### Application for a Permit to Use

# **Surface Water**

For Department Use: App. Number:



#### Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 503-986-0900

www.oregon.gov/OWRD

**SECTION 1: APPLICANT INFORMATION AND SIGNATURE** 

| pplicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                                          |                                                                  |                                                      |
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| Quandary Vineyards, LLC, ATTN: Donald                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Leidy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                                          |                                                                  |                                                      |
| PHONE (WK)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                                                                          |                                                                  | FAX                                                  |
| 303-810-4356                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                                          |                                                                  |                                                      |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                                          |                                                                  |                                                      |
| 17050 Snowcreek LN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                                          |                                                                  | 100 100 100 100 100 100 100 100 100 100              |
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| Morrison                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | СО                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 80365                                                              |                                                                                          |                                                                  |                                                      |
| gent – The agent is authorized to represen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    | PHONE                                                                                    |                                                                  | ation.                                               |
| GSI Water Solutions, Inc. ATTN: Zachary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Pike-Urlachei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | r                                                                  | 541-753-093                                                                              | 3                                                                |                                                      |
| ADDRESS 1600 SW Western Blvd, Suite 240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                                          |                                                                  | CELL                                                 |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ZIP                                                                | E-MAIL *                                                                                 |                                                                  |                                                      |
| Corvallis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 97333                                                              | zpikeurlacher@                                                                           | gsiws.com                                                        |                                                      |
| ote: Attach multiple copies as needed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                                          |                                                                  |                                                      |
| <ul> <li>I cannot legally use water until the N</li> <li>The Department encourages all approposed diversion. Acceptance of If I begin construction prior to the is If I receive a permit, I must not was:</li> <li>If development of the water use is in The water use must be compatible to Even if the Department issues a permit in the North American Incompatible of the Water Use must be compatible to Even if the Department issues a permit in the Department issues a permit in the Department in the North American Incompatible of the North Amer</li></ul> | olicants to wai<br>this application<br>ssuance of a parte water.<br>The water water water water water.<br>The water wate | it for a pe<br>on does no<br>permit, I a<br>to the ten<br>nprehens | rmit to be issued ot guarantee a possume all risks as rms of the permi ive land use plan | I before beg<br>ermit will b<br>ssociated w<br>t, the perm<br>s. | e issued.<br>ith my actions.<br>it can be cancelled. |
| receive water to which they are ent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | itled.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                                  |                                                                                          |                                                                  |                                                      |
| I (we) affirm that the information cor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ntained in th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nis applic                                                         | ation is true an                                                                         | id accurate                                                      | e                                                    |
| winder of windy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                                          |                                                                  |                                                      |
| Applicant Circuture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Donald                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | idu O                                                              | 202                                                                                      | 0.4                                                              | 21/22                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Donald Le                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                                          |                                                                  | 31/23                                                |
| Applicant Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    | ner<br>if applicable                                                                     |                                                                  | 31/23<br>ate                                         |

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 ${\it Surface Water-Page 1}$ Rev. 07/21

#### **SECTION 2: PROPERTY OWNERSHIP**

| TRSQQ of POD: 2S 4W 32 NE NE                                                                                                                                                          |                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Source 1: Quandary Reservoir                                                                                                                                                          | Tributary to: Rowland Creek                                                                                                                         |
| Provide the commonly used name of the water body from stream or lake it flows into (if unnamed, say so), and the                                                                      |                                                                                                                                                     |
| A. Proposed Source of Water                                                                                                                                                           |                                                                                                                                                     |
| SECTION 3: SOURCE OF WATER                                                                                                                                                            |                                                                                                                                                     |
| <b>Legal Description:</b> You must provide the legal descriptio diverted, 2. Any property crossed by the proposed ditch, water is to be used as depicted on the map. <b>(ATTACHME</b> | canal or other work, and 3. Any property on which the                                                                                               |
| Affected Landowners: List the names and mailing address the applicant and that are crossed by the proposed ditch written authorization or an easement from the owner. (AN/A           | , canal or other work, even if the applicant has obtained                                                                                           |
|                                                                                                                                                                                       | easement permitting access.<br>essary, because the only affected lands I do not own are<br>is for irrigation and/or domestic use only (ORS 274.040) |
| YES, there are no encumbrances.  YES, the land is encumbered by easements, rights of                                                                                                  | way, roads or other encumbrances.                                                                                                                   |
| Please indicate if you own all the lands associated with the conveyed, and used.                                                                                                      | ne project from which the water is to be diverted,                                                                                                  |

If any source listed above is stored water that is authorized under a water right permit, certificate, or decree, attach a copy of the document or list the document number (for decrees, list the volume, page and/or decree name).

Permit R-15576 authorizes the storage of 9.0 acre-feet in Quandary Reservoir. See Attachment D for a copy of Permit R-15576.



For Department Use: App. Number: \_\_\_\_\_ Surface Water — Page 2

Rev. 07/21



#### B. Applications to Use Stored Water

For Department Use: App. Number:

| Do you, or will you, own the reservoir(s) described in Section 3A above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Yes.   No. (Enclose a copy of your written notification to the operator of the reservoir of your intent to file this application, which should have been mailed or delivered to the operator.) Quandary Vineyards, LLC is the holder of permit R-15576, which authorizes storage of water in the reservoir.                                                                                                                                                                                                                              |   |
| If <i>all</i> sources listed in Section 3A are stored water, the Department will review your application using the expedited process provided in ORS 537.147, unless you check the box below. Please see the instruction booklet for more information.                                                                                                                                                                                                                                                                                   |   |
| By checking this box, you are requesting that the Department process your application under the standard process outlined in ORS 537.150 and 537.153, rather than the expedited process provided by ORS 537.147. To file an application under the standard process, you must enclose the following:                                                                                                                                                                                                                                      |   |
| A copy of a signed non-expired contract or other agreement with the owner of the reservoir (if not you) to impound the volume of water you propose to use in this application.                                                                                                                                                                                                                                                                                                                                                           |   |
| <ul> <li>A copy of your written agreement with the party (if any) delivering the water from the reservoir to<br/>you.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                         |   |
| SECTION 4: SENSITIVE, THREATENED OR ENDANGERED FISH SPECIES PUBLIC INTEREST                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |
| INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |
| This information must be provided for your application to be accepted as complete. The Water Resources Department will determine whether the proposed use will impair or be detrimental to the public interest with regard to sensitive, threatened or endangered fish species.                                                                                                                                                                                                                                                          |   |
| Upper Columbia - OAR 690-033-0115 thru -0130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |
| Is the POD located in an area where the Upper Columbia Rules apply?                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |
| ☐ Yes ☒ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |
| If yes, you are notified that the Water Resources Department will consult with numerous federal, state, local and tribal governmental entities so it may determine whether the proposed use is consistent with the "Columbia River Basin Fish and Wildlife Program" adopted by the Northwest Power Planning Council in 1994 for the protection and recovery of listed fish species. The application may be denied, heavily conditioned, or if appropriate, mitigation for impacts may be needed to obtain approval for the proposed use. | 3 |
| If yes,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |

- I understand that the proposed use does <u>not</u> involve appropriation of direct streamflow during the time period April 15 to September 30, <u>except as provided in OAR 690-033-0140</u>.
- I understand that I will install, operate and maintain a fish screen and fish passage as listed in ORS
  498.301 through 498.346, and 509.580 through 509.910, to the specifications and extent required by
  Oregon Department of Fish and Wildlife, prior to diversion of water under any permit issued pursuant to
  this application.
- I understand that the Oregon Department of Environmental Quality will review my application to determine if the proposed use complies with existing state and federal water quality standards.

| Surface Water | — P | age | 3  |
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|               | Pov | 07/ | 21 |

by the Water Resources Department, and comply with recording and reporting permit condition requirements. Lower Columbia - OAR 690-033-0220 thru -0230 Is the POD located in an area where the Lower Columbia rules apply? X Yes No If yes, you are notified that that the Water Resources Department will determine, by reviewing recovery plans, the Columbia River Basin Fish and Wildlife Program, and regional restoration programs applicable to threatened or endangered fish species, in coordination with state and federal agencies, as appropriate, whether the proposed use is detrimental to the protection or recovery of a threatened or endangered fish species and whether the use can be conditioned or mitigated to avoid the detriment. If a permit is issued, it will likely contain conditions to ensure the water use complies with existing state and federal water quality standards; and water use measurement, recording and reporting required by the Water Resources Department. The application may be denied, or if appropriate, mitigation for impacts may be needed to obtain approval of the proposed use. If yes, provide the following information (the information must be provided with the application to be considered complete). Yes No The proposed use is for more than **one** cubic foot per second (448.8 gpm) and is not subject to the requirements of OAR 690, Division 86 (Water Management and Conservation Plans). If yes, provide a description of the measures to be taken to assure reasonably efficient water use: Statewide - OAR 690-033-0330 thru -0340 Is the POD located in an area where the Statewide rules apply? X Yes ☐ No If yes, the Water Resources Department will determine whether the proposed use will occur in an area where endangered, threatened or sensitive fish species are located. If so, the Water Resources Department, Department of Fish and Wildlife, Department of Environmental Quality, and the Department of Agriculture will recommend conditions required to achieve "no loss of essential habitat of threatened and endangered (T&E) fish species," or "no net loss of essential habitat of sensitive (S) fish species." If conditions cannot be identified that meet the standards of no loss of essential T & E fish habitat or no net loss of essential S fish habitat, the agencies will recommend denial of the application unless they conclude that the proposed use would not harm the species. RECEIVED SEP 11 2023 OWRD

For Department Use: App. Number:

I understand that I will install and maintain water use measurement and recording devices as required

Surface Water — Page 4

Rev. 07/21

#### **SECTION 5: WATER USE**

Provide the amount of water you propose to use from each source, for each use, in cubic feet-per-second (cfs) or gallons-per-minute (gpm). If the proposed use is from storage, provide the amount in acre-feet (af): (1 cfs equals 448.8 gpm. 1 acre-foot equals 325,851 gallons or 43,560 cubic feet)

| SOURCE             | USE              | PERIOD OF USE                              | AMOUNT                |
|--------------------|------------------|--------------------------------------------|-----------------------|
| Quandary Reservoir | Irrigation       | Irrigation season (April 1 - September 30) | 0.0* 🗆 ( 🗆 )          |
| Quandary Reservoir | Agricultural Use | Year-round                                 | 9.0* ☐ cfs ☐ gpm ☒ af |

<sup>\*</sup>Up to 9.0 acre-feet further limited to 0.61 cfs for irrigation and up to 0.61 cfs for agricultural use, not to exceed a total of 0.61 cfs.

| Please indicate the number of                                                                              | primary, supplement  | al and/or nu  | rsery acres to be irrigated.     |  |
|------------------------------------------------------------------------------------------------------------|----------------------|---------------|----------------------------------|--|
| Primary: 48.8 Acres                                                                                        | Supplemental:        | Acres         | Nursery Use: Acres               |  |
| If supplemental acres are listed, provide the Permit or Certificate number of the underlying primary water |                      |               |                                  |  |
| right(s): N/A                                                                                              |                      |               |                                  |  |
| Indicate the maximum total nu                                                                              | mber of acre-feet yo | u expect to ι | use in an irrigation season: 9.0 |  |

- If the use is municipal or quasi-municipal, attach Form M N/A
- If the use is domestic, indicate the number of households: N/A

|     | If the use is mining, describe what is being mined and the method(s) of extraction: N/A                                                                                                                                                                                                                                                                                                                                                                 |                                        |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| = ( | CTION 6: WATER MANAGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |
|     | Diversion and Conveyance What equipment will you use to pump water from your source?                                                                                                                                                                                                                                                                                                                                                                    | RECEIVED                               |
|     | Pump (give horsepower and type): <b>5HP submersible pump.</b> Other means (describe):                                                                                                                                                                                                                                                                                                                                                                   | SEP 1 1 2023                           |
|     | Provide a description of the proposed means of diversion, construction, and operation of works and conveyance of water.                                                                                                                                                                                                                                                                                                                                 |                                        |
|     | Stored water will be pumped from the pond using a 5HP submersible pump. Stored water irrigate landscaping will be conveyed through buried mainline to the irrigation system. So water used to irrigate the vineyard will be pumped into a water tank mounted on a trace which will then be towed throughout the place of use to irrigate grapevines. Water for a use will be diverted using the 5HP pump and conveyed through mainlines to the place of | Stored<br>tor trailer,<br>agricultural |

#### B. Application Method

What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler) Landscaping will be irrigated using in-ground sprinkler heads and drip circuits. The vineyard will be irrigated using a mobile water tank mounted on a tractor trailer. Water for agricultural uses will be applied with soft hoses.

|                                  | 2.1 | Surface Water — Page 5 |
|----------------------------------|-----|------------------------|
| For Department Use: App. Number: |     | Rev. 07/21             |

# Superseded

#### **SECTION 5: WATER USE**

Provide the amount of water you propose to use from each source, for each use, in cubic feet-per-second (cfs) or gallons-per-minute (gpm). If the proposed use is from storage, provide the amount in acre-feet (af):

