

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

Allocation of Conserved Water

Request for Finalization For CW 98

Applicant Information

| APPLICANT/BUSINESS NAME | | | PHONE NO. | ADDITIONAL CONTACT NO. |
|-------------------------|--------|-------|----------------|------------------------|
| Stanfield Hutterian Br | ethren | | 1 541 626 3386 | |
| ADDRESS | | | | FAX NO. |
| 36345 DESPAIN GULCH | ROAD | | | |
| CITY | STATE | ZIP | E-MAIL | 1110 + + + + + |
| STANFIELD | OR | 97875 | herb. | stahl@estnet.net |

(If submitting with an Application, complete only the Applicant name)

The above applicant requests that the allocation of conserved water be finalized. The construction of the conservation measure(s) has been completed that resulted in conserved water.

List the portions of the conserved water allocated to applicant as listed in the Order Approving Allocation of Conserved Water or an Order issued pursuant to OAR 690-018-0062(2).

| | | Applicant's Share of Conserved Water | | |
|----------------------------|----------------------------|---|------------------------------|--|
| Priority Date | Originating Certificate | Maximum Rate (CFS) | Maximum Duty/ Volume (AF) | |
| 8/15/1967, plus one minute | 91005 | 10.97 | 1975.61 | |
| 3/9/1979, plus one minute | 91006 | 8.06 | 1451.20 | |
| 9/23/1983, plus one minute | 91007 | 1.22 | 220.27 | |
| 4/6/1977, plus one minute | 91008 | 0.37 | 43.80 | |
| | Totals | 20.62 | 3690.88 | |

| \times | All or part of the Applicant's portion of the conserved water is to be: |
|----------|---|
| | Leased (If water is to be temporarily leased instream, a separate Instream Lease Application must be submitted.); CFS; AF |
| | Dedicated instream (permanent); CFS; AF |
| | ☐ Temporarily reserved instream for future out-of-stream use; 20.62 CFS; 3690.88 AF |
| | Used out-of-stream as described below. |
| | |

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| □ N/A | Out-of-Stream Use. Describe the Applicant's portion of the conserved water to be used for |
|-------|---|
| | an out-of-stream use at the location below. |

| | Applicant's | s Conserved W | ater | | Conser | licant's ved Water naining |
|--|-------------|----------------|---------------|----------------|--------|----------------------------------|
| Certificate | Priority | Type of Use | Rate (CFS) | Volume (AF) | CFS | Volume |
| Service Control of the Control of th | | Totals | | | | |

Describe the point of diversion that will be used to deliver water to the new place of use:

| Twp | Rng | Mer | Sec | Q-Q | Measured Distances |
|-----|-----|-----|-----|-----|--------------------|
| | | WM | | | |

| Name | and | address | of | the | person | using | the | water: | |
|------|-----|---------|----|-----|--------|-------|-----|--------|--|
| | | | | | | | | | |

Description of the type of beneficial use of the water: _____

Description of the place of use:

| Twp | | Rng | ng | Sec | 1/4 | 1/4 | Tax Lot | Gvt Lot or DLC | Acres | Priority Date |
|-----|---|-----|----|-----|-----|-----|---------|-------------------|-------|------------------|
| 2 | S | 9 | Е | 15 | NE | NW | 100 | Example | 153.0 | 1/1/1865 |
| | | | | - | | + | - | | | |

| □ N/A | A map depicting the lands identified above that meets the standards in OAR 690-310-0050 |
|-------|---|
| | (required if out-of-stream use table completed). |

The above applicant requests that the allocation of conserved water be finalized. The applicant further requests that the Director issue:

- 1. A superseding certificate as provided for in the order approving the allocation of conserved water;
- 2. A certificate for an instream water right for the state's portion of the conserved water; and
- 3. An order allowing:
 - a. The use of any portion of the conserved water allocated to the applicant, at the location and for the type of use identified in the tables above; and
 - b. The use and management as an instream water right of any conserved water being leased, dedicated, or temporarily reserved instream.

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| Dated: 1/15/20 | Al al | |
|--|-------------------------|--|
| Stanfield Hutterian Brethren c/o Herb Sthal (Printed Applicant Name) | (Applicant's signature) | |
| HERB STAHL | | |
| (Printed Applicant Name) | (Applicant's signature) | |

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