

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



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

**A fee of \$345 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

Enter the date the priority date of the permit:

2/26/2016

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A separate form shall be completed for each permit.

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

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:

<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

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

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

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

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

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

If you have questions regarding the completion of this form, please call 503-986-0900.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see
<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # S-88186	PERMIT # S-55158	PERMIT AMENDMENT # T- MA
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Patterson Nursery Sales Inc.	PHONE NO. (503) 668-6000	ADDITIONAL CONTACT NO. (503) 668-9000
ADDRESS PO Box 68		
CITY Eagle Creek	STATE OR	ZIP 97022
CITY Eagle Creek		

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

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

PERMIT HOLDER OF RECORD Patterson Nursery Sales Inc.		
ADDRESS PO BOX 99		
CITY Boring	STATE OR	ZIP 97009

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:**6/17/2025****5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
Alan Ranstead	6/17/25	Nursery Facility Manager

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

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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SECTION 2 SIGNATURES

CWRE Statement, Seal and Signature

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



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CWRE NAME Michael Higgins	PHONE NO. 858.775.0811	ADDITIONAL CONTACT NO.
ADDRESS 1672 SW Country Club Place		
CITY Corvallis	STATE OR	ZIP 97333 E-MAIL mhigginsrocks@gmail.com

Permit Holder(s) of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Bill Patterson	OWNER PRESIDENT	12/18/2025

SECTION 3

CLAIM DESCRIPTION

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1. Point of diversion name or number:

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)
POD 2

2. Point of diversion source and tributary:

POD NAME OR NUMBER	SOURCE	TRIBUTARY
2	Lagoon 2 (storage)	Eagle Creek

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

POD NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
2	Nursery	Containerized in ground, any other crop	Year Round	2.2 CFS, 33-AF
Total Quantity of Water Used				2.2 CFS

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

Reservoir storage (source, permit R 15260) water is diverted to a sump via (2.0-ft) diameter inlet pipe. The sump (7.5-ft diameter, 22-ft depth) is equipped with two (30-HP) Goulds submersible well style pumps and booster pump (7.5-HP) for water delivery system. The system has buried (6-inch) mainlines from lagoon (No.2) to subject properties, with buried laterals for solid set low-pressure overhead & drip system.

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

5. Variations:

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

YES NO

The permit allowed 16.5 acres of Nursery uses. The water user developed (8.5)-acres for nursery use.

6. Claim Summary:

POD NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POD 2	2.48 CFS	2.76 CFS		Nursery	16.5	8.5

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SECTION 4
SYSTEM DESCRIPTION

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Are there multiple PODs?

YES NO

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

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

POD 2**A. Place of Use****1. Is the right for municipal use?****YES** NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
02S	04E	W.M.	31	SENW		37	Nursery	3.23	
02S	04E	W.M.	31	NENW		37	Nursery	3.77	
02S	04E	W.M.	31	NWNE		37	Nursery	0.65	
02S	04E	W.M.	31	SWNE		37	Nursery	0.82	
Total Acres Irrigated								8.50	

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

B. Diversion and Delivery System Information

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

1. Is a pump used?**YES** NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
1) Goulds	1) 7 CHC (2 stg)	1) MG 2221	Submersible (all three)	1) 7.5"	1) 6"
2) Goulds	2) 7 CHC (2 stg)	2) MG 2222;		2) 7.5"	2) 6"
3) Goulds	3) 5 CLC (4 stg)	3) MG 2220		3) 5.6"	3) 4"

3. Motor Information:

MANUFACTURER	HORSEPOWER
1) Goulds	30
2) Goulds	30
3) Goulds	7.5

4. Theoretical Pump Capacity: TOTAL ALL (3) PUMPS

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
67.5	60	NA	20	2.76

5. Provide pump calculations:

$$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$$

Efficiency: Turbine = 7.04; Operating PSI: (60)

$$[(1-\text{psi}/0.433)(1.1) = \text{head (feet/psi)} = 2.54 \text{ feet head/psi}] \Rightarrow \text{PSI} = (\underline{152.4 \text{ ft/psi}}) / 2.54 \text{ feet head} = \underline{60 \text{ PSI}}$$

$$\text{Head PSI (in ft/psi): } ((\text{PSI}/0.433) * (1.1)) \Rightarrow ((\underline{60 \text{ psi}} / 0.433) \times (1.1)) = \underline{152.4 \text{ ft}}$$

Elevation Discharge Lift = 20 ft

$$\text{Total Dynamic Head: Discharge lift (ft) plus Head (ft/psi)} \Rightarrow (\underline{20 \text{ ft}} + \underline{152.4 \text{ ft}}) = \underline{172.4 \text{ ft}}$$

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Pump Capacity: $[(\text{HP} * \text{Efficiency}) / \text{Total Dynamic Head}]$

$$\Rightarrow [(\underline{67.5 \text{ HP}})(7.04 \text{ ft}^4/\text{sec}/\text{HP}) / \underline{172.4 \text{ ft}}] = 2.756 \text{ ft}^3/\text{sec}$$

Total Theoretical Capacity: 2.76 CFS

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6. Measured Pump Capacity (using meter if meter was present and system was operating): not operating

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
NA	NA	NA	NA

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

7. Is the distribution system piped?

YES NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6-inch	4,095	PVC	Buried
4 inch	580	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2 inch	5920	PVC	Buried

