD235	06/30/17	07/31/17	31	KWH	48543	46630	1	1913		034
ſ	TD235	06/30/17	07/31/17	- 31	KW	0.000		1	0.000		034



Average KWH per Day: 62 This Month Last Year: 0

### Detail of Charges - Electric

Basic Service Charge -KWH Revenue Total This Service \$55.50 \$122.43 \$177.93

RECEIVED

MAY 1 3 2019

OWRD



#### CONSUMERS POWER INC.

P.O. BOX 1180 6990 WEST HILLS ROAD PHILOMATH, OF 97370

(541) 929-3124 • (800) 872-9036

1 SP 0.460 TRIPLE K LLC 7145 SE AMITY DAYTON HWY AMITY OR 97101-2004

4 37 C-1 P-1

- դիքինի անականիկին հուրանինի այստերինին

Account Number 11956401	
Statement Date 07/10/2017	Due Date 07/31/2017

Billing Su	enmany
LAST MONTH'S BILL PAYMENTS - THANK YOU	\$514.41 \$514.41 CR
BALANCE FORWARD	
Current Charges	\$2,410.64
Account Balance	\$2,416.84

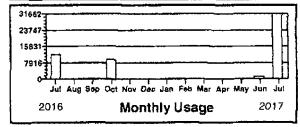
Page 1 of 1

### Messages

Looking for an effective and efficient way to beat the summer heat? Try out a ductless heat pump which provides the most efficient cooling and heating available. Call CPI for more details and see if you qualify for an installation incentive today!

Location HENDRICKSON #2 - Irrigation

	Meter	From	Through	Days	Type	Eng Pleas	SHOT PASS	Mult	Usage	Name :
I	TD235	05/26/17	06/30/17	35	KWH	46630	14968	1	31662	034
ſ	TD235	05/26/17	06/30/17	35	KW	76.953		1	76.953	034



Average KWH per Day: 905 This Month Last Year: 567

Basic Service Charge **KWH Revenue** KW Revenue Load Factor - 49%

**Total This Service** 

Detail of Charges - Electric

\$55.50 \$2026.37 \$334.77

\$2416.64

RECEIVED

MAY 1 3 2019

**OWRD** 



2 1 SP 0.460 TRIPLE K LLC 7145 SE AMITY DAYTON HWY AMITY OR 97101-2004 C-1 P-1

անվարդնկինոնիկինինակինինինինինինինինին

Account Number 11956401	
Statement Date 06/08/2017	Due Date 06/28/2017

LAST MONTH'S BILL	\$0.00
**NO PAYMENTS RECEIVED**	<u>\$0.00</u>
BALANCE FORWARD	\$0.00
Current Charges	\$514.41

Page 1 of 2

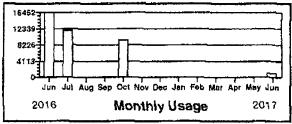
\$464.41

#### Messages

CPI continues to offer rebates for all of your home improvement projects. On everything from windows to heat pump systems and free shower heads to low cost LED light buibs. Come stop by our office or give us a call for more information!

Location HENDRICKSON #2 - Irrigation

		د دمومهای استان ما این استان ماستانگا			ERA RES		Hall	Usage	Code	Rate
TD235	04/30/17	05/26/17	26	KWH	14968	13962	1	1006		034
TD235	04/30/17	05/26/17	26	KW	78.906		1	78.906		034



Average KWH per Day: 39 This Month Last Year: 445

Detail of Charges - Electric

Basic Service Charge \$55.50

KWH Revenue \$64.38

KW Revenue \$344.53

Power factor - 76.500%

Total This Service

RECEIVED

MAY 1 3 2019



## Receipt Summary

2526 Dike Road Woodland, WA 98674 Phone: 360-225-9575

## Kauer Farms

Date Filter: 1/1/2017..12/31/2017

VarietyName	Blueberri	es						
Receipt No.	Pallets	Flats	Gross Wt	Total Tare	Net Weight	Final Rate	Amount	Date
10010206	20	887	28,051.0	3,949.7	24,101.3	\$.63	\$15,183.82	09/05/2017 07:52 PM
10010069	11	479	13,771.0	2,144.9	11,626.1	\$.65	\$7,556.96	08/03/2017 06:36 PM
10010067	22	990	29,254.0	4,389.0	24,865.0	\$.64	<b>\$15,9</b> 13.60	08/03/2017 12:59 PM
10010061	24	1,062	31,662.0	4,732.2	26,929.8	\$.64	\$17,235.07	08/02/2017 07:59 PM
10010046	19	843	26,871.0	3,753.3		\$.65	\$15,026.51	07/31/2017 09:39 PM
10010031	<del></del>	<b></b> 430-	13 <sub>7</sub> 376.0		11,443.0	\$.62	\$7,094.66	07/29/2017 12:32 AM
10009972	20	870	29,230.0	3,897.0	25,333.0	\$.63	\$15,959.79	07/21/2017 09:54 PM
10009954	24	1,058	36,831.0	4,719.8	32,111.2	\$.64	\$20,551.17	07/21/2017 12:08 AM
10009942	22	980	33,554.0	4,358.0	29,196.0	\$.64	\$18,685.44	07/20/2017 03:17 AM
10009930	22	970	34,106.0	4,327.0	29,779.0	\$.64	\$19,058.56	07/18/2017 10:39 PM
10009919	21	933	31,331.0	4,152.3	27,178.7	\$.65	\$17,666.15	07/17/2017 10:49 PM
				Total Weight	265,680.8	·	\$169,931.73	
					Total Crop Value		\$169,931.73	
				Oregon Blueberry Assessment			-\$1,062.72	Ο σ
					USHBC Assessme		-\$2,391.13	CEIVED
					Total Due:		\$166,477.88	
							• · · · • • • · · · · · · · · · · · · ·	
								<u> </u>