

Application for Permanent Water Right Transfer

Part 1 of 5 – Minimum Requirements Checklist



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

This 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.

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Check all items included with this application. (N/A = Not Applicable)

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Transfer Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have questions, call Customer Service at (503) 986-0801.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Water Rights to be Transferred: **How many water rights are to be transferred? 2 List them here: 42579, 44240**
Please include a separate Part 5 for each water right. (See instructions on page 6)

Attachments:

- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.
- N/A Oregon Water Resources Department’s Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if all of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500’ from the surface water source and more than 1000’ upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

Application fee not enclosed/insufficient Map not included or incomplete.
 Land Use Form not enclosed or incomplete Evidence of Use Form not enclosed or incomplete
 Additional signature(s) required Part _____ is incomplete
 Other/Explanation: *Needs to be on Department form and notarized - No Supporting Documentation included*
 Staff: *Coley C* 503-986-0825 Date: *9/17/19*

Part 2 of 5 – Transfer Application Map

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

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

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/. CWRE stamp and signature are not required for substitutions.
- N/A If more than three water rights are involved, separate maps are needed for each water right.
- Permanent quality printed with dark ink on good quality paper.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
- 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.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- 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 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), 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°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

Part 3 of 5 – Fee Worksheet

FEE WORKSHEET for PERMANENT TRANSFER (except Substitution)			
1	Base Fee (includes one type of change to one water right for up to 1 cfs)	1	\$1,160
Types of change proposed: <input checked="checked" type="checkbox"/> Place of Use <input type="checkbox"/> Character of Use <input type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>1 (2a)</u> Subtract 1 from the number in line 2a = <u>0 (2b)</u> <i>If only one change, this will be 0</i>		RECEIVED SEP 16 2019 OWRD	RECEIVED OCT 15 2019 OWRD
2	Multiply line 2b by \$930 and enter »	2	0
3	Number of water rights included in transfer <u>2 (3a)</u> Subtract 1 from the number in 3a above: <u>1 (3b)</u> <i>If only one water right this will be 0</i> Multiply line 3b by \$520 and enter »	3	\$520
4	Do you propose to add or change a well, or change from a surface water POD to a well? <input checked="checked" type="checkbox"/> No: enter 0 » <input type="checkbox"/> Yes: enter \$410 »	4	0
5	Do you propose to change the place of use or character of use? <input type="checkbox"/> No: enter 0 on line 5 » <input checked="checked" type="checkbox"/> Yes: enter the cfs for the portions of the rights to be transferred (see example below*): <u>0.087 cfs (5a)</u> Subtract 1.0 from the number in 5a above: <u>-0.913 cfs (5b)</u> If 5b is 0 or less, enter 0 on line 5 » If 5b is greater than 0, round up to the nearest whole number: _____ (5c) and multiply 5c by \$350, then enter on line 5 » » » » » » » » » »	5	0
6	Add entries on lines 1 through 5 above » Subtotal:	6	\$1,680
7	Is this transfer: <input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? <input type="checkbox"/> 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 » If no box is applicable, enter 0 on line 7 »	7	0
8	Subtract line 7 from line 6 » Transfer Fee:	8	\$1,168 0

*Example for Line 5a 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:

- For irrigation calculate cfs for each water right involved as follows:
 - Divide total authorized cfs by total acres in the water right (for C12345, 1.25 cfs ÷ 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" acre included in the transfer. (In this example, blank 5a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0).

FEE WORKSHEET for SUBSTITUTION			
1	Base Fee (includes change to one well)	1	\$840.00
2	Number of wells included in substitution _____ (2a) Subtract 1 from the number in 3a above: _____ (2b) <i>If only one well this will be 0</i> Multiply line 2b by \$410 and enter »	2	

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Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Bailey Nurseries, Inc.		PHONE NO. 503-662-3244	ADDITIONAL CONTACT NO. RECEIVED
ADDRESS 9855 NW Pike Road		FAX NO. SEP 16 2019	
CITY Yamhill	STATE OR	ZIP 97148	E-MAIL Jon.estes@baileynurseries.com OWRD
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

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

AGENT/BUSINESS NAME Stuntzner Engineering & Forestry		PHONE NO. 503-357-5717	ADDITIONAL CONTACT NO. 503-939-8381 RECEIVED
ADDRESS 2318-B Pacific Avenue		FAX NO. OCT 15 2019	
CITY Forest Grove	STATE OR	ZIP 97116	E-MAIL billflatz@stuntzner.com OWRD
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Explain in your own words what you propose to accomplish with this transfer application, and why:
Bailey Nurseries is transferring 7.7 acres of certified-area of irrigation out from under a recently constructed recovery pond and moving it to available ground on the nursery. The pond was constructed to comply with current state rules to prevent any runoff from entering the waters of the state during the irrigation season.
If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

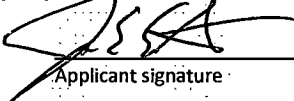
Check One Box

- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); OR
- I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; OR
- I affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

By my signature below, I confirm that I understand:

- Prior to Department approval of the transfer application, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: _____.
- Amendments to the application may only be made in response to the Department's Draft Preliminary Determination (DPD). The applicant will have a period of at least 30 days to amend the application to address any issues identified by the Department in the DPD, or to withdraw the application. Note that amendments may be subject to additional fees, pursuant to ORS 536.050.
- Failure to complete an approved change in place of use and/or change in character of use, will result in loss of the water right (OAR 690-380-6010).

