

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.

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: \$1,570⁰⁰
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?** 1 **List them here:** CERT. 91121
 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):

<input type="checkbox"/> Application fee not enclosed/insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input checked="" type="checkbox"/> Evidence of Use Form not enclosed or incomplete
<input type="checkbox"/> Additional signature(s) required	<input type="checkbox"/> Part _____ is incomplete
Other/Explanation: <u>Fee Affidavit not signed + notarized</u>	
Staff: <u>Coley</u> 503-986-0 <u>825</u>	Date: <u>11 / 8 / 19</u>

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Part 2 of 5 – Transfer Application Map

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.
- N/A 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 type="checkbox"/> Place of Use <input type="checkbox"/> Character of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>1</u> (2a) Subtract 1 from the number in line 2a = <u>0</u> (2b) If only one change, this will be 0		
2	Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » » »	2	0
	Number of water rights included in transfer <u>1</u> (3a) Subtract 1 from the number in 3a above: <u>0</u> (3b) If only one water right this will be 0		
3	Multiply line 3b by \$520 and enter » » » » » » » » » » » » » » » »	3	0
	Do you propose to add or change a well, or change from a surface water POD to a well? <input type="checkbox"/> No: enter 0 » <input checked="" type="checkbox"/> Yes: enter \$410 »		
4	Do you propose to change the place of use or character of use? <input checked="" type="checkbox"/> No: enter 0 on line 5 » <input type="checkbox"/> Yes: enter the cfs for the portions of the rights to be transferred (see example below*): _____ (5a) Subtract 1.0 from the number in 5a above: _____ (5b) 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		5	0
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:	6	
	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		7	0
8	Subtract line 7 from line 6 » Transfer Fee:	8	1,570

*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:

1. For irrigation calculate cfs for each water right involved as follows:
 - a. Divide total authorized cfs by total acres in the water right (for C12345, $1.25 \text{ cfs} \div 100 \text{ ac}$); then multiply by the number of acres to be transferred to get the transfer cfs ($\times 45 \text{ ac} = 0.56 \text{ cfs}$).
 - b. 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, $45.0 \text{ ac} \times 0.0125 \text{ cfs/ac} = 0.56 \text{ cfs}$)
2. 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 <u>N/A</u>			
1	Base Fee (includes change to one well)	1	\$840.00
	Number of wells included in substitution _____ (2a) Subtract 1 from the number in 3a above: _____ (2b) If only one well this will be 0		
2	Multiply line 2b by \$410 and enter » » » » » » » » » » » » » » » »	2	
3	Add entries on lines 1 through 2 above » » » » » » » » » » Fee for Substitution:	3	

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Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME PATTERSON NURSERY SALES, INC		PHONE NO. (503) 668-6000	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 99		FAX NO.	
CITY BORING	STATE OR	ZIP 97009	E-MAIL BILL @ PATTERSONNURSERYSALES.COM
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 STEVEN P. APPLGATE CONSULTING		PHONE NO. (503) 362-4040	ADDITIONAL CONTACT NO.
ADDRESS 3395 HUCKLEBERRY CT S		FAX NO.	
CITY SALEM	STATE OR	ZIP 97302	E-MAIL steve.applgate@qmail.com
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:

THE SUBJECT WELL IS NOW LOCATED ON A NEIGHBORING PROPERTY. WE WISH TO CHANGE THE POINT OF APPROPRIATION TO WELLS ON THE NURSERY THAT ARE OUR OWN SOURCES OF WATER.

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: **OREGONIAN**
- 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.

X *Bill Patterson* **Bill Patterson, OWNER** **11/1/19**
 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:

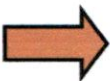
NONE

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 Supplemental Form D.) N/A

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. N/A

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 CLACKAMAS COUNTY	ADDRESS		
CITY	STATE	ZIP	

ENTITY NAME	ADDRESS		
CITY	STATE	ZIP	RECEIVED NOV 04 2019

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 # 91121

Description of Water Delivery System

System capacity: _____ cubic feet per second (cfs) OR
50 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. WELLS 2 & 3 SUPPLY ALL NEED OF NURSERY. BOTH PUMP INTO TOTAL SOLID SBT SYSTEM DIRECTLY FROM THE WELLS

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)
WELL 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	CLAC 05735	2S	4E	10	NENW	TL 900	1260'S. & 1710'E. FROM NW COR SEC. 10
WELL 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CLAC 19304	"	"	"	"	TL 901	680'S. & 1280'W FROM N¼ COR. SEC 10
WELL 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CLAC 57278	"	"	"	"	TL 104	210'S. & 800'W. FROM N¼ COR SEC 10
	<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)

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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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* (system desc. cont.) OR PUMPED INTO POND TEMPORARILY. System is both drip AND OVERHEAD SPRINKLERS THAT PROVIDE NURSERY WITH ALL CROP WATER NEEDS.

