

CLAIM OF BENEFICIAL USE for Surface Water Permits claiming more than 0.1 cfs



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

**A fee of \$230 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Go to "Resources for Water Right Examiners (CWRE)" Page

<https://www.oregon.gov/OWRD/programs/WaterRights/COBU/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # S-85624	PERMIT # S-54076	PERMIT AMENDMENT # T-
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Red Hills Farm LLC		PHONE NO. (971) 241-4871	ADDITIONAL CONTACT NO.
ADDRESS 15909 NE McDougall Rd.			
CITY Dayton	STATE OR	ZIP 97114	E-MAIL ryan@stollerfamilyestate.com

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each permit holder of record must sign this form.***

3. Permit or holder of record (this may, or may not, be the current property owner):

PERMIT HOLDER OF RECORD Red Hills Farm LLC			
ADDRESS 15909 NE McDougall Rd.			
CITY Dayton	STATE OR	ZIP 97114	

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

2/3/2021 & 4/26/2022

5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
Shawn Higgins	2/3/2021	Facilities Technician
Ryan Thornton	4/26/2022	Senior Facilities Manager
Jason Tosch	4/26/2022	Vice President of Vineyard Operations

6. County:

Yamhill

7. If any property described in the place of use of the permit final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME William E. McGill	PHONE NO. (503) 510-3026	ADDITIONAL CONTACT NO. (503) 931-0210
ADDRESS 15333 Pletzer Rd. SE		
CITY Turner	STATE OR	ZIP 97392
E-MAIL willmcgill.surveying@gmail.com		

Permit Holder of Record Signature or Acknowledgement

Each permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Wayne Marschall	Manager, Red Hills Farm LLC	9/30/2022

SECTION 3 CLAIM DESCRIPTION

1. Point of diversion name or number:

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)
POD A

2. Point of diversion source and tributary:

POD NAME OR NUMBER	SOURCE	TRIBUTARY
POD A	Stoller Reservoir	Yamhill River

3. Developed use(s), period of use, and rate for each use:

POD NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
POD A	Supplemental Irrigation	Vineyard & Landscaping	May 1 – Oct. 31	40.0 AF
Total Quantity of Water Used				40.0 AF

4. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of diversion to the place of use:

Water is pumped from the reservoir by a 30 HP submersible pump and delivered by buried 6" PVC mainline to the filtration pump house. Water is delivered from the pump house to the vineyards and landscaping by 3"-4" buried PVC mainline. Water is applied to the vineyard by a drip system and to the landscaped areas by pop-up sprinklers and a small gun.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit, or permit amendment final order? If yes, describe below.

YES **NO**

(e.g. "The permit allowed three points of diversion. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

The irrigation POD A was developed on the East side of the Stoller Reservoir rather than on the Reservoir POD (dam location). The permit authorized 349.2 acres of supplemental irrigation and 302.2 were developed.

6. Claim Summary:

POD NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POD A	N/A	0.34 cfs	System not operating when inspected	Supplemental Irrigation	349.2	302.2

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SECTION 4 SYSTEM DESCRIPTION

Are there multiple PODs?

YES NO

If "YES" you will need to copy and complete a separate Section 4 for each POD.

POD Name or Number this section describes (only needed if there is more than one):

POD A

A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
4S	3W	WM	4	NWSW	8		IS		28.3
4S	3W	WM	4	NWSW		41	IS		1.8
4S	3W	WM	4	SWSW		41	IS		1.9
4S	3W	WM	4	SWSW	9		IS		33.2
4S	3W	WM	5	SWNE		40	IS		1.8
4S	3W	WM	5	NESW		40	IS		0.4
4S	3W	WM	5	SESW		40	IS		6.1
4S	3W	WM	5	NESE		41	IS		18.6
4S	3W	WM	5	NESE		40	IS		9.2
4S	3W	WM	5	NWSE		40	IS		26.3
4S	3W	WM	5	SWSE		40	IS		20.1
4S	3W	WM	5	SESE		40	IS		2.9
4S	3W	WM	5	SESE		41	IS		33.6
4S	3W	WM	8	NENE		41	IS		37.9
4S	3W	WM	8	NENE	1		IS		0.6
4S	3W	WM	8	NWNE		41	IS		4.3
4S	3W	WM	8	NWNE		40	IS		7.7
4S	3W	WM	8	SWNE		41	IS		2.7
4S	3W	WM	8	SENE		41	IS		12.4
4S	3W	WM	8	SENE	1		IS		0.8
4S	3W	WM	9	NWNW	1		IS		31.6
4S	3W	WM	9	NWNW		41	IS		1.8
4S	3W	WM	9	SWNW	2		IS		18.2
Total Acres Irrigated									302.2