I (we) affirm that the information contained in this application is true and accurate.


Jon Estes (Water Resources Manager)
9/6/19
 Applicant signature Print Name (and Title if applicable) Date

 Applicant signature Print Name (and Title if applicable) Date

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 deeded 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) were conveyed.

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Check the following boxes that apply:

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- The receiving landowner will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to this landowner.
- Both the receiving landowner and applicant will be responsible for completion of change(s). Copies of notices and correspondence should be sent to this landowner and the applicant.

At this time, are the lands in this transfer application in the process of being sold? Yes No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see: https://www.oregon.gov/owrd/WRDFormsPDF/Transfer_Property_Transactions.pdf

RECEIVING LANDOWNER NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	

Describe any special ownership circumstances here: _____

- Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplementa

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I Form D.)

IRRIGATION DISTRICT NAME	ADDRESS		
CITY	STATE	ZIP	

- Check here if water for any of the rights supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME	ADDRESS		
CITY	STATE	ZIP	



To meet State Land Use Consistency Requirements, you must list all county, city, municipal corporation, or tribal governments within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME Yamhill County	ADDRESS 535 NE 5th St.		
CITY McMinnville	STATE OR	ZIP 97128	

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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INSTRUCTIONS for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 5 pages, please **save the application form to your computer**. Unlock the document by using one of the following instructions for your Microsoft Word software version:

Microsoft Word 2003

Unlock the document by one of the following:

- Using the **Tools** menu => click **Unprotect Document**;
- OR
- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

To relock the document to enable the checkboxes to work, you will need to:

- Using the **Tools** menu => click **Protect Document**;
- OR
- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

Microsoft Word 2007

- Unlock the document by clicking the **Review** tab, then click **Protect Document**, then click **Stop Protect**.
- To relock the document, click **Editing Restrictions**, then click **Allow Only This Type of Editing**, select **Filling In Forms** from the drop-down menu, then check **Yes, Start Enforcing Protection**.

Microsoft Word 2010

- Unlock the document by clicking the **Review** tab; toggle the **Restrict Editing** icon at the upper right, then click **Stop Protect** at the bottom right. Then uncheck the "Allow only this type of editing in the document: **Filling in forms**" in the "Editing restrictions" section on the right-hand list of options.
- To relock the document, check the **Editing Restrictions/Allow Only This Type of Editing/Filling In Forms** box from the drop-down menu, then check **Yes, Start Enforcing Protection**. You do not need to assign a password for the editing restrictions.

Other Alternatives:

- Photocopy pages or tables in Part 5, ~~mark through~~ any non-applicable information, insert/attach photocopied pages to document in the appropriate location, and manually amend page numbers as necessary (e.g. Page 5 of 9 10).
- You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc. You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have questions.

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Once the application has been unlocked, you may:

- add additional rows to tables using the Table tools, and
- select and copy the pages of Part 5 and paste as many additional sets of Part 5 pages as needed at the end of the application.

After editing, re-lock the document to enable checkboxes to work.

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Part 5 of 5 – Water Right Information

Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 42579

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Description of Water Delivery System

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System capacity: 3.07 cubic feet per second (cfs) OR
 _____ gallons per minute (gpm)

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Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. The water is pumped into Fidel Reservoir from Salt Creek with a 60 hp pump, from No-Name Creek with a 60 hp pump and from the N. Yamhill River with a 100 hp pump. From Fidel Reservoir the water is pumped with three 100 hp pumps through a series of 12" buried mainlines. The mainlines feed buried 10" lines. The 10" lines feed 2" buried lines within beds spaced at 65' on center and risers with rainbird impact sprinklers with 3/16" nozzels spaced at 40'. The 10" lines also feed above ground 2" hand lines spaced at 65'. The hand lines are set with risers and impact sprinklers at 40' spacing.

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	SALT CREEK	2	S	4	W	31	SE	NE	TL 200	220' N AND 1,380' W FROM SE CORN. DLC 55
2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	SALT CREEK	2	S	4	W	31	SE	SE	TL 2100	1,960' S AND 2,260' W FROM SE CORN. DLC 55
3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NO-NAME CREEK	2	S	4	W	31	SE	NE	TL 200	50' N AND 1,420' W FROM SE CORN. DLC 55
4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	FIEDEL RESERVOIR	2	S	4	W	31	SE	NE	TL 200	420' N AND 1480' W FROM SE CORN. DLC 55

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE) | <input type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

Will all of the proposed changes affect the entire water right?

Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.

No Complete all of Table 2 to describe the portion of the water right to be changed.

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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 Changes to Water Right Certificate # 42579

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.																	
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Twp		Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date									
EXAMPLE																													
2	S	9	E 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					
														2	S	9	E 2	SW	NW	500		5.0		POD #6	1901				
2	S	4	W 31	NE	SE	2100	54	5.8	IRR.	POD 1-4	1968	POU	2	S	4	W 31	NE	SE	2100	54	2.8	IRR.	POD 1-4	1968					
2	S	4	W 31	NW	SE	2100	54	1.2	IRR.	POD 1-4	1968	POU	2	S	4	W 31	SE	SE	2100	54	1.5	IRR.	POD 1-4	1968					
2	S	4	W 31	SW	SE	2100	54	0.4	IRR.	POD 1-4	1968	POU	2	S	4	W 32	SW	NW	1900	54	1.8	IRR.	POD 1-4	1968					
2	S	4	W 31	SE	SE	2100	54	0.3	IRR.	POD 1-4	1968	POU	2	S	4	W 32	NW	SW	1900	54	0.6	IRR.	POD 1-4	1968					
														2	S	4	W 32	SW	NW	2000	54	0.5	IRR.	POD 1-4	1968				
														2	S	4	W 32	NW	SW	2000	54	0.5	IRR.	POD 1-4	1968				
TOTAL ACRES:						7.7																	TOTAL ACRES:						7.7

Additional remarks: _____

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For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? Yes No

If YES, list the certificate, water use permit, or ground water registration numbers: _____.

Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # _____;

Surface water primary Certificate # _____.

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For a change from Supplemental Irrigation Use to Primary Irrigation Use OWRD OWRD

Identify the primary certificate to be cancelled. Certificate # _____

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

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:
http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx

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 No. L-	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.

Part 5 of 5, Water Right Information

Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 44240

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Description of Water Delivery System

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System capacity: **3.48** cubic feet per second (cfs) OR

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_____ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. The water is pumped into Fidel Reservoir from Salt Creek with a 60 hp pump, from No-Name Creek with a 60 hp pump and from the N. Yamhill River with a 100 hp pump. From Fidel Reservoir the water is pumped with three 100 hp pumps through a series of 12" buried mainlines. The mainlines feed buried 10" lines. The 10" lines feed 2" buried lines within beds spaced at 65' on center and risers with rainbird impact sprinklers with 3/16" nozzels spaced at 40'. The 10" lines also feed above ground 2" hand lines spaced at 65'. The hand lines are set with risers and impact sprinklers at 40' spacing.

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		2	S	4	W	31	SE	SW	54	2180' S AND 4280' W FROM SE CORN. DLC 55
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										
	<input type="checkbox"/> Authorized <input type="checkbox"/> Proposed										

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- Place of Use (POU)
- Character of Use (USE)
- Point of Diversion (POD)
- Additional Point of Diversion (APOD)
- Surface Water POD to Ground Water POA (SW/GW)
- Supplemental Use to Primary Use (S to P)
- Point of Appropriation/Well (POA)
- Additional Point of Appropriation (APOA)
- Substitution (SUB)
- Government Action POD (GOV)

Will all of the proposed changes affect the entire water right?

Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.

No Complete all of Table 2 to describe the portion of the water right to be changed.

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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 Changes to Water Right Certificate # 44240

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.													Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.															
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Twp	Rng	Sec		¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date									
EXAMPLE																													
2	S	9	E 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								
												2	S	9	E 2	SW NW	500		5.0	POD #6	1901								
2	S	4	W 31	NE SE	2100	54	5.8	SUP.IRR.	POD #5	1975	POU	2	S	4	W 31	NE SE	2100	54	2.8	SUP.IRR.	POD #5	1975							
2	S	4	W 31	NW SE	2100	54	1.2	SUP.IRR.	POD #5	1975	POU	2	S	4	W 31	SE SE	2100	54	1.5	SUP.IRR.	POD #5	1975							
2	S	4	W 31	SW SE	2100	54	0.4	SUP.IRR.	POD #5	1975	POU	2	S	4	W 32	SW NW	1900	54	1.8	SUP.IRR.	POD #5	1975							
2	S	4	W 31	SE SE	2100	54	0.3	SUP.IRR.	POD #5	1975	POU	2	S	4	W 32	NW SW	1900	54	0.6	SUP.IRR.	POD #5	1975							
												2	S	4	W 32	SW NW	2000	54	0.5	SUP.IRR.	POD #5	1975							
												2	S	4	W 32	NW SW	2000	54	0.5	SUP.IRR.	POD #5	1975							
TOTAL ACRES:						7.7																	TOTAL ACRES:						7.7

Additional remarks: _____

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For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? Yes No

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If YES, list the certificate, water use permit, or ground water registration numbers: _____.

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Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # _____;
Surface water primary Certificate # _____.

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For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # _____

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For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

- 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:
http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx

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 No. L-____	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

13269

Application for Water Right Transfer

Evidence of Use Affidavit



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900
 www.wrd.state.or.us

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing. Supporting documentation must be attached.