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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 # 91121 N/A

List the change proposed for the acreage in each 1/4. 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.														
Rng	Sec	1/4	1/4	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	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date					
EXAMPLE																										
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
<u>N/A - No CHANGES IN POW PROPOSED</u>																										
TOTAL ACRES:												TOTAL ACRES:														

Additional remarks: **RECEIVED**

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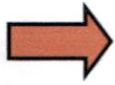
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For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? Yes No **ONLY THE POA IS TO BE CHANGED.**

If YES, list the certificate, water use permit, or ground water registration numbers: C. 91120



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 # _____.

For a change from Supplemental Irrigation Use to Primary Irrigation Use

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
(SEE WELL LOGS ATTACHED)										

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NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the
STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date of well completion.

WELL # 1 (AUTHORIZED WELL)

WATER WELL REPORT

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STATE OF OREGON
(Please type or print)

State Well No. 25/HE-10
State Permit No. _____

OCT - 7 1975 (Do not write above this line)

CLAC
C5735

(1) OWNER:
Name Mr. and Mrs. Melvin Miller
Address 14990 S.E. Orient Dr. Horing, Oregon 97009
Patterson
Horsely

(2) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: Rotary Driven
Cable Jetted
Dug Bored
(4) PROPOSED USE (check): Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED: Threaded Welded
6 " Diam. from 0 ft. to 187.6 ft. Gage 250
5 " Diam. from 182 ft. to 202 ft. Gage PVC

PERFORATIONS: Perforated? Yes No.
Type of perforator used Skillsaw
Size of perforations 1/8 in. by 5 in.
114 perforations from 194 ft. to 201 ft.

(7) SCREENS: Well screen installed? Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Bailer test 35 gal./min. with 5 ft. drawdown after 1 hrs.
Artesian flow _____ g.p.m.
Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:
Well seal—Material used Cement & bentonite
Well sealed from land surface to 50 ft.
Diameter of well bore to bottom of seal 10 in.
Diameter of well bore below seal 6 in.
Number of sacks of cement used in well seal 2 sacks
Number of sacks of bentonite used in well seal 1 sacks
Brand name of bentonite National
Number of pounds of bentonite per 100 gallons of water 50 lbs./100 gals.
Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL: 25-
County Clackamas Driller's well number _____
NE 1/4 NW 1/4 Section 10 T. 28 R. 4E W.M.
Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.
Depth at which water was first found 192 ft.
Static level 136 ft. below land surface. Date 9-6-75
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG: Diameter of well below casing none
Depth drilled 202 ft. Depth of completed well 202 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Top soil	0	1	
Red clay	1	6	
Yellow clay	6	32	
Cobbles & clay	32	79	
Clay with mica	79	93	
Gray clay	93	103	
Cobbles & clay	103	116	
Streaks sand, gravel & clay	116	142	
Gravel & clay	142	168	
Boulders & sand	168	175	
Red clay	175	182	
Green sandrock	182	192	
Sandrock waterproducing	192	202	136

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WATER RESOURCES DEPT.

Work started 8-13 SALEM, OREGON 9-5 1975
Date well drilling machine moved off of well 9-6 1975

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] C. H. Bram Date 10-5-2019 1975
(Drilling Machine Operator)
Drilling Machine Operator's License No. 18

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name Calvin C. Bram, Well Drilling
(Person, firm or corporation) (Type or print)
Address 17120 S.E. Foster Rd.,
Portland Oregon 97236
[Signed] Calvin C. Bram
(Water Well Contractor)
Contractor's License No. 222 Date 10-5 1975

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STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

(PROPOSED) CLAC 19304 LS/4E/10
 Well #2
 (START CARD) # 64442

(1) OWNER: Well Number _____
 Name Patterson Nursery Sales
 Address 14990 SE Orient Drive
 City Boring State Or Zip 97009

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 500 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL		Amount	
Diameter	From	To	Material	From	To	sacks or pounds*
14	0	40	cement	0		
12	40	200	cement		200	399
10	200	400				
8	400	500				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10	+1	200	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	0	400	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 10" - 200 8" - 400

(7) PERFORATIONS/SCREENS:
 Perforations Method air knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
360	400	1/8x2	1500			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
150		360	4 hr.