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLOT), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLOT, and QQ.

B. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of diversion to the place of use.

1. Is a pump used?

YES NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Berkeley	6TS6"	6TS30-155	Submersible	3"	3"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Berkeley	30

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
30	180	0	164'	0.34

5. Provide pump calculations:

$Q = (30 * 7.04) / (457.2 + 164) = 0.34 \text{ cfs}$

6. Measured Pump Capacity (using meter if meter was present and system was operating):

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
System not operating at time of inspection.			

Reminder: For pump calculations use the reference information at the end of this document.

7. Is the distribution system piped?

YES NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	~3,150'	PVC	Buried
2"	~8,000'	PVC	Buried
3"	~3,350'	PVC	Buried
4"	~31,600'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird 1800	40	3	1500	58	0.39
9 mm gun	80	18	1	1	0.04

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
0.5 gph	40	0.0083	369,772	25,600	0.48

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
N/A					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
N/A				

C. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

YES NO

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank

YES NO

Bulge in System / Reservoir

YES NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Concrete (located at central filtration system)	5,000	Buried

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Stoller Reservoir	25'	30.0

D. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

YES

NO

E. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES

NO

F. Additional notes or comments related to the system:

SECTION 5 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension of time:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	7/1/2004		
BEGIN CONSTRUCTION (A)	10/1/2021	November 2004	Reservoir construction began.
COMPLETE CONSTRUCTION (B)	10/1/2021	February 2005	Reservoir construction completed.
COMPLETE APPLICATION OF WATER (C)	10/1/2021	June/July 2020	New pump installed, finished vineyard planting and installed drip system.

* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)?

YES NO

If "NO", items a and b relating to this section may be deleted.

a. Did the Extension Final Order require the submittal of Progress Reports?

YES NO

If "NO", item b relating to this section may be deleted.

b. Were the Progress Reports submitted?

YES NO

If the reports have not been submitted, attach a copy of the reports if available.

3. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device?

YES NO

If "NO", items b through f relating to this section may be deleted.

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion.

b. Has a meter been installed?

YES NO

c. Meter Information

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD A	McCrometer	04-10721-4	Working	698064	January 2005

4. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? YES NO

5. Fish Screening:

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? YES NO

If "NO", items b through e relating to this section may be deleted.

Reminder: If fish screening devices were required, the COBU map must indicate their location in relation to the point of diversion.

b. Has the fish screening been installed? YES NO

c. When was the fish screening installed?

DATE	BY WHOM
*	

Reminder: If the permit was issued on or after February 1, 2011, the fish screen is required to be approved by the Oregon Department of Fish and Wildlife regardless of the rate of diversion.

**Not sure of the installation date, but the POD is equipped with a Sure-Flo Model SCS4 self-cleaning strainer. Permit S-54076 requires fish screening, but an exemption letter was issued on June 21, 2004 for the Certificate 92208 which is the reservoir source (see attached letter). Even though there are no fish in the reservoir, the fish screen is used to filter out debris and prevent it from getting into the irrigation drip system.*

d. If the diversion **involves a pump** *and* the **total** diversion rate of all rights at the point of diversion is less than 225 gpm (0.5 cfs) and the permit was issued prior to February 1, 2011:

- Has the self-certification form previously been submitted to the Department? NA YES NO

If not, go to <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx> complete and attach a copy of the 'ODFW Small Pump Screen Self Certification' form to this claim, and send a copy of it to the Oregon Department of Fish and Wildlife (ODFW).

Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable determination. The ODFW self certification form needs to have been previously submitted or be attached to this form.

e. If the diversion does **not involve a pump** *or* the **total** diversion rate of all rights at the point of diversion is 225 gpm (0.5 cfs) or greater:

- Has the ODFW approval been previously submitted? NA YES NO

If not, contact and work with ODFW to ensure compliance. To demonstrate compliance, provide signed documentation from ODFW. A form is available at: <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

1. The first part of the document is a list of names and titles.

2. The second part of the document is a list of names and titles.

3. The third part of the document is a list of names and titles.

4. The fourth part of the document is a list of names and titles.

5. The fifth part of the document is a list of names and titles.

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16. The sixteenth part of the document is a list of names and titles.

17. The seventeenth part of the document is a list of names and titles.

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20. The twentieth part of the document is a list of names and titles.

21. The twenty-first part of the document is a list of names and titles.

22. The twenty-second part of the document is a list of names and titles.

23. The twenty-third part of the document is a list of names and titles.

24. The twenty-fourth part of the document is a list of names and titles.

Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable determination. In order to receive a favorable approval, the ODFW/WRD "Fish Screen Inspection" form needs to have been previously submitted or be attached to this form.

6. By-pass Devices:

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? YES NO

7. Other conditions required by permit, permit amendment final order, or extension final order:

- a. Was the water user required to restore the riparian area if it was disturbed? YES NO
- b. Was a fishway required? YES NO
- c. Was submittal of a water management and conservation plan required? YES NO
- d. Other conditions? YES NO

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

- a. Riparian restoration – At the time of onsite inspection, the POD area was completely vegetated.
- b. Fishway/fish screen – Permit S-54076 requires a fishway, but the source reservoir has an ODFW exemption reservoir.

**SECTION 6
ATTACHMENTS**

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
ODFW Letter	Exemption from providing fish passage on dam.
Pictures	2x photos of installed flow meter.
Authorization Documents	Proof of authorization to sign.

SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

**The basis of the survey is aerial photo provided by Maxar Technologies and field GPS.
Source Date: 10/25/2020**

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

(Reminder: Incomplete maps and/or claims may be returned.)

- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature



Oregon

Theodore R. Kulongoski, Governor

Department of Fish and Wildlife

Fish Division
3406 Cherry Avenue NE
Salem, OR 97303
(503) 947-6200
Fax (503) 947-6202
TTY (503) 947-6339
www.dfw.state.or.us



June 21, 2004

Mike Haverkate
Red Hills Farm, LLC
15909 NE McDougal Road
Dayton, Oregon 97114

Dear Mr. Haverkate:

The application (# E-04-0003; cover sheet attached) for a fish passage exemption for your proposed dam located in Yamhill County on an unnamed tributary of the Yamhill River has been approved by the Department pursuant to ORS 509.585(9)(a)(C) and OAR 635-412-0025(4)(c) and (10)(a)(i). Therefore, you do not have to provide fish passage at this dam. Please keep a copy of this approval letter with the attachment as a record of the exemption. Let me know if you have any questions and we appreciate that you have addressed fish passage requirements at this site.