(1 cfs equals 448.8 gpm. 1 acre-foot equals 325,851 gallons or 43,560 cubic feet)

| SOURCE             | USE              | PERIOD OF USE                              | AMOUNT                        |
|--------------------|------------------|--------------------------------------------|-------------------------------|
| Quandary Reservoir | Irrigation       | Irrigation season (April 1 - September 30) | 0.64* 🖂 . 🖂                   |
| Quandary Reservoir | Agricultural Use | Year-round 0.61                            | <b>0.61*</b> ⊠ cfs ☐ gpm ☐ af |

<sup>\*</sup>Up to 0.61 cfs for irrigation and up to 0.61 cfs for agricultural use, not to exceed a total of 0.61 cfs.

| Please indicate the number of primary, supplemental and/or nursery acres to be irrigated.                  |               |         |                    |  |
|------------------------------------------------------------------------------------------------------------|---------------|---------|--------------------|--|
| Primary: 48.8 Acres                                                                                        | Supplemental: | _ Acres | Nursery Use: Acres |  |
| If supplemental acres are listed, provide the Permit or Certificate number of the underlying primary water |               |         |                    |  |
| right(s): N/A                                                                                              |               |         |                    |  |
| Indicate the maximum total number of acre-feet you expect to use in an irrigation season: 9.0              |               |         |                    |  |

- If the use is municipal or quasi-municipal, attach Form M N/A
- If the use is domestic, indicate the number of households: N/A
- If the use is mining, describe what is being mined and the method(s) of extraction: N/A

#### **SECTION 6: WATER MANAGEMENT**

| Α. | Diversion and Conveyance What equipment will you use to pump water from your source?  | RECEIVE                       |
|----|---------------------------------------------------------------------------------------|-------------------------------|
|    | Pump (give horsepower and type): <b>5HP submersible pump.</b> Other means (describe): | SEP 1 1 20  OWRD              |
|    | Provide a description of the proposed means of diversion, construction, a             | nd operation of the diversion |

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water.

Stored water will be pumped from the pond using a 5HP submersible pump. Stored water used to irrigate landscaping will be conveyed through buried mainline to the irrigation system. Stored water used to irrigate the vineyard will be pumped into a water tank mounted on a tractor trailer, which will then be towed throughout the place of use to irrigate grapevines. Water for agricultural use will be diverted using the 5HP pump and conveyed through mainlines to the place of use.

#### B. Application Method

For Department Use: App. Number:

What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler) Landscaping will be irrigated using in-ground sprinkler heads and drip circuits. The vineyard will be irrigated using a mobile water tank mounted on a tractor trailer. Water for agricultural uses will be applied with soft hoses.

Surface Water — Page 5 Rev. 07/21



### OWRD

#### C. Conservation

Please describe why the amount of water requested is needed and measures you propose to: prevent waste; measure the amount of water diverted; prevent damage to public uses of affected surface waters.

The Applicant will limit the use of stored water to the amount needed for beneficial use, not to exceed 9.0 acre-feet annually. The Applicant intends to irrigate landscaping using in-ground sprinklers and drip irrigation on timers to conserve water. The point of diversion will be equipped with a flowmeter to measure water diverted from Quandary Reservoir, if required by OWRD. The proposed use of stored water is not expected to cause damage to public uses of surface water.

#### SECTION 7: RESOURCE PROTECTION

| SECTION 7: RESOURCE PROTECTION                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In granting permission to use water from a stream or lake, the state encourages, and in some instances requires, careful control of activities that may affect the waterway or streamside area. See instruction guide for a list of possible permit requirements from other agencies. Please indicate any of the practices you plan to undertake to protect water resources:                                       |
| Diversion will be screened per ODFW specifications in ORS 498.301 through 498.346 to prevent uptake of fish and other aquatic life.     Describe planned actions: If required by ODFW, the Applicants will install fish screening that complies with all applicable state and federal requirements.                                                                                                                |
| Excavation or clearing of banks will be kept to a minimum to protect riparian or streamside areas.  Note: If disturbed area is more than one acre, applicant should contact the Department of Environmental Quality to determine if a 1200C permit is required.  Describe planned actions and additional permits required for project implementation: No excavation or bank clearing from construction will occur. |
| Operating equipment in a water body will be managed and timed to prevent damage to aquatic life.  Describe planned actions and additional permits required for project implementation: No construction at the intake is expected, and the diversion of water will not require any instream equipment operation.                                                                                                    |
| Water quality will be protected by preventing erosion and run-off of waste or chemical products.  Describe planned actions: The applicant will only irrigate when necessary to promote ideal crop production using the minimum quantity of water needed. This will prevent erosion, and no run-off of chemical products will occur.                                                                                |
| List other federal and state permits or contracts to be obtained, if a water right permit is granted.  N/A                                                                                                                                                                                                                                                                                                         |
| SECTION 8: PROJECT SCHEDULE                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul> <li>a) Date construction will begin: Within 5 years of permit issuance</li> <li>b) Date construction will be completed: Within 5 years of permit issuance</li> <li>c) Date beneficial water use will begin: Within 5 years of permit issuance</li> </ul>                                                                                                                                                      |
| SECTION 9: WITHIN A DISTRICT                                                                                                                                                                                                                                                                                                                                                                                       |

Check here if the point of diversion or place of use are located within or are served by an irrigation or other

water district.

| Irrigation District Name N/A | Address |     |
|------------------------------|---------|-----|
| City                         | State   | Zip |

#### **SECTION 10: REMARKS**

Use this space to clarify any information you have provided in the application. (Attach additional sheets if necessary).

The Applicant is requesting a permit to use up to 9.0 acre-feet of stored water, further limited to a rate up to 0.61 cfs for irrigation and up to 0.61 cfs for agricultural use, not to exceed a total of 0.61 cfs.

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SEP 11 2023

# Superseded

| Irrigation District Name N/A | Address |     |
|------------------------------|---------|-----|
| City                         | State   | Zip |

#### **SECTION 10: REMARKS**

For Department Use: App. Number:

Use this space to clarify any information you have provided in the application. (Attach additional sheets if necessary).

The Applicant is requesting a permit to use stored water at a rate up to 0.61 cfs for irrigation and up to 0.61 cfs for agricultural use, not to exceed a total of 0.61 cfs, further limited to a total annual volume of 9.0 acrefeet.

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Surface Water — Page 7 Rev. 07/21

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**Attachment A** 

Land Use Information Form

Application for a Water Use Permit - Quandary Vineyards, LLC

# Land Use Information Form



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

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### NOTE TO APPLICANTS

**OWRD** 

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you. Please be aware that your application will not be approved without land use approval.

#### This form is NOT required if:

- 1) Water is to be diverted, conveyed, and/or used only on federal lands; OR
- 2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and **all** of the following apply:
  - a) The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
  - b) The application involves a change in place of use only;
  - c) The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; and
  - d) The application involves irrigation water uses only.

### NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for or modifying a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan. Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan. Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.

pd 926689

# Land Use **Information Form**



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

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Applicant(s): Quandary Vineyards, LLC, Attn: Donald Leidy

Mailing Address: 17050 Snowcreek LN

City: Morrison

State: CO

Zip Code: 80365

Daytime Phone: 303-810-4356

**OWRD** 

#### A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

| Township  | Range     | Section | 1/4 W        | Tax Lot #    | Plan Designation (e.g.,<br>Rural Residential/RR-5) |            | Water to be: |        | Proposed Land<br>Use:        |
|-----------|-----------|---------|--------------|--------------|----------------------------------------------------|------------|--------------|--------|------------------------------|
| <u>25</u> | <u>4W</u> | 28      | <u>sw sw</u> | 3600,<br>400 |                                                    | Diverted   | Conveyed     | ⊠ Used |                              |
| <u>25</u> | <u>4W</u> | 29      | SE SE        | 400,<br>3600 | EFU 80                                             | Diverted   | ☐ Conveyed   | ☑ Used | Irrigation &<br>Agricultural |
| 25        | <u>4W</u> | 32      | NE NE        | 400          |                                                    | ☑ Diverted | □ Conveyed   | ⊠ Used | uses                         |
| <u>25</u> | <u>4W</u> | 33      | <u>NW NW</u> | 400,<br>3600 |                                                    | ☐ Diverted | ☐ Conveyed   | ☑ Used |                              |

| Yamhill County                                                    |                      |                                                                    |                |                                        | 4° <sub>10</sub> 1                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------|----------------------|--------------------------------------------------------------------|----------------|----------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Description of Pro                                             | oosed Use            |                                                                    |                |                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Type of application to b Permit to Use or Sto Limited Water Use L | re Water             | Water Resources D<br>Water Right Transfer<br>Allocation of Conserv |                | Permit /                               | Amendment or Grou<br>ge of Water    | nd Water Registration Modific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Source of water: 🛛 Re                                             | servoir/Pond         | Ground Water                                                       | Surf           | ace Water (na                          | ame)                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Estimated quantity of w                                           | ater needed: 0       | . <u>61</u> ⊠ cub                                                  | ic feet per se | econd                                  | gallons per minute                  | acre-feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ntended use of water:                                             | Irrigation Municipal | Commercial Quasi-Munici                                            |                | n <b>dustr</b> ial<br>n <b>strea</b> m | ☐ Domestic for ☐ Other <b>Agric</b> | household(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Briefly describe:                                                 |                      |                                                                    | -              |                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The applicant is ap<br>vineyard and land<br>equipment. See th     | caning Wate          | r will also be use                                                 | d for agric    | cultural use                           | s, such as the wa                   | oond to irrigate 48.8 acre<br>ashing and maintenance<br>of use.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                   |                      |                                                                    |                |                                        |                                     | Po                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                   |                      |                                                                    |                |                                        | you wait, please h                  | The state of the s |

Department.

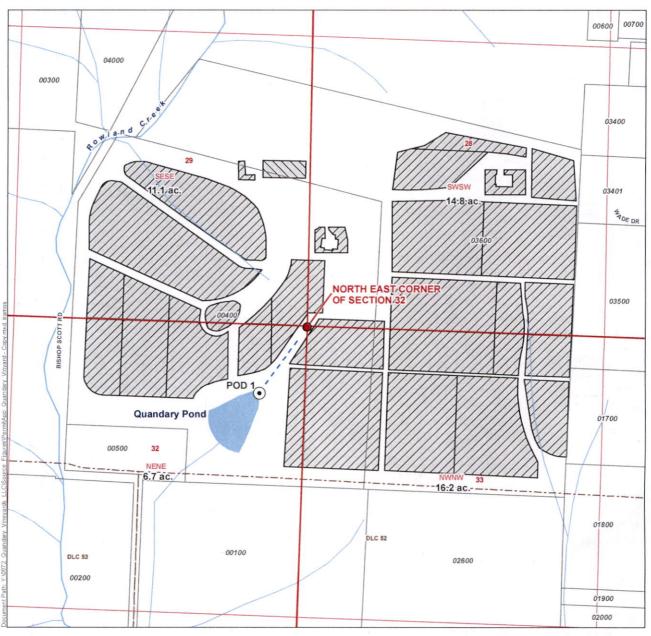


### For Local Government Use Only

OWRD

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

| umentation of applicable land-use approval panying findings are sufficient.) If approvals                                               | olve discretional<br>s which have al                                                                                                                                                                                      | ready been obtained.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cite Most Significant, Applicable Plan Policies & Ordinance Section References                                                          | Land                                                                                                                                                                                                                      | d-Use Approval:                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                         | ☐ Obtained ☐ Denied                                                                                                                                                                                                       | ☐ Being Pursued ☐ Not Being Pursued                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                         | ☐ Obtained ☐ Denied                                                                                                                                                                                                       | ☐ Being Pursued ☐ Not Being Pursued                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                         | Obtained Denied                                                                                                                                                                                                           | ☐ Being Pursued . ☐ Not Being Pursued                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                         | ☐ Obtained ☐ Denied                                                                                                                                                                                                       | ☐ Being Pursued ☐ Not Being Pursued                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                         | Obtained                                                                                                                                                                                                                  | ☐ Being Pursued ☐ Not Being Pursued                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Title:                                                                                                                                  | P. D.                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Phone: <u>503 434 - 7</u>                                                                                                               | 75160ate:                                                                                                                                                                                                                 | 9/1/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                         |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| complete this form or sign the receipt belo<br>ater Resources Department's notice date to<br>use associated with the proposed use of wa | return the con                                                                                                                                                                                                            | npleted Land Use<br>le with local                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ater Resources Department's notice date to                                                                                              | return the con<br>ter is compatib                                                                                                                                                                                         | npleted Land Use                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                         | uses (including proposed construction) involumentation of applicable land-use approval panying findings are sufficient.) If approvals d."  Cite Most Significant, Applicable Plan Policies & Ordinance Section References | uses (including proposed construction) involve discretional umentation of applicable land-use approvals which have all panying findings are sufficient.) If approvals have been obtid."  Cite Most Significant, Applicable Plan Policies & Land Ordinance Section References    Obtained   Denied     Obtained   Denied     Obtained   Denied     Obtained   Denied     Ottained   Denied     and-use concerns or make recommendations to the Water is a separate sheet. |



#### LEGEND

Point of Diversion (POD)

Irrigation POU (48.8 ac.)

Agricultural Use

/ Conveyance

Donation Land Claim (DLC)

Watercourse

Waterbody

Permit Application for the Use of Stored Water in the Name of Quandary Vineyard Proposed Place of Use/Point of Diversion Map

> Township 2 South, Range 4 West (W.M.) Yamhill County

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#### DISCLAIMER

This map was prepared for the purpose of identifying the location of a water right only and it is not intended to provide legal dimensions or location of property ownership lines.

> Date: August 29, 2023 Data Sources: BLM, ESRI, OWRD, USGS

LOCATION DESCRIPTION
Proposed POD
POD 1: Located 300 feet South and 210 feet West from the
NE corner of Section 32, Township 2 South, Range 4 West (W.M.)



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**Attachment B** 

Legal Description
Application for a Water Use Permit – Quandary Vineyards, LLC

| FORM No. F721 - QUITCLAIM DEED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | © 1918-2012 STEVENS-NESS LAW PUBLISHING CO., PORTLAND, CR. WWW.SEYWIEDWELCON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BLK NO PART OF ANY STEVENS-N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Espwa Development, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 29 Mountain Pine Drive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 2 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Littleton, CO 80127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Grantor's Name and Address Quandary Vineyards, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 20330 NW Bishop-Scott Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Yamhiti, OR 97148                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SOFUE BESEBUEU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Grantee's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OFFICIAL YAMHILL COUNTY RECORDS 30304040E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| After recording, return to (Name and Address):<br>Brian Rindels                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BRIAN VAN BERGEN, COUNTY CLERK 202018185                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 17050 Snowcreek Lane                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Morrison, CO 80465                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$86,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Until requested otherwise, send all tax statements to (Neme and Address):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Brian Rindels                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 00595681202000181850020025<br>10/13/2020 12:18:39 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 17050 Snowcreek Lane                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DMR-DDMR Cnt=1 Stn=8 MILLSA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Morrison, CO 80465                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$10.00 \$5.00 \$11.00 \$80.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | QUITCLAIM DEED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| KNOW ALL BY THESE PRESENTS that Esp.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | wa Development, LLC, a Colorado limited liability company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| hereinafter called grantor, for the consideration hereinaf<br>Quandary Vineyards, LLC, a domestic limited liability co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | fter stated, does hereby romise, release and forever quitclaim unto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| real property with the tenements bereditaments and a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | cessors and assigns, all of the grantor's right, title and interest in that certain appurtenances thereunto belonging or in any way appertaining, situated in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Yamhill County, State of Ore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | egon, described as follows (legal description of property):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Soul assessed as tollows (tegas accomplished of property).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| PARCEL 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Part of the Alex P. Ankeny Claim, Notification No. 1501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | in Sections 28,29 and 33 in Township 2 South, Range                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 4 West of the Willamette Meridian in Yamhili County, On                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | egon, described as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Claim, also being on the West line of Goodrich Orchard' of sald Claim, 902 feet; thence North 00°42' East, 1340, less, to the center of a ditch; thence North 10'41' East al 63.4 feet to an iron pipe at angle corner of tract conveye 1940 in Book 117, Page 233, Deed Records; thence Not South 79'19' East, 1787. 13 feet to the Southeast corner Goodrich Orchard Tracts; thence South 00'12' West alor feet, more or less, to the Point of Beginning.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8 feet; thence North 79'19' West 12O2 feet, more or ong sald ditch, 17.5 feet; thence South 79'19' East id to Vern Myers by Deed recorded November 13, rith 36"30' East, 429.4 feel to an iron pipe; thence of said Meyers tract and also the West line of said                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 05 00005 1100 15510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| To Have and to Hold the same unto grantee and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STATILEE'S heirs successors and assigns forever                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The true and actual consideration paid for this tra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| actual consideration consists of or includes other propert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | y or value given or promised which is a part of the of the whole (indicate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| which) consideration. (The sentence between the symbols o, if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | not applicable, should be deleted. See ORS 93,030.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| In construing this instrument, where the context                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | so requires, the singular includes the plural, and all grammatical changes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| shall be made so that this instrument shall apply equally                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | to businesses, other entities and to individuals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| IN WITNESS WHEREOF, grantor has executed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | socials also socials action of the social                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| signature on behalf of a business or other entity is made<br>BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT. THE PERSON TRANSFER<br>INCUMER ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 155,300, 195,301 AND 11<br>SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 11<br>LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 6, OREGON LAWS 2010. THIS INSTRUMENT IN YOUATION OF APP<br>AND REGULATIONS. SEPTORS SIGNING OR ACCEPTING THIS INSTRUMENT, THE PER<br>TO THE PROPERTY SOULD CHECK WITH THE APPROPRIATE CITY OR DOWNLY PL.<br>VEHIPY THAT THE UNIT OF LAWD BEING TRANSFERBED IS A LAWFILLY STRING IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | With the authority of that entity.  RING RET TILE SHOULD  0 1953/05 TO 1953/05 AND  CHECKE ASS, OREGON  UNKENT DOES NOT ALLOW  OF THE STORY OF THE OWN OWN OF THE OWN OF THE OWN                                                                                                                                                                                                                                                                                                                             |
| AND REGULATIONS, BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PER TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PL VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY SETUNG DEFINED BY GREEN SPACES AND SECTION OF 215.010, TO VERIFY THE APPROVED USES OF THE LO AMERICAN COUNTY OF THE PROPERTY OF STRUMENT OF AND STRUMENT OF A STRUMENT | TO R PARCEL TO DETERMENT OF THE PARCEL TO DETERM |
| STATE OF OREGON, County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| This instrument was ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | cknowledged before me on Octo ber 13th 2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| by Dorent Servery Le                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ildy, Lixda Dioke Rixdels, Judy Kreisfine Leile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| by Doneld Torrey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | cknowledged before me on October 13th Dobbish Todd Kindo<br>Filoso Lindo Diems Birbols, July Kristine Lody<br>Wolfs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| as Brian Todd RIV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | cois,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

OFFICIAL STAMP
JAY TRAYS TWEEDLE
NOTARY PUBLIC - OREGON
COMMISSION NO. 998570
MY COMMISSION EXPIRES APRIL 6, 2024

Noter Publicator Oregon
My commission expires April both 2020

RECEIVED

SEP 1 1 2023

#### PARCEL 2:

A part of the Alexander P. Ankeny Donation Land Claim, Certification No. 1966 in Sections 28, 29, 32 and 33 in Township 2 South, Range 4 West of the Willamette Meridian in Yamhill County, Oregon, described as follows:

Beginning at the Northwest corner of the Joseph Glibreath Donation Land Claim No. 52 in said Township and Range; thence South 89'44' West along South line of said Ankeny Claim 5.25 chains to a stake; thence North 00'39' West parallel to and 10 feet West of the center of County Road 19.03 chains to a stake; thence North 27'17' East 5.20 chains to a point South 79"37' East 2.507 chains from a 4 Inch crab apple tree called for in former Survey; thence South 87'30' East, 19.25 chains to an iron pipe; thence South 00'36' West, 6.09 chains; thence South 01'20' West, 14.22 chains to North line of said Glibreath Claim; thence South 89'44' West along North line of said Glibreath Claim to the Point of Beginning.

#### SAVE AND EXCEPTING THEREFROM the following:

Beginning at the Northwest corner of the Joseph Gilbreath Donation Land Claim No. 52 in said Township and Range; thence South 89'44' West along South line of said Ankeny Claim 5.25 chains to a stake, and the True Point of Beginning of the tract herein described; thence North 00'39' West and parallel to and 10 feet West of the center line of County Road No. 254, 248 feet; thence East and parallel with the South line of said Ankeny Donation Land Claim 569.5 feet; thence South and parallel to the West line of the tract herein described 240 feet, more or less, to the South line of said Ankeny Donation Land Claim; thence West along the South line of said Donation Land Claim to the Point of Beginning.

**RECEIVED** 

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# **Attachment C**

Permit Application Map

Application for a Water Use Permit - Quandary Vineyards, LLC

**RECEIVED** 

SEP 1 1 2023

**OWRD** 

# **Attachment D**

Permit R-15576

Application for a Water Use Permit - Quandary Vineyards, LLC

#### STATE OF OREGON

#### **COUNTY OF YAMHILL**

#### PERMIT TO STORE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

QUANDARY VINEYARDS, LLC 17050 SNOWCREEK LN MORRISON CO 80465

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: R-89282

SOURCE OF WATER: RUNOFF, TRIBUTARY TO ROWLAND CREEK

STORAGE FACILITY: QUANDARY RESERVOIR

**MAXIMUM DAM HEIGHT: 13.1 FEET** 

**MAXIMUM VOLUME: 9.0 ACRE-FEET** 

PURPOSE OR USE OF THE STORED WATER: MULTIPURPOSE USE

WATER MAY BE APPROPRIATED FOR STORAGE DURING THE PERIOD: DECEMBER 1 THROUGH APRIL 30

DATE OF PRIORITY: OCTOBER 14, 2022

#### DAM LOCATION:

| Twp | Rng | Mer | Sec | Q-Q   | Measured Distances                                          |
|-----|-----|-----|-----|-------|-------------------------------------------------------------|
| 25  | 4W  | WM  | 32  | NE NE | 510 FEET SOUTH AND 405 FEET WEST FROM NE CORNER, SECTION 32 |

#### RESERVOIR LOCATION:

| Twp | Rng | Mer | Sec | Q-Q   | Measured Distances                                          |
|-----|-----|-----|-----|-------|-------------------------------------------------------------|
| 25  | 4W  | WM  | 32  | NE NE | 450 FEET SOUTH AND 330 FEET WEST FROM NE CORNER, SECTION 32 |

#### THE AREA TO BE SUBMERGED BY THE RESERVOIR:

| Twp | Rng | Mer | Sec | Q-Q   |
|-----|-----|-----|-----|-------|
| 25  | 4 W | WM  | 32  | NE NE |

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Application R-89282 Basin #2

Water Resources Department Page 1 of 5 Permit R-15576 Water District #22

#### PERMIT SPECIFIC CONDITIONS

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

#### 2. Water Use Measurement, Recording, and Reporting:

- A. The Director may require the permittee to install a staff gage that measures the entire range and stage between full reservoir level and dead-pool level in the reservoir. If no dead-pool, the gage must measure the full depth of the reservoir. The watermaster may determine an alternate measuring device is suitable. If the Director notifies the permittee to install a measuring device, the permittee shall install such device within the period stated in the notice. Once installed, the permittee shall maintain the device in good working order and shall allow the watermaster access to the device.
- B. The Director may require the permittee to keep and maintain a record of the volume of water stored, and may require the permittee to report water-storage on a periodic schedule as established by the Director. In addition, the Director may require the permittee to report general water-use information, the periods of water use and the place and nature of use of water under the permit.
- C. The Director may provide an opportunity for the permittee to submit alternative measuring and reporting procedures for review and approval.

#### 3. Agricultural Water Quality Management Area Rules:

The permittee shall comply with basin-specific Agricultural Water Quality Management Area Rules described in Oregon Administrative Rule Chapter 603-095. The permittee shall protect riparian areas, allowing site capable vegetation to establish and grow along streams, while providing the following functions: shade (on perennial and some intermittent streams), bank stability, and infiltration or filtration of overland runoff.

#### 4. Riparian Area Restoration:

If the riparian area is disturbed in the process of developing a point of diversion, the permittee shall be responsible for restoration and enhancement of such riparian area in accordance with ODFW's Fish and Wildlife Habitat Mitigation Policy OAR 635-415. For purposes of mitigation, the ODFW Fish and Wildlife Habitat Mitigation Goals and Standards, OAR 635-415, shall be followed.

#### 5. Fish Screen and By-Pass Device:

The permittee shall install, maintain, and operate fish screening and by-pass devices consistent with current Oregon Department of Fish and Wildlife (ODFW) standards. Fish screening is to prevent fish from entering the proposed diversion while by-pass devices provide adequate upstream and downstream passage for fish. The required screen and by-pass devices are to be in place and functional, and approved in writing by ODFW prior to diversion of any water. The

Application R-89282 Basin #2 Water Resources Department Page 2 of 5 Permit R-15576
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permittee may submit evidence in writing that ODFW has determined screens and/or by-pass devices are not necessary.

#### 6. Water Quality:

- A. All water use under this permit shall comply with state and federal water quality laws. The permittee shall not violate any state and federal water quality standards, shall not cause pollution of any waters of the state, and shall not place or cause to be placed any wastes in a location where such wastes are likely to escape or be carried into the waters of the state by any means. The use may be restricted if the quality of source stream or downstream waters decrease to the point that those waters no longer meet existing state or federal water quality standards.
- B. The use may be restricted if the quality of the source stream or downstream waters decrease to the point that those waters no longer meet existing state or federal water quality standards due to reduced flows.

#### 7. Fish Stocking:

Per ORS 498.222 and OAR 635-007-0600, all persons transporting fish in Oregon shall have a fish transport permit issued by the Oregon Department of Fish and Wildlife (ODFW). The permittee shall not stock fish in the reservoir without a fish transport permit issued by ODFW. As part of the permitting process, the permittee shall also screen the inlet and outlet of their pond to ensure that fish cannot escape into public waters and/or to keep wild fish from entering the pond.

#### 8. Off-Channel Stored Water Releases:

The permittee shall not release polluted water from this off-channel reservoir into waters of the state except when the release is directed by the State Engineer to prevent dam failure.