State of Oregon)
) ss
 County of WASHINGTON)

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 OWRD

I, JON ESTES, in my capacity as BAILEY NURSERIES INC., WATER RESOURCES MANAGER,
 mailing address: 9855 NW PIKE ROAD, YAMHILL OR 97148
 telephone number (503)662-3244, being first duly sworn-depose and say:

1. My knowledge of the exercise or status of the water right is based on (check one):
- Personal observation Professional expertise

2. I attest that:

- Water was used during the previous five years on the **entire** place of use for Certificate # 42579 AND 44240; **OR**
- My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Township		Range		Mer	Sec	¼ ¼	Gov't Lot or DLC	Acres (if applicable)

- OR**
- Confirming Certificate # _____ has been issued within the past five years; **OR**
- Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: _____ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**
- The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.
- Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # _____ (For Historic POD/POA Transfers).

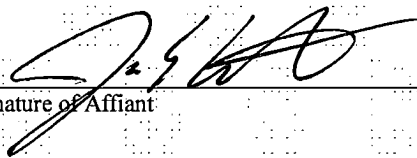
(continues on reverse side)

3. The water right was used for: (e.g., crops, pasture, etc.): NURSERY
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.

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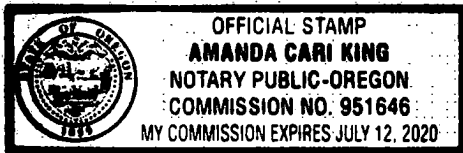
OCT 15 2019

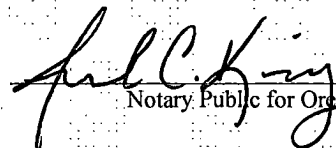
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 Signature of Affiant

10/2/19
 Date

Signed and sworn to (or affirmed) before me this 2 day of October, 2019.




 Notary Public for Oregon
 My Commission Expires: July 12, 2020

Supporting Documents	Examples
<input type="checkbox"/> 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
<input checked="" type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> • Power usage records for pumps associated with irrigation use. • Fertilizer or seed bills related to irrigated crops • Farmers Co-op sales receipt
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> • District assessment records for water delivered • Crop reports submitted under a federal loan agreement • Beneficial use reports from district • IRS Farm Usage Deduction Report • Agricultural Stabilization Plan • CREP Report
<input type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>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.</p> <p>Sources for aerial photos: OSU – www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terra-server.com</p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

Bailey Nurseries Inc

Copies of PGE invoices for service from May 2015 to September 2015 that cover all 5 POD's listed on the transfer map.

I can get more but thought this would be sufficient.

Thank you,

Jon Estes

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(503)228-6322 or 1-800-542-8818
PortlandGeneral.com

Portland General Electric

Service Address:
BAILEY NURSERIES INC
10670 NW OAK RIDGE RD
YAMHILL, OR 97148

Cycle: 0605
Feeder Line Code: YM2

Account # 0006 27844-714534 0

Previous Amount Due 3,239.10
Payments/Adjustments 3,239.10^{CR}
Balance Forward 0.00
Current Charges 3,795.92

AMOUNT DUE \$ 3,795.92
Due date for current bill 10/06/15

This month's charges (turn over for details)

Meter # AB09782157, Schedule 49

Energy Charges (32412 kWh) 3,757.31
Adjustments 84.92^{CR}

Taxes and Fees 3,672.39
123.53

Current Charges 3,795.92

Thank you for your payment. It's a privilege to provide your electric service.

Point of Delivery Identification (PODID) number for meter number
AB09782157 is 183687969.

29/21

Your energy use

Meter # AB09782157

Schedule 49

Service Period	Meter Reading
09/09/15	89328 (Estimated)
08/07/15	56916
33 days of service	32412 kWh

RECEIVED SEP 22 2015

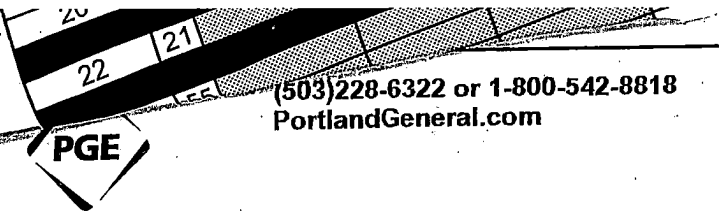
Period Ending	Avg Daily Temperature*	Avg kWh Per Day	Avg Cost Per Day
Sep 2015	N/A	982.1	111.28
Sep 2014	N/A	1001.2	102.07

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Account # 0006 27844-714534 0

Portland General Electric

Service Address:
BAILEY NURSERIES INC
10670 NW OAK RIDGE RD
YAMHILL, OR 97148

Cycle: 0605
Feeder Line Code: YM2

Previous Amount Due 3,731.35
Payments/Adjustments 3,731.35^{CR}
Balance Forward 0.00
Current Charges 3,239.10

AMOUNT DUE \$ 3,239.10
Due date for current bill 09/15/15

This month's charges (turn over for details)

Meter # AB09782157, Schedule 49
Energy Charges (27544 kWh) 3,205.91
Adjustments 72.17^{CR}

3,133.74
Taxes and Fees 105.36

Current Charges 3,239.10

Thank you for your payment. It's a privilege to provide your electric service.

Thank you for your excellent bill payment record. We appreciate having you as a customer and we look forward to serving your energy needs in the years ahead.

Point of Delivery Identification (PODID) number for meter number AB09782157 is 183687969.

7/11/21

Your energy use

Meter # AB09782157
Schedule 49
Service Period Meter Reading
08/07/15 56916 (Estimated)
07/09/15 29372
29 days of service 27544 kWh

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Period	Avg Daily Temperature*	Avg kWh Per Day	Avg Cost Per Day
Aug 2015	N/A	949.7	108.06

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Portland General Electric

Service Address:
BAILEY NURSERIES INC
10670 NW OAK RIDGE RD
YAMHILL, OR 97148

(303)228-6322 or 1-800-542-8818
PortlandGeneral.com

Handwritten initials

RECEIVED JUL 27 2015

Cycle: 0605
Feeder Line Code: YM2

Account # 0006-27844-714534-0

Previous Amount Due 2,736.04
Payments/Adjustments 2,736.04^{CR}
Balance Forward 0.00
Current Charges 3,731.35

AMOUNT DUE \$ 3,731.35
Due date for current bill 08/07/15

This month's charges (turn over for details)

Meter # AB09782157, Schedule 49

Energy Charges (31907 kWh)
Adjustments

3,701.10
91.19^{CR}

3,609.91
121.44

Taxes and Fees

Current Charges

3,731.35

Your energy use

Meter # AB09782157

Schedule 49

Service Period

07/09/15

06/09/15

30 days of service

Meter Reading

29372 (Estimated)

97465

31907 kWh

Thank you for your payment. It's a privilege to provide your electric service.

A price change took effect during this billing period. Part of your bill was calculated at the old rate and the remainder was calculated at the new rate.

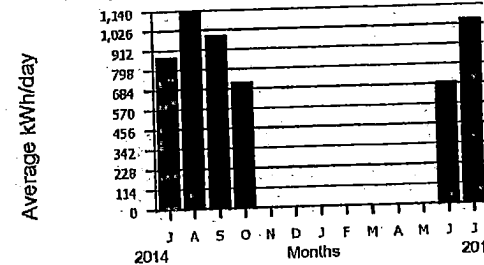
Point of Delivery Identification (PODID) number for meter number
AB09782157 is 183687969.

Handwritten: \$29/21

Handwritten: 02-02-21-000-501510 \$ 3731.35

Period Ending	Avg Daily Temperature*	Avg kWh Per Day	Avg Cost Per Day
Jul 2015	N/A	1063.5	120.33
Jul 2014	N/A	878.8	90.39

*Temperature source: N/A



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Portland General Electric

Service Address:
BAILEY NURSERIES INC
10670 NW OAK RIDGE RD
YAMHILL, OR 97148

6/25

Cycle: 0605
Feeder Line Code: YM2

Account # 0006 27844-714534.0

Previous Amount Due 41.20
Payments/Adjustments 41.20^{CR}
Balance Forward 0.00
Current Charges 2,736.04

AMOUNT DUE \$ 2,736.04
Due date for current bill 07/01/15

This month's charges (turn over for details)

Meter # AB09782157, Schedule 49

Energy Charges (23199 kWh) 2,715.75
Adjustments 68.67^{CR}

2,647.08

Taxes and Fees

88.96

Current Charges

2,736.04

Thank you for your payment. It's a privilege to provide your electric service.

Point of Delivery Identification (PODID) number for meter number
AB09782157 is 183687969.

29 21

Your energy use

Meter # AB09782157

Schedule 49

Service Period	Meter Reading
06/09/15	97465
05/07/15	74266
33 days of service	23199 kWh

Period Ending	Avg Daily Temperature*	Avg kWh Per Day	Avg Cost Per Day
Jun 2015	N/A	703.0	80.21
Jun 2014	N/A	695.0	71.84

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Service Address:
BAILEY NURSERIES INC
9855 NW PIKE RD
YAMHILL, OR 97148

RECEIVED SEP 14 2015

Cycle: 0601
Feeder Line Code: YM1

Account # 0003 38266-625416-1

Previous Amount Due 10,315.67
Payments/Adjustments 10,315.67^{CR}
Balance Forward 0.00
Current Charges 8,551.45

AMOUNT DUE \$8,551.45
Due date for current bill 09/28/15

This month's charges (turn over for details)

Meter # AB09833354, Schedule 49

Energy Charges (71440 kWh)

Adjustments

8,461.01
187.18^{CR}

8,273.83
277.62

Taxes and Fees

Current Charges

8,551.45

Your energy use

Meter # AB09833354

Schedule 49

Meter Multiplier 80

Service Period	Meter Reading
09/09/15	34038
08/07/15	33145
<hr/>	
33 days of service	71440 kWh

Thank you for your payment. It's a privilege to provide your electric service.

Point of Delivery Identification (PODID) number for meter number
AB09833354 is 183243100.