Temperature of Water 53F Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____

Depth of strata: 20 - 120

(9) LOCATION OF WELL by legal description:
 County Clack Latitude _____ Longitude _____
 Township 2S N or S. Range 4E E or W. WM. _____
 Section 10 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 14990 SE Orient Drive Boring Or 97009

(10) STATIC WATER LEVEL:
158 ft. below land surface. Date 6-20-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 20'

From	To	Estimated Flow Rate	SWL
20	120	200+	20
250	400	150	158

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
top soil	0	2	
red clay	2	18	
lightly cement gravel	18	120	
brown clay	120	160	
blue clay & gravel	160	170	
gravel	170	180	
brown claystone	180	250	
brown clay w/seams of	250		
cemented sand		400	
blue clay	400	500	

Date started 5-31-94 Completed 6-20-94

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ Date _____
 WWC Number _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] Date 11-04-2019
 WWC Number 616

RECEIVED

(PROPOSED) Well 3

CLAC 57278

State of Oregon
WATER WELL REPORT (as required by ORS 537.765)

SEP 13 2001
Page 1 of 3

State Well ID L48496
Start Card # 135796

WATER RESOURCES DEPT.
Well # SALEM, OREGON

(1) OWNER:

Name PATTERSON NURSERY SALES
Address 14990 SE ORIENT DRIVE
City BORING

St OR Zip 97009

(2) TYPE OF WORK: NEW WELL

(3) DRILL METHOD: ROTARY&CABLE

(4) PROPOSED USE: IRRIGATION

(5) BORE HOLE CONSTRUCTION:

Special Construction Approval NO		Depth of Compl. Well 540 ft	
Explosives used NO	Type	Amount	
HOLE		SEAL	
Diam.	From To	Material	From To Amount
14	0 90	CEMENT	0 250 175 SACKS
12	90 250		
10	250 540		

Seal placement method C&SET PLUG&PUSH

Backfill: from ___ ft to ___ ft Material
Gravel: from ___ ft to ___ ft Size

(6) CASING/LINER:

	Diam.	From	To	Gauge	Material	Connection
Casing	10	+1	250	.250	STEEL	WELDED
Liner	8	0	540	.250	STEEL	WELDED

Final Location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perf. Method _____

Screens Type WRAPPED Material STAINLESS STEEL

From	To	Slot Size	Number	Diam.	Tele/pipe Size	Casing/liner
280	540	.018			8"PIPE	LINER

(8) WELL TESTS: Minimum testing time is 1 hour

Test type PUMP

Yield GPM	Draw-down	Drill stem at	Time
190	147		1 hr.
190	147		8 hr

Temperature of water 51F Depth Artesian Flow Found _____
Was water analysis done? NO By whom _____
Reason for water not suitable for use _____
Depth of strata _____

(9) LOCATION OF WELL by legal description:

County CLACK Lat. " " " " Long. " " "
Township 2 S Range 4 E WM.
Section 10 NE 1/4 NW 1/4
Tax Lot Lot Block Subdivision
Street Address of Well (or nearest Address)
NEAR 34962 SE KELSO ROAD BORING, OR 97009

(10) STATIC WATER LEVEL:

283 ft. below land surface. Date 8-19-01
Artesian pressure ___ lb per square in. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 170		Est Flow Rate	SWL
From	To		
170	200	20+ GPM	140
290	510	150+ GPM	283

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
TOP SOIL	0	2	
BROWN CLAY	2	38	
CEMENTED GRAVEL & BOULDERS	38	170	
LIGHTLY CEMENTED GRAVEL	170	200	140
BLACK SANDSTONE	200	290	
BLACK MEDIUM SAND	290	340	283
FINE BLACK SAND	340	348	283
MEDIUM BLACK SAND	348	403	283
FINE GRAY SAND	403	408	283
MEDIUM BLUE SAND	408	420	283
VERY FINE BLUE SAND	420	445	283
MEDIUM BLACK SAND	445	463	283
VERY FINE BLACK SAND	463	477	283
MEDIUM BLACK SAND	477	510	283
MEDIUM BLACK SAND SEAMS OF BLUE CLAY	510	520	283
BLUE CLAY	520	540	
BLANK PIPE	0	290	