Sincerely,

Gary Galovich
Acting Fish Passage Coordinator

cc Tom Stahl

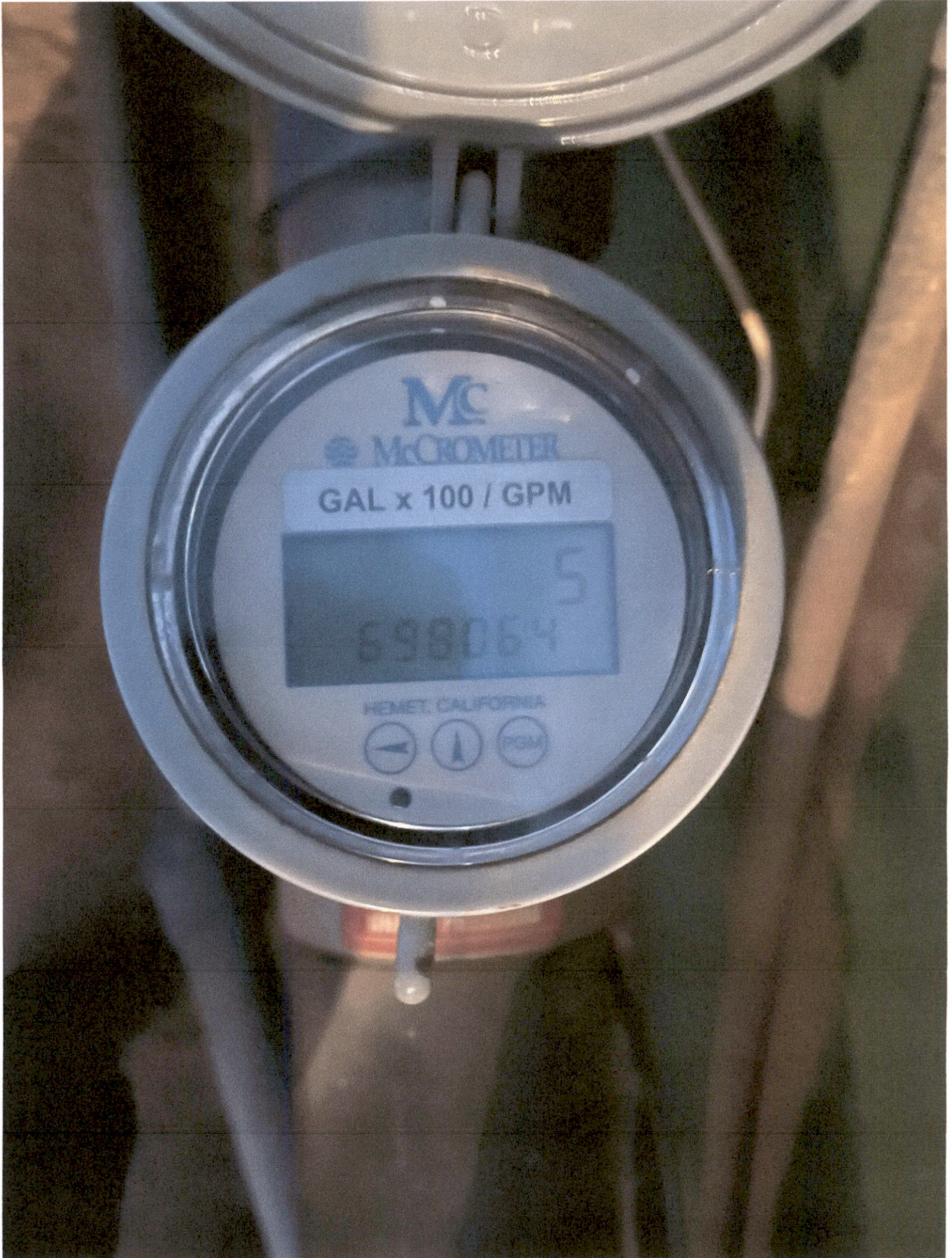


2/3/21 / Stoller onsite

Flow meter cap
w/ serial #s
for pond pump

⑥





Business Registry Business Name Search

[New Search](#)

Business Entity Data

04-26-2022 16:31

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
443409-82	DLLC	ACT	OREGON	02-16-1995	02-16-2023	
Entity Name	RED HILLS FARM, L.L.C.					
Foreign Name						

[New Search](#)

Associated Names

Type	PPB PRINCIPAL PLACE OF BUSINESS					
Addr 1	16161 NE MCDUGALL RD					
Addr 2						
CSZ	DAYTON	OR	97114	Country	UNITED STATES OF AMERICA	

Please click [here](#) for general information about registered agents and service of process.

Type	AGT REGISTERED AGENT		Start Date	08-14-2014	Resign Date
Of Record	171980-11 THE STOLLER GROUP, INC.				
Addr 1	7401 SW WASHO CT STE 200				
Addr 2					
CSZ	TUALATIN	OR	97062	Country	UNITED STATES OF AMERICA

Type	MAL MAILING ADDRESS					
Addr 1	7401 SW WASHO CT STE 200					
Addr 2						
CSZ	TUALATIN	OR	97062	Country	UNITED STATES OF AMERICA	

Type	MEM MEMBER		Resign Date		
Of Record	171980-11 THE STOLLER GROUP, INC.				
Addr 1	7401 SW WASHO CT STE 200				
Addr 2					
CSZ	TUALATIN	OR	97062	Country	UNITED STATES OF AMERICA

Type	MEM MEMBER		Resign Date		
Not of Record	WILLIAM H. STOLLER TRUST				
Addr 1	7401 SW WASHO CT STE 200				
Addr 2					
CSZ	TUALATIN	OR	97062	Country	UNITED STATES OF AMERICA

Type	MGR MANAGER		Resign Date		
Name	WAYNE	MARSCHALL			
Addr 1	7401 SW WASHO CT STE 200				
Addr 2					
CSZ	TUALATIN	OR	97062	Country	UNITED STATES OF AMERICA

[New Search](#)

Name History

Business Entity Name	Name Type	Name Status	Start Date	End Date
RED HILLS FARM, L.L.C.	EN	CUR	02-16-1995	

AMENDED ANNUAL REPORT



Corporation Division
www.filinginoregon.com

E-FILED
Jan 14, 2021
OREGON SECRETARY OF STATE

REGISTRY NUMBER

44340982

REGISTRATION DATE

02/16/1995

BUSINESS NAME

RED HILLS FARM, L.L.C.

BUSINESS ACTIVITY

DOMESTIC LIMITED LIABILITY COMPANY

MAILING ADDRESS

7401 SW WASHO CT STE 200
TUALATIN OR 97062 USA

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

16161 NE MCDUGALL RD
DAYTON OR 97114 USA

JURISDICTION

OREGON

REGISTERED AGENT

17198011 - THE STOLLER GROUP, INC.

7401 SW WASHO CT STE 200
TUALATIN OR 97062 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

MEMBER

17198011 - THE STOLLER GROUP, INC.

7401 SW WASHO CT STE 200
TUALATIN OR 97062 USA

MEMBER

WILLIAM H. STOLLER TRUST

7401 SW WASHO CT STE 200
TUALATIN OR 97062 USA



MANAGER

WAYNE MARSCHALL

7401 SW WASHO CT STE 200
TUALATIN OR 97062 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

WAYNE MARSCHALL

TITLE

AUTHORIZED AGENT

DATE SIGNED

01-14-2021

DURABLE SPECIAL POWER OF ATTORNEY

I, **William H. Stoller**, Trustee of the **William H. Stoller Trust** created on **July 26, 1990** and amended and restated on **July 21, 2015** (the "Trust"), and pursuant to Section 8.2 and 8.11 of the Trust, do hereby make, constitute and appoint **Wayne Marschall**, President and Chief Financial Officer of **The Stoller Group, Inc.**, as my Agent and attorney in fact (my "Agent"), with full power and authority for me and in my behalf and on behalf of the Trust established by me and for my benefit, to take any actions reasonably necessary relating to assets of the Trust as I might do if personally present, whether such acts are expressly hereinabove enumerated or not, and I hereby ratify and confirm each and every act and thing which my said Agent may do by virtue of this power of attorney.

This power of attorney and authorization shall continue in full force and effect, notwithstanding that I may become legally disabled or incompetent, until revocation thereof signed by me has been recorded in the county where this power of attorney has been recorded.

I have signed this power of attorney this 20th day of November, 2020.

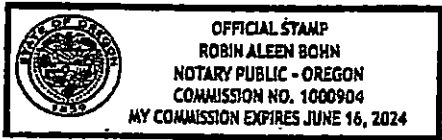
WILLIAM H. STOLLER TRUST
DATED JULY 21, 2015

By: *William H. Stoller*
William H. Stoller, Trustee

STATE OF OREGON)
) ss.
County of Washington)

On this 20th day of November, 2020, before me personally appeared **William H. Stoller, Trustee of the William H. Stoller Trust as amended and restated July 21, 2015** and acknowledged to me that he executed this power of attorney freely and voluntarily.

Robin Aleen Bohn *Robin Aleen Bohn*
Notary Public for Oregon
My commission expires: June 16, 2024



SIGNATURE OF AGENT

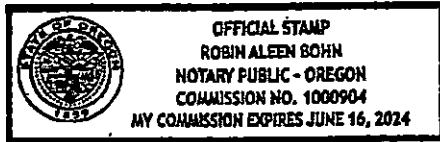
Agent acknowledges that the following is Agent's signature:

W. Marschall

Wayne Marschall

STATE OF OREGON)
) ss.
County of Washington)

On this 20th day of November, 2020, **Wayne Marschall**, personally appeared before me and acknowledged to me that he executed this power of attorney, freely and voluntarily, as the above-named Agent.



Robin Aleen Bohn *Robin Aleen Bohn*
Notary Public for Oregon
My commission expires: June 16, 2024

DURABLE SPECIAL POWER OF ATTORNEY

I, **William H. Stoller**, do hereby make, constitute and appoint **Wayne Marschall**, President of **The Stoller Group, Inc.**, as my Agent and attorney in fact (my "Agent"), with full power and authority for me and in my behalf, to take any actions reasonably necessary as I might do if personally present, whether such acts are expressly hereinabove enumerated or not, and I hereby ratify and confirm each and every act and thing which my said Agent may do by virtue of this power of attorney.

This power of attorney and authorization shall continue in full force and effect, notwithstanding that I may become legally disabled or incompetent, until revocation thereof signed by me has been delivered to my Agent.


I have signed this power of attorney this 8th day of October, 2018.



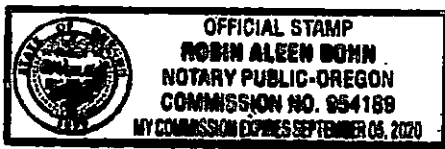
William H. Stoller

STATE OF Oregon)
) ss.
County of Washington)

On this 8th day of October, 2018, before me personally appeared **William H. Stoller**, and acknowledged to me that he executed this power of attorney freely and voluntarily.

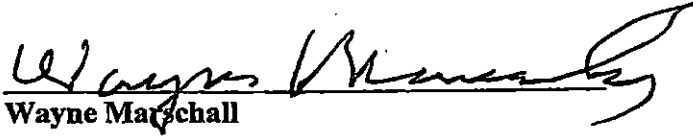


Notary Public of Washington County
My commission expires: Sept. 05, 2020



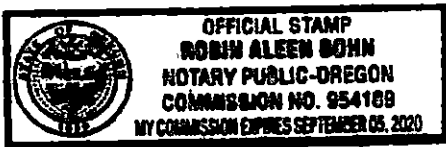
SIGNATURE OF AGENT


Agent acknowledges that the following is Agent's signature:


Wayne Marschall

STATE OF OREGON)
) ss.
County of Washington)

On this 5th day of October, 2018, **Wayne Marschall**, personally appeared before me and acknowledged to me that he executed this power of attorney, freely and voluntarily, as the above-named Agent.




Notary Public of Oregon
My commission expires: Sept. 05, 2020



RECEIVED
SEP 30 2022
OWRD

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Red Hills Farm LLC
15409 NE McDougall Rd Dayton, OR 97114

Transaction Type: COBU

Fees Received: \$ 250

Cash Check: Check No. 2068
Name(s) on Check: Will McGill Surveying

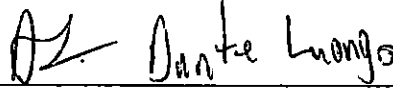
Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,
OWRD Customer Service Staff

Submission received by: 
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.