22/21

Period Ending	Avg Daily Temperature*	Avg kWh Per Day	Avg Cost Per Day
Sep 2015	67	2164.8	260.72
Sep 2014	70	2923.6	301.57

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Service Address:
BAILEY NURSERIES INC
9855 NW PIKE RD
YAMHILL, OR 97148

Cycle: 0601
Feeder Line Code: YM1

Account # 0003 38266-625416 1

Previous Amount Due 10,716.25
Payments/Adjustments 10,635.75^{CR}
Balance Forward 80.50
Current Charges 10,235.17

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AMOUNT DUE \$10,315.67
Due date for current bill 08/26/15

This month's charges (turn over for details)

Meter # AB09833354, Schedule 49

Energy Charges (86160 kWh) 10,128.34
Adjustments 225.75^{CR}

9,902.59

Taxes and Fees

332.58

Current Charges

10,235.17

This bill includes a previously billed amount.

Thank you for your payment.

Thank you for your excellent bill payment record. We appreciate having you as a customer and we look forward to serving your energy needs in the years ahead.

Point of Delivery Identification (PODID) number for meter number AB09833354 is 183243100.

Your energy use

Meter # AB09833354

Schedule 49

Meter Multiplier 80

Service Period	Meter Reading
08/07/15	33145
07/09/15	32068
29 days of service	86160 kWh

Period Ending	Avg Daily Temperature*	Avg kWh Per Day	Avg Cost Per Day
Aug 2015	70	2971.0	341.46
Aug 2014	71	3086.8	319.42

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Service Address:
BAILEY NURSERIES INC
9855 NW PIKE RD
YAMHILL, OR 97148

Cycle: 0601
Feeder Line Code: YM1

Account # 0003-38266-625416 1

Previous Amount Due 6,389.72
Payments/Adjustments 6,389.72^{CR}
Balance Forward 0.00
Current Charges 10,716.25

AMOUNT DUE \$ 10,716.25

Due date for current bill 07/28/15

This month's charges (turn-over for details)

Meter # AB09833354, Schedule 49

Energy Charges (90560 kWh) 10,626.73
Adjustments 258.82^{CR}

10,367.91

Taxes and Fees

348.34

Current Charges

10,716.25

Your energy use

Meter # AB09833354

Schedule 49

Meter Multiplier 80

Service Period	Meter Reading
07/09/15	32068
06/09/15	30936
30 days of service	90560 kWh

Thank you for your payment. It's a privilege to provide your electric service.

A price change took effect during this billing period. Part of your bill was calculated at the old rate and the remainder was calculated at the new rate.

Point of Delivery Identification (PODID) number for meter number AB09833354 is 183243100.

22/21

RECEIVED JUL 15 2015

Period Ending	Avg Daily Temperature*	Avg kWh Per Day	Avg Cost Per Day
Jul 2015	70	3018.6	345.59
Jul 2014	65	2802.6	271.30

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Portland General Electric

Service Address:
BAILEY NURSERIES INC
9855 NW PIKE RD
YAMHILL, OR 97148

Cycle: 0601
Feeder Line Code: YM1

Account # 0003 38266-625416 1

Previous Amount Due 3,852.64
Payments/Adjustments 3,852.64^{CR}
Balance Forward 0.00
Current Charges 6,389.72

AMOUNT DUE \$ 6,389.72
Due date for current bill 06/26/15

This month's charges (turn over for details)

Meter # AB09833354, Schedule 49
Energy Charges (52720 kWh) 6,338.59
Adjustments 156.05^{CR}

6,182.54
Taxes and Fees 207.18

Current Charges 6,389.72

Your energy use

Meter # AB09833354
Schedule 49
Meter Multiplier 80
Service Period Meter Reading
06/09/15 30936
05/08/15 30277

32 days of service 52720 kWh

Thank you for your payment. It's a privilege to provide your electric service.

Point of Delivery Identification (PODID) number for meter number
AB09833354 is 183243100.

22/21

Period Ending	Avg Daily Temperature*	Avg kWh Per Day	Avg Cost Per Day
Jun 2015	61	1647.5	193.20
Jun 2014	60	1818.1	192.20

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Portland General Electric

Service Address:
BAILEY NURSERIES INC
9855 NW PIKE RD
YAMHILL, OR 97148

RECEIVED SEP 14 2015

Cycle: 0609
Feeder Line Code: YM1

Account # 0003.38266-263368 1

Previous Amount Due 830.88
Payments/Adjustments 830.88^{CR}
Balance Forward 0.00
Current Charges 847.28

AMOUNT DUE \$ 847.28
Due date for current bill 09/28/15

This month's charges (turn over for details)

Meter # AB09625972, Schedule 47

Energy Charges (5637 kWh) 827.38
Adjustments 6.84^{CR}

820.54

Taxes and Fees

26.74

Current Charges

847.28

Thank you for your payment. It's a privilege to provide your electric service.

Point of Delivery Identification (PODID) number for meter number
AB09625972 is 183237367.

4/55

Your energy use

Meter # AB09625972

Schedule 47

Service Period	Meter Reading
09/09/15	79436
08/07/15	73799
33 days of service	5637 kWh

Period Ending	Avg Daily Temperature*	Avg kWh Per Day	Avg Cost Per Day
Sep 2015	67	170.8	24.86
Sep 2014	70	185.8	24.28

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 PortlandGeneral.com

Portland General Electric

Service Address:
 BAILEY NURSERIES INC
 9855 NW PIKE RD
 YAMHILL, OR 97148

Cycle: 0609
 Feeder Line Code: YM1

Account # 0003 38266-263368 1

Previous Amount Due 860.06
 Payments/Adjustments 860.06^{CR}
 Balance Forward 0.00
 Current Charges 830.88

RECEIVED AUG 11 2015

AMOUNT DUE \$ 830.88
 Due date for current bill 08/26/15

This month's charges (turn over for details)

Meter # AB09625972, Schedule 47

Energy Charges (5543 kWh) 811.38
 Adjustments 6.71^{CR}

Taxes and Fees 804.67
 26.21

Current Charges 830.88

Thank you for your payment. It's a privilege to provide your electric service.

Thank you for your excellent bill payment record. We appreciate having you as a customer and we look forward to serving your energy needs in the years ahead.

Point of Delivery Identification (PODID) number for meter number AB09625972 is 183237367.

Your energy use

Meter # AB09625972

Schedule 47

Service Period	Meter Reading
08/07/15	73799
07/09/15	68258
<hr/>	
29 days of service	5543 kWh

Period Ending	Avg Daily Temperature*	Avg kWh Per Day	Avg Cost Per Day
Aug 2015	70	191.1	27.74
Aug 2014	71	193.3	25.37

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PortlandGeneral.com

Portland General Electric

Service Address:
BAILEY NURSERIES INC
9855 NW PIKE RD
YAMHILL, OR 97148

Cycle: 0609
Feeder Line Code: YM1

Account # 0003 38266-263368.1

Previous Amount Due 689.17
Payments/Adjustments 689.17^{CR}
Balance Forward 0.00
Current Charges 860.06

AMOUNT DUE \$ 860.06
Due date for current bill 07/28/15

This month's charges (turn over for details)

Meter # AB09625972, Schedule 47

Energy Charges (5759 kWh) 841.24
Adjustments 8.32^{CR}

832.92

Taxes and Fees

27.14

Current Charges

860.06

Thank you for your payment. It's a privilege to provide your electric service.

A price change took effect during this billing period. Part of your bill was calculated at the old rate and the remainder was calculated at the new rate.

Point of Delivery Identification (PODID) number for meter number AB09625972 is 183237367.

Your energy use

Meter # AB09625972

Schedule 47

Service Period	Meter Reading
07/09/15	68256
06/09/15	62497
30 days of service	5759 kWh

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Period Ending	Avg Daily Temperature*	Avg kWh Per Day	Avg Cost Per Day
Jul 2015	70	191.9	27.76
Jul 2014	65	182.3	24.01

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(503)228-6322 or 1-800-542-8818
PortlandGeneral.com

Portland General Electric

Service Address:
BAILEY NURSERIES INC
9855 NW PIKE RD
YAMHILL, OR 97148

Cycle: 0609
Feeder Line Code: YM1

Account # 0003 38266-263368 1

Previous Amount Due 457.35
Payments/Adjustments 457.35^{CR}
Balance Forward 0.00
Current Charges 689.17

AMOUNT DUE \$ 689.17
Due date for current bill 06/26/15

This month's charges (turn over for details)

Meter # AB09625972, Schedule 47

Energy Charges (4553 kWh) 674.49
Adjustments 7.06^{CR}

667.43
Taxes and Fees 21.74

Current Charges 689.17

Your energy use

Meter # AB09625972

Schedule 47

Service Period Meter Reading
06/09/15 62497
05/08/15 57944

32 days of service 4553 kWh

Thank you for your payment. It's a privilege to provide your electric service.

Point of Delivery Identification (PODID) number for meter number
AB09625972 is 183237367.

Period Ending	Avg Daily Temperature*	Avg kWh Per Day	Avg Cost Per Day
Jun 2015	61	142.2	20.85
Jun 2014	60	137.8	19.99

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 PortlandGeneral.com

Portland General Electric

Service Address:
 BAILEY NURSERIES INC
 9855 NW PIKE RD
 YAMHILL, OR 97148

RECEIVED SEP 14 2015

Cycle: 0605
 Feeder Line Code: YM1

Account # 0006.27844-755203 2

Previous Amount Due 1,840.50
 Payments/Adjustments 1,840.50^{CR}
 Balance Forward 0.00
 Current Charges 1,615.01

AMOUNT DUE \$ 1,615.01
 Due date for current bill 09/28/15

This month's charges (turn over for details)

Meter # AB09669442, Schedule 49

Energy Charges (13408 kWh) 1,597.73
 Adjustments 35.13^{CR}

1,562.60

Taxes and Fees 52.41

Current Charges 1,615.01

Your energy use

Meter # AB09669442

Schedule 49

Service Period	Meter Reading
09/09/15	32162
08/07/15	18754
<hr/>	
33 days of service	13408 kWh

Thank you for your payment. It's a privilege to provide your electric service.

Point of Delivery Identification (PODID) number for meter number
 AB09669442 is 865171714.