#### 9. Live Flow:

Once the allocated volume has been stored, permittee shall pass all live flow downstream at a rate equal to inflow, using methods that protect instream water quality.

- 10. The storage of water allowed herein is subject to the installation and maintenance of an outlet pipe (with a minimum diameter of 8" for any in-channel reservoir). This requirement may be waived if the Department determines other means have been provided to evacuate water when necessary.
- 11. The permittee shall pass all live flow outside the storage season described above.
- 12. The permittee shall not construct, operate or maintain any dam or artificial obstruction to fish passage in the channel of the subject stream without providing a fishway to ensure adequate upstream and downstream passage for fish, unless the permittee has requested and been granted a fish passage waiver by the Oregon Fish and Wildlife Commission. The permittee is hereby

Application R-89282 Basin #2 Water Resources Department Page 3 of 5 Permit R-15576 Water District #22

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- directed to contact an Oregon Department of Fish and Wildlife Fish Passage Coordinator, before beginning construction of any in-channel obstruction.
- 13. This permit allows an annual appropriation (not to exceed the specified volume). This permit does not provide for the appropriation of water for out-of-reservoir uses, the maintenance of the water level or maintaining a suitable freshwater condition. If any water is to be used for out-of-reservoir purposes, a secondary water right is required. If any additional live flow is to be appropriated to maintain either the water level or a suitable freshwater condition, an additional water right is required.

#### STANDARD CONDITIONS

- This permit 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.
- 2. 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.
- 3. The use of water allowed herein may be made only at times when sufficient water is available to satisfy all prior rights, including prior rights for maintaining instream flows.

#### **DEVELOPMENT AND COMPLETION TIMELINE REQUIREMENTS**

- Construction of the water system shall begin within five years of the date of permit issuance. The
  deadline to begin construction may not be extended. This permit is subject to cancellation
  proceedings if the begin construction deadline is missed.
- The permitted volume of water shall be stored within five years of the date of permit issuance. If additional time is needed, the permittee may submit an application for extension of time, which may be approved based upon the merit of the application.
- Within one year after storage of water, the permittee shall submit a claim of beneficial use to the Oregon Water Resources Department.
- 4. The claim of beneficial use shall be prepared by a Certified Water Right Examiner in conformance with the requirements of OAR 690-014 if an associated secondary permit exists for the use of stored water under this permit, or if the reservoir capacity is equal to or greater than 9.2 acre-feet.
- 5. If no secondary permit exists and the reservoir capacity is less than 9.2 acre-feet of water, the claim of beneficial use need not be prepared by a Certified Water Right Examiner. The information submitted to the Oregon Water Resources Department shall include:
  - a. the dimensions of the reservoir;
  - b. the maximum capacity of the reservoir in acre-feet; and

Application R-89282 Basin #2 Water Resources Department Page 4 of 5 Permit R-15576 Water District #22

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 a map identifying the location of the reservoir prepared in compliance with Water Resources Department standards.

Issued

JUN 1 6 2023

Katherine Roddiffe

Katherine Ratcliffe Water Rights Section Manager, for Douglas E. Woodcock, Acting Director Oregon Water Resources Department

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Application R-89282 Basin #2 Water Resources Department Page 5 of 5 Permit R-15576 Water District #22

Attachment 3: Map of Division 33 Areas

### **Minimum Requirements Checklist**

Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.140)

### Include this checklist with the application

Check that each of the following items is included. The application will be returned if all required items are not included. If you have questions, please call the Water Rights Customer Service Group at (503) 986-0900.

Please submit the original application and signatures to the Water Resources Department. Applicants are encouraged to keep a copy of the completed application.

Applicant Information and Signature

**Property Ownership** 

SECTION 2:

For Department Use: App. Number:

| $\times$    | SECTION 3:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Source of Water                                                                                                     |                  |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------|
| $\times$    | SECTION 3:<br>SECTION 4:<br>SECTION 5:<br>SECTION 6:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sensitive, Threatened or Endangered Fish Species Public Interest Information                                        |                  |
| $\times$    | SECTION 5:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Water Use                                                                                                           |                  |
| $\times$    | SECTION 6:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Water Management                                                                                                    |                  |
| $\triangle$ | SECTION 7:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Resource Protection                                                                                                 |                  |
| $\boxtimes$ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Project Schedule                                                                                                    |                  |
|             | SECTION 9:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Within a District                                                                                                   |                  |
| X           | SECTION 10:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Remarks                                                                                                             |                  |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                  |
| Inc         | lude the follo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | wing additional items:                                                                                              |                  |
| X           | Land Use Info                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ormation Form with approval and signature of local planning department (must be                                     | e an original)   |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | eipt. See Attachment A                                                                                              | ,                |
| X           | Provide the I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | egal description of: (1) the property from which the water is to be diverted, (2) an                                | v property       |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | proposed ditch, canal or other work, and (3) any property on which the water is                                     |                  |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | the map. See Attachment B                                                                                           |                  |
| X           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nt enclosed: \$1,589.00                                                                                             |                  |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | artment's Fee Schedule at www.oregon.gov/owrd or call (503) 986-0900.                                               |                  |
| X           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ludes the following items: See Attachment C                                                                         |                  |
|             | 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | adds the following feetis: See Attachment of                                                                        | RECEIVED         |
|             | □ Pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rmanent quality and drawn in ink                                                                                    | MECEIVEL         |
|             | Eve     Eve | en map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)                                   | SEP 1 1 2023     |
|             | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | rth Directional Symbol                                                                                              |                  |
|             | ∑ To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | wnship, Range, Section, Quarter/Quarter, Tax Lots                                                                   | OWRD             |
|             | ⊠ Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ference corner on map                                                                                               |                  |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | cation of each diversion, by reference to a recognized public land survey corner (drth/south and east/west)         | istances         |
|             | Inc     Inc | licate the area of use by Quarter/Quarter and tax lot identified clearly.                                           |                  |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | mber of acres per Quarter/Quarter and hatching to indicate area of use if for primoplemental irrigation, or nursery | nary irrigation, |
|             | ∑ Loc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | cation of main canals, ditches, pipelines or flumes (if well is outside of the area of                              | use)             |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                  |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                  |

Surface Water — Page 8 Rev. 07/21

### RECEIVED

SEP 1 1 2023





Via electronic mail - wrd\_dl\_customerservice@water.oregon.gov

September 7, 2023

Katie Ratcliffe Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, OR 97301

RE: Application for a Permit to Use Stored Water - Quandary Vineyards, LLC

Dear Ms. Ratcliffe:

On behalf of Quandary Vineyards, LLC, GSI Water Solutions, Inc. is submitting the enclosed application for a permit to use stored water at a rate up to 0.61 cfs for irrigation and up to 0.61 cfs for agricultural use, not to exceed a total of 0.61 cfs, further limited to a total annual volume of 9.0 acre-feet. The source of the stored water is Quandary Reservoir, which is authorized under Permit R-15576.

The permit application fee of \$1,589 will be mailed to OWRD after we receive the temporary number for this application.

If you have any questions regarding this application, please contact me at 541-753-0933.

Sincerely,

Zach Pike-Urlacher Water Resources Consultant

CC: Donald Leidy, Quandary Vineyards

Enclosure: Application for a permit to use stored water and attachments

ch Ruse-Ushadrer

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OWRD

# Molly Monroe SFP 11 2023

From:

LOVRIEN Corie L \* WRD <corie.lovrien@water.oregon.gov>

Sent:

Friday, September 8, 2023 1:09 PM

To: Cc: Zach Pike-Urlacher; WRD\_DL\_customerservice Kim Grigsby; Mikaela Clarke; Molly Monroe

Subject:

RE: Application for a Permit to Use Stored Water on Behalf of Quandary Vineyard, LLC

Hello.

OWRD has received and accepted the Surface Water (stored water) e-application for **Quandary Vineyards**, **LLC**. The temporary application number is: CL-26

Please print this email and include a copy of it when mailing in the payment. The fees due for this application are: \$ 979.00 (If opting to include recording fee: \$1,589.00)

A copy of the fee calculator is included for your reference

| Base Application Fee.                                                                                                                                                                                                                                                                      |             | \$610.00   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|
| Acre feet of Stored Water to be diverted.                                                                                                                                                                                                                                                  | 9           | \$369.00   |
|                                                                                                                                                                                                                                                                                            | Subtotal:   | \$979.00   |
| Permit Recording Fee. ***                                                                                                                                                                                                                                                                  |             | \$610.00   |
| *** the Permit Recording Fee is not required when the application is submitted but, must be paid before a permit will be issued. It is fully refundable if a permit is not issued. If the recording fee is not paid prior to issuance of the Final Order, permit issuance will be delayed. | Recalculate |            |
| Estimated cost of Permit Application                                                                                                                                                                                                                                                       |             | \$1,589.00 |

Take care, Corie

Corie Lovrien Customer Service Representative Water Right Services Division 725 Summer Street NE Ste A Salem, Oregon 97301 (503) 986-0801



Integrity | Service | Technical Excellence | Teamwork | Forward-Looking

**NOTE:** The Salem office is now open to the public. Given that many staff will continue teleworking remotely or have job duties that take them into the field on a regular basis, availability of staff in the office is not guaranteed 8 a.m. - 5 p.m.

every day. The Salem office of OWRD is closed for customer service drop-ins from Noon – 1pm. Customers and visitors are encouraged to schedule an appointment in advance if they wish to meet in person with specific staff members.

Alternative methods for meeting, such as by phone or virtually via Teams, are also available.

From: Zach Pike-Urlacher <zpikeurlacher@gsiws.com>

Sent: Thursday, September 7, 2023 5:03 PM

To: LOVRIEN Corie L \* WRD <corie.lovrien@water.oregon.gov>; WRD\_DL\_customerservice

<WRD\_DL\_customerservice@water.oregon.gov>

Cc: Kim Grigsby <kgrigsby@gsiws.com>; Mikaela Clarke <mclarke@gsiws.com>; Molly Monroe <mmonroe@gsiws.com>

Subject: RE: Application for a Permit to Use Stored Water on Behalf of Quandary Vineyard, LLC

Hi Corie,

Thank you for getting back to us so quickly. Attached are updated application pages (Section 5 and Section 10).

Please let us know if you have any questions.

Thanks, Zach

#### Zach Pike-Urlacher

Water Resources Consultant

direct: 541.753.0933 | mobile: 360.739.2303

1600 SW Western Boulevard, Suite 240, Corvallis, OR 97333

GSI Water Solutions, Inc. | www.gsiws.com

pronouns: he, him

From: LOVRIEN Corie L \* WRD < corie.lovrien@water.oregon.gov>

Sent: Thursday, September 7, 2023 2:11 PM

To: Zach Pike-Urlacher < <pre>zpikeurlacher@gsiws.com; WRD\_DL\_customerservice

<WRD DL customerservice@water.oregon.gov>

Cc: Kim Grigsby < kgrigsby@gsiws.com >; Mikaela Clarke < mclarke@gsiws.com >; Molly Monroe < mmonroe@gsiws.com >

Subject: RE: Application for a Permit to Use Stored Water on Behalf of Quandary Vineyard, LLC

Hello Zach,

Thanks for your email. For stored water we need the amount in section 5 to be listed in Acre Feet instead of CFS. It looks like you'll be requesting 9 AF, but we'll need that in the table in section 5 instead of the CFS rate that's listed. Is that something you can revise and send back to me? Once I receive the revised page, I can provide a temporary number for you.

Thanks, Corie

Corie Lovrien Customer Service Representative Water Right Services Division 725 Summer Street NE Ste A Salem, Oregon 97301 (503) 986-0801

SEP 1 1 2023 OWRD



# RECEIVED SEP 11 2023

**OWRD** 

#### Integrity | Service | Technical Excellence | Teamwork | Forward-Looking

**NOTE:** The Salem office is now open to the public. Given that many staff will continue teleworking remotely or have job duties that take them into the field on a regular basis, availability of staff in the office is not guaranteed 8 a.m. - 5 p.m. every day. The Salem office of OWRD is closed for customer service drop-ins from Noon – 1pm. **Customers and visitors are encouraged to schedule an appointment in advance if they wish to meet in person with specific staff members.** Alternative methods for meeting, such as by phone or virtually via Teams, are also available.

From: Zach Pike-Urlacher < zpikeurlacher@gsiws.com >

Sent: Thursday, September 7, 2023 11:07 AM

To: WRD\_DL\_customerservice < WRD\_DL\_customerservice@water.oregon.gov>

Cc: Kim Grigsby < kgrigsby@gsiws.com >; Mikaela Clarke < mclarke@gsiws.com >; Molly Monroe < mmonroe@gsiws.com >

Subject: Application for a Permit to Use Stored Water on Behalf of Quandary Vineyard, LLC

Good morning,

GSI Water Solutions, Inc. is electronically submitting the attached application to use stored water on behalf of Quandary Vineyard, LLC. The permit application fee of \$1,589 will be mailed to OWRD after we receive the temporary number for this application.

Please let us know if you have any questions.

Thank you, Zach

#### Zach Pike-Urlacher

Water Resources Consultant
direct: 541.753.0933 | mobile: 360.739.2303
1600 SW Western Boulevard, Suite 240, Corvallis, OR 97333
GSI Water Solutions, Inc. | www.gsiws.com
pronouns: he, him