Date started 5-23-01 Completed 8-19-01

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed *[Signature]* WWC Number 616
Date 9-9-01

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

SECOND COPY - CONSTRUCTOR

THIRD COPY - CUSTOMER

9809C 10/91

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NOV 04 2019

WATER RESOURCES DEPT
SALEM, OREGON

OWRD

13290 -

OWNER: Well No. L48496
Name PATTERSON NURSERY SALES
Address 14990 SE ORIENT DRIVE
City BORING St OR Zip 97009

(9) LOCATION OF WELL by legal description:
County CLACK Lat. ° ' " Long. ° ' "
Township 2 S Range 4 E W.M.
Section 10 NE 1/4 NW 1/4
Tax Lot Lot Block Subdivision
Street Address of Well (or nearest Address)
NEAR 34962 SE KELSO ROAD BORING, OR 97009

(2) TYPE OF WORK: NEW WELL

(3) DRILL METHOD: ROTARY&CABLE

(4) PROPOSED USE: IRRIGATION

(10) STATIC WATER LEVEL:
283 ft. below land surface. Date 8-19-01
Artesian pressure _____ lb per square in. Date _____

(5) BORE HOLE CONSTRUCTION:

Special Construction Approval NO		Depth of Compl. Well 540 ft	
Explosives used NO	Type	Amount	
HOLE SEAL			
Diam.	From To	Material	From To Amount
14	0 90	CEMENT	0 250 175 SACKS
12	90 250		
10	250 540		

(11) WATER BEARING ZONES:

Depth at which water was first found 170			
From	To	Est Flow Rate	SWL
170	200	20+ GPM	140
290	510	150+ GPM	283
_____	_____	_____	_____
_____	_____	_____	_____

Seal placement method C&SET PLUG&PUSH
Backfill: from _____ ft to _____ ft Material _____
Gravel: from _____ ft to _____ ft Size _____

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
SS SCREEN	290	300	
BLACK PIPE	300	310	
SS SCREEN	310	320	
BLANK PIPE	320	330	
SS SCREEN	330	340	
BLANK SCREEN	340	350	
SS SCREEN	350	360	
BLANK PIPE	360	370	
SS SCREEN	370	380	
BLANK PIPE	380	390	
SS SCREEN	390	400	
BLANK PIPE	400	410	
SS SCREEN	410	420	
BLANK PIPE	420	450	
SS SCREEN	450	460	
BLANK PIPE	460	480	
SS SCREEN	480	490	

Date started 5-23-01 Completed 8-19-01

(6) CASING/LINER:

Diam.	From	To	Gauge	Material	Connection
Casing 10	+1	250	.250	STEEL	WELDED
Liner 8	0	540	.250	STEEL	WELDED

Final Location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

[] Perf. Method _____
[X] Screens Type WRAPPED Material STAINLESS STEEL

From	To	Slot Size	Number	Diam.	Tele/pipe Size	Casing/liner
280	540	.018	_____	_____	8" PIPE	LINER
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

(8) WELL TESTS: Minimum testing time is 1 hour

Test type PUMP

Yield GPM	Draw-down	Drill stem at	Time
190	147	_____	1 hr.
190	147	_____	8 hr
_____	_____	_____	_____
_____	_____	_____	_____

Temperature of water 51F Depth Artesian Flow Found _____
Was water analysis done? NO By whom _____
Reason for water not suitable for use _____
Depth of strata _____

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed *Red W. Sullivan* WWC Number 616
Date 9-9-01

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WATER RESOURCES DEPT
SALEM, OREGON

13290

OWNER: Well No. L48496
Name PATTERSON NURSERY SALES
Address 14990 SE ORIENT DRIVE
City BORING St OR Zip 97009

(2) TYPE OF WORK: NEW WELL
(3) DRILL METHOD: ROTARY&CABLE
(4) PROPOSED USE: IRRIGATION

(5) BORE HOLE CONSTRUCTION:
Special Construction Approval NO _____ Depth of Compl. Well 540 ft
Explosives used NO _____ Type _____ Amount _____
HOLE SEAL
Diam. From To Material From To Amount
14 0 90 CEMENT 0 250 175 SACKS
12 90 250 _____
10 250 540 _____
Seal placement method C&SET PLUG&PUSH
Backfill: from _____ ft to _____ ft Material _____
Gravel: from _____ ft to _____ ft Size _____

(6) CASING/LINER:
Diam. From To Gauge Material Connection
Casing 10 +1 250 .250 STEEL WELDED
Liner 8 0 540 .250 STEEL WELDED
Final Location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perf. Method _____
 Screens Type WRAPPED Material STAINLESS STEEL
Slot Tele/pipe
From To Size Number Diam. Size Casing/liner
280 540 .018 _____ 8" PIPE LINER

(8) WELL TESTS: Minimum testing time is 1 hour
Test type PUMP
Yield GPM Draw-down at Drill stem Time
190 147 _____ 1 hr.
190 147 _____ 8 hr.
Temperature of water 51F Depth Artesian Flow Found _____
Was water analysis done? NO By whom _____
Reason for water not suitable for use _____
Depth of strata _____

(9) LOCATION OF WELL by legal description:
County CLACK Lat. ° ' " Long. ° ' "
Township 2 S Range 4 E NW
Section 10 NE 1/4 NW 1/4
Tax Lot Lot Block Subdivision
Street Address of Well (or nearest Address)
NEAR 34962 SE KELSO ROAD BORING, OR 97009

(10) STATIC WATER LEVEL:
283 ft. below land surface. Date 8-19-01
Artesian pressure _____ lb per square in. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 170
From To Est Flow Rate SWL
170 200 20+ GPM 140
290 510 150+ GPM 283

(12) WELL LOG:
Material Ground elevation From To SWL
BLANK PIPE 490 500
SS SCREEN 500 510
BLANK PIPE 510 540
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SEP 13 2001
WATER RESOURCES DEPT.
SALEM, OREGON
Date started 5-23-01 Completed 8-19-01

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed *[Signature]* WWC Number 616
Date 9-9-01

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WATER RESOURCES DEPT
SALEM, OREGON
13290 -

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)
)
 County of CLACKAMAS) ss

I, BILL PATTERSON, in my capacity as OWNER, PATTERSON NURSERY SALES, INC.
 mailing address P.O. Box 99, BORING, OR 97009
 telephone number (503) 668-6000, 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 # 91121; **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 # 91121 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)

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 13290

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

[Signature]
 Signature of Affiant

Nov. 1, 2019
 Date

Signed and sworn to (or affirmed) before me this 18th day of November, 2019.



[Signature]
 Notary Public for Oregon

My Commission Expires: February 01, 2020

Supporting Documents	Examples
<input checked="" 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 <u>CERT. 91121</u>
<input 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

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STATE OF OREGON

COUNTY OF CLACKAMAS

CERTIFICATE OF WATER RIGHT

THIS CERTIFICATE ISSUED TO

BILLY JOE PATTERSON
 DBA PATTERSON NURSERY SALES INC.
 PO BOX 99
 BORING OR 97009

confirms the right to use the waters of A WELL in the TICKLE CREEK BASIN, for NURSERY OPERATIONS ON 6.25 ACRES.

This right was perfected under Permit G-11167. The date of priority is NOVEMBER 5, 1990. The amount of water to which this right is entitled is limited to an amount actually used beneficially, and shall not exceed 0.078 CUBIC FOOT PER SECOND or its equivalent in case of rotation, measured at the well.

The well is located as follows:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
2 S	4 E	WM	10	NE NW	1260 FEET SOUTH AND 1710 FEET EAST FROM NW CORNER, SECTION 10

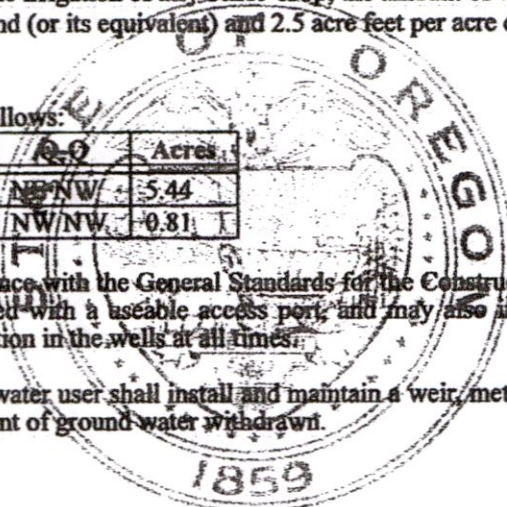
The amount of water used for NURSERY OPERATIONS (OAR 690-11-110 (14)) is limited to a diversion of 0.15 cubic foot per second per acre. For the irrigation of containerized nursery plants, the amount of water diverted is limited to ONE-FORTIETH of one cubic foot per second (or its equivalent) and 5.0 acre feet per acre per year. For the irrigation of in ground nursery plants the amount of water diverted is limited to ONE-EIGHTIETH of one cubic foot per second (or its equivalent) and 2.5 acre feet per acre per year. The use of water for NURSERY OPERATIONS may be made at anytime of the year that the use is beneficial. For the irrigation of any other crop, the amount of water diverted is limited to ONE-EIGHTIETH of one cubic foot per second (or its equivalent) and 2.5 acre feet per acre during the irrigation season of each year.

A description of the place of use is as follows:

Twp	Rng	Mer	Sec	Q-Q	Acres
2 S	4 E	WM	10	NE/NW	5.44
2 S	4 E	WM	10	NW/NW	0.81

The well shall be maintained in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a useable access port, and may also include an air line and pressure gauge adequate to determine water level elevation in the wells at all times.

When required by the Department, the water user shall install and maintain a weir, meter, or other suitable measuring device, and keep a complete record of the amount of ground water withdrawn.



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NOTICE OF RIGHT TO PETITION FOR RECONSIDERATION OR JUDICIAL REVIEW

This is an order in other than a contested case. This order is subject to judicial review under ORS 183.484 and ORS 536.075. Any petition for judicial review must be filed within the 60-day time period specified by ORS 183.484(2). Pursuant to ORS 183.484, ORS 536.075 and OAR 137-004-0080, you may petition for judicial review and petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied. In addition, under ORS 537.260 any person with an application, permit or water right certificate subsequent in priority may jointly or severally contest the issuance of the certificate within three months after issuance of the certificate.

The Director may require water level or pump test results every ten years.

Failure to comply with any of the provisions of this right may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the right.

This right is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

The right to the use of the water for the above purpose is restricted to beneficial use on the place of use described.

Issued FEB 05 2016



Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department

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OWRD

COURCHANE Corey A * WRD

From: COURCHANE Corey A * WRD
Sent: Monday, November 04, 2019 3:01 PM
To: 'steve.applegate@gmail.com'
Subject: Patterson Nursery Sales, Inc. Transfer Application

Good afternoon,

I performed a brief review of the application for receipting, and I noticed one item that needs attention before I can fully receive it in. The Affidavit for Evidence of Use that was submitted was not signed or notarized. Please submit a signed and notarized Affidavit for Evidence of Use no later than November 7, 2019, or the Department may return the application for being incomplete.

Thank you,

Corey Courchane

**COREY A COURCHANE | TRANSFER SPECIALIST
TRANSFER AND CONSERVATION SECTION**

Water Resources Department | 725 Summer St. NE, Suite A | Salem, Oregon 97301
Ph: 503 986-0825 | Fax: 503 986-0901
Email: corey.a.courchane@oregon.gov | Web: <http://www.oregon.gov/OWRD>



Oregon
Kate Brown, Governor

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

November 8, 2019

Patterson Nursery Sales, Inc.
PO Box 99
Boring, OR 97009

Regarding your Application for Water Right Transfer Received November 4, 2019:

The Water Resources Department has received your Application for a Water Right Transfer. At this time however, we are unable to accept your application, because the minimum filing requirements are not met.

The reason for this return is identified on the check list located on your application:

- The Affidavit for Evidence of Use that was submitted with the application was not signed or notarized. An email was sent to your agent, Steve Applegate, on November 4, 2019, requesting a response by November 7, 2019. The Department did not receive a response. Please re-submit your application with a completed Evidence of Use Affidavit which has been notarized, and includes the applicant's signature. ?

We are hereby returning the incomplete application and the fees submitted.

Please do not hesitate to contact me, at corey.a.courchane@oregon.gov or (503) 986-0825, if I may be of assistance.

Sincerely,

Corey Courchane
Transfer Specialist
Transfer and Conservation Section

Cc: OWRD Fiscal

13290 -