

Application for a Permit to Use Surface Water



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

Applicant

NAME WAYNE AND AMANDA STAEHELY		PHONE (HM)	
PHONE (WK)	CELL 503-320-3466 (AMANDA)		FAX
MAILING ADDRESS 29490 S JACKSON RD			
CITY CANBY	STATE OR	ZIP 97013	E-MAIL * AMANDA@COLUMBIA-NURSERY.COM

Organization

NAME		PHONE	FAX
MAILING ADDRESS			CELL
CITY	STATE	ZIP	E-MAIL *

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

AGENT / BUSINESS NAME DOANN HAMILTON / PACIFIC HYDRO-GEOLOGY, INC.		PHONE (503) 632-5016	FAX (503) 632-5983
ADDRESS 18487 S. VALLEY VISTA ROAD			CELL (503) 349-6946
CITY MULINO	STATE OR	ZIP 97042	E-MAIL * PHGDMH@GMAIL.COM

Note: Attach multiple copies as needed

* By providing an e-mail address, consent is given to receive all correspondence from the Department electronically. (Paper copies of the proposed and final order documents will also be mailed.)

By my signature below I confirm that I understand:

- I am asking to use water specifically as described in this application.
- Evaluation of this application will be based on information provided in the application.
- I cannot legally use water until the Water Resources Department issues a permit.
- The Department encourages all applicants to wait for a permit to be issued before beginning construction of any proposed diversion. Acceptance of this application does not guarantee a permit will be issued.
- If I begin construction prior to the issuance of a permit, I assume all risks associated with my actions.
- If I receive a permit, I must not waste water.
- If development of the water use is not according to the terms of the permit, the permit can be cancelled.
- The water use must be compatible with local comprehensive land use plans.
- Even if the Department issues a permit, I may have to stop using water to allow senior water right holders to receive water to which they are entitled.

E-RECEIVED

MAY 12 2025

OWRD

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

Applicant Signature

Print Name and Title if applicable

Date

Applicant Signature

Print Name and Title if applicable

Date

For Department Use: App. Number: _____

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