31 | 21

Period Ending	Avg Daily Temperature*	Avg kWh Per Day	Avg Cost Per Day
Sep 2015	67	406.3	47.35
Sep 2014	70	276.1	35.57

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(503)228-6322 or 1-800-542-8818
PortlandGeneral.com

Portland General Electric

Service Address:
BAILEY NURSERIES INC
9855 NW PIKE RD
YAMHILL, OR 97148

Cycle: 0605
Feeder Line Code: YM1

Account # 0006 27844-755203 2

Previous Amount Due 1,144.03
Payments/Adjustments 1,144.03^{CR}
Balance Forward 0.00
Current Charges 1,840.50

RECEIVED AUG 11 2015

AMOUNT DUE \$ 1,840.50
Due date for current bill 08/26/15

This month's charges (turn over for details)

Meter # AB09669442, Schedule 47

Energy Charges (12465 kWh) 1,797.41
Adjustments 15.08^{CR}

1,782.33
58.17

Taxes and Fees

Current Charges

1,840.50

Thank you for your payment. It's a privilege to provide your electric service.

Thank you for your excellent bill payment record. We appreciate having you as a customer and we look forward to serving your energy needs in the years ahead.

Point of Delivery Identification (PODID) number for meter number AB09669442 is 865171714.

Your energy use

Meter # AB09669442

Schedule 47

Service Period Meter Reading
08/07/15 18754
07/09/15 6289
29 days of service 12465 kWh

Period Ending	Avg Daily Temperature*	Avg kWh Per Day	Avg Cost Per Day
Aug 2015	70	429.8	61.45
Aug 2014	71	275.2	35.63

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PortlandGeneral.com

Portland General Electric

Service Address:
BAILEY NURSERIES INC
9855 NW PIKE RD
YAMHILL, OR 97148

Cycle: 0605
Feeder Line Code: YM1

Account # 0006 27844-755203.2

Previous Amount Due 959.68
Payments/Adjustments 959.68^{CR}
Balance Forward 0.00
Current Charges 1,144.03

AMOUNT DUE \$ 1,144.03
Due date for current bill 07/28/15

This month's charges (turn over for details)

Meter # AB09669442, Schedule 47
Energy Charges (7747 kWh) 1,119.10
Adjustments 11.22^{CR}

1,107.88
Taxes and Fees 36.15

Current Charges 1,144.03

Your energy use

Meter # AB09669442
Schedule 47
Service Period Meter Reading
07/09/15 6289
06/09/15 98542

30 days of service 7747 kWh

Thank you for your payment. It's a privilege to provide your electric service.

A price change took effect during this billing period. Part of your bill was calculated at the old rate and the remainder was calculated at the new rate.

Point of Delivery Identification (PODID) number for meter number AB09669442 is 865171714.

71 | 71

RECEIVED JUL 15 2015

Period Ending	Avg Daily Temperature*	Avg kWh Per Day	Avg Cost Per Day
Jul 2015	70	258.2	36.92
Jul 2014	65	227.6	30.88

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PortlandGeneral.com

Portland General Electric

Service Address:
BAILEY NURSERIES INC
9855 NW PIKE RD
YAMHILL, OR 97148

Cycle: 0605
Feeder Line Code: YM1

Account # 0006 27844-755203 2

Previous Amount Due 790.09
Payments/Adjustments 790.09^{CR}
Balance Forward 0.00
Current Charges 959.68

AMOUNT DUE \$ 959.68
Due date for current bill 06/26/15

This month's charges (turn over for details)

Meter # AB09669442, Schedule 47

Energy Charges (6447 kWh) 939.37
Adjustments 9.99^{CR}

Taxes and Fees 929.38
30.30

Current Charges 959.68

Thank you for your payment. It's a privilege to provide your electric service.

Point of Delivery Identification (PODID) number for meter number
AB09669442 is 865171714.

21/21

Your energy use

Meter # AB09669442

Schedule 47

Service Period Meter Reading
06/09/15 98542
05/08/15 92095
32 days of service 6447 kWh

Period Ending	Avg Daily Temperature*	Avg kWh Per Day	Avg Cost Per Day
Jun 2015	61	201.4	29.04
Jun 2014	60	173.6	22.94

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TELEPHONE (503) 357-5717
CELL (503) 939-8381
FAX (503) 357-5698
billflatz@stuntzner.com

2318-B Pacific Avenue
FOREST GROVE, OREGON 97116

COOS BAY - FOREST GROVE - DALLAS - JUNCTION CITY

TO: Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301

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SEP 16 2019

OWRD

SUBJECT: Permanent Transfer Application, on behalf of Bailey Nursery, Inc.

August 12th, 2019

To whom it may concern:

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Please find enclosed:

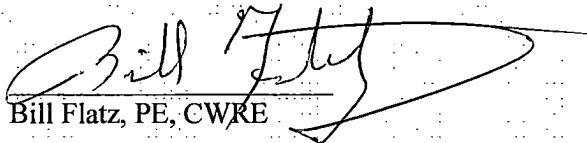
OCT 15 2019

- The completed and signed permanent application form.
- The transfer application map.
- Water use affidavit.
- The OWRD Land Use Information form, filled out by Yamhill County Planning.
- A check in the amount of \$1,168 for the statutory fee.

OWRD

Please call if you have any questions or need any further information.

Sincerely,
Stuntzner Engineering & Forestry, LLC


Bill Flatz, PE, CWRE