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
½ inch	60	8.4	160	(48)	1.11 (0.90)

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL Emitter OUTPUT (cfs)
varies	25	0.083	varies	(12,265); 7,035*	(2.27); 1.3*
					* = Approximate total

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (cfs)	ADDITIONAL INFORMATION
NA				NA	
				NA	

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (cfs)
NA				NA

C. Storage

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

YES NO

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

If "YES" is it a: Storage Tank

YES NO

Bulge in System / Reservoir

YES NO

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

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Patterson Lagoon #2 (permit R-15260)	2-ft	33-AF

D. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAMS FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

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E. Gravity Flow Canal or Ditch

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

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

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

F. Additional notes or comments related to the system:

(POD 1 – Section 4 attached separately): Storage reservoir under permit R 55158, Application R 88185, has a water intake tank that is equipped with three pumps for the Nursery water distribution system.

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SECTION 5

CONDITIONS

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

1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	8/16/2018		
BEGIN CONSTRUCTION (A)	8/16/2023	8/2016	
COMPLETE CONSTRUCTION (B)	8/16/2023	6/2023	Installed totalizing flow meter
COMPLETE APPLICATION OF WATER (C)	8/16/2023	7/2023	Water use measurements are recorded monthly and reported annually

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

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

YES NO

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

3. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? YES NO

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

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

b. Has a meter been installed? YES NO

c. Meter Information

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Lagoon 2	Redlion	G 306A	Working		6/2017

If a meter has been installed, items d through f relating to this section may be deleted.

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4. Recording and reporting conditions:

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

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

b. Have the reports been submitted? YES NO

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

5. Fish Screening:

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

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

6. By-pass Devices:

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

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

7. Other conditions required by some permits, permit amendment final orders, or extension final orders:

a. Was the water user required to restore the riparian area if it was disturbed? YES NO

b. Was a fishway required? YES NO

c. Was submittal of a water management and conservation plan required? YES NO

d. Other conditions? YES NO

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s) in the box below. If the condition required the approval of a plan, submit documentation that the plan was approved.

Surface water permit standard conditions apply and in compliance. The development of the reservoir and POD was completed with no disturbance or impacts within riparian areas. There is no disturbance or impacts to in-channel sources with the construction and maintenance of the reservoir.

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SECTION 6**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
POD 1 (R 55158)	POD 1 Section 4 (copy)

SECTION 7

CLAIM OF BENEFICIAL USE MAP

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

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

The final proof survey was conducted with traverse survey, acquired GPS coordinates (WGS 84, +/- 10-ft) as needed for the POD, main line, totalizing flow meter and water tank. The mapping of the traverse survey is projected to map scale using GIS software (QGIS v. 3.8), aided with use of aerial satellite imagery (OSIP, 2024 & Google Earth Pro, 2025). Additionally, a scaled topographic map was prepared for assisting with the final proof of survey and calculations as needed for the pump capacity and conveyed water system. The limits of the POU for Nursery were verified during the final proof survey.

Map Checklist

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

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SECTION 4
SYSTEM DESCRIPTION

(R-15260) copy ma

Are there multiple reservoirs?

YES NO

If "YES" you will need to copy and complete Sections A through E for each reservoir.

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

POD 1

A. Reservoir Location

1. Is the reservoir on-channel?

YES NO

2. Provide dam outlet location and/or point of diversion(s).

TWP	RNG	MER	SEC	QQ	GLOT	DLC	MEASURED DISTANCES
02S	04E	WM	31	NW SW	NA	37	2,210-ft south, 330-ft west of DLC 39 SE cor
02S	04E	WM	31	NW SW	NA	37	

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

B. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport the water from the point(s) of diversion to the reservoir.

1. Is a pump used?

YES NO

If "NO" items 2 through item 5 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Flygt	2660.181.0015	NA	Submersible

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
15 HP	10 PSI	NA	20'	2.33

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4. Provide pump calculations:

$$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$$
Efficiency: Turbine = 7.04; Operating PSI: (10)
$$/(1-\text{psi}/.433)(1.1) = \text{head (feet/psi)} = 2.54 \text{ feet head/psi}$$
Head PSI (in ft/psi): $((\text{PSI}/0.433) * (1.1)) \rightarrow ((\underline{10 \text{ psi}} / 0.433) * (1.1)) = \underline{25.4 \text{-ft}}$ Elevation Discharge Lift = 20-ftTotal Dynamic Head: Discharge lift (ft) plus Head (ft/psi) $\Rightarrow (\underline{25.4 \text{-ft}} + \underline{20 \text{-ft}}) = \underline{45.4 \text{-ft}}$

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Pump Capacity: $[(\text{HP} * \text{Efficiency}) / \text{Total Dynamic Head}]$ $\Rightarrow [(\underline{15 \text{ HP}})(7.04 \text{ ft}^4/\text{sec}/\text{HP})] = 105.6 \text{ ft}^4/\text{sec} \rightarrow (105.6 \text{ ft}^4/\text{sec} / 45.4 \text{-ft}) = \underline{2.325 \text{ ft}^3/\text{sec}}$ Total Theoretical Capacity: 2.33 CFS

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)

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

6. Additional notes or comments related to the system:

The water collected is within the underground reclaim tank that is diverted with a pump to the reservoir (Lagoon 2). The reservoir is excavated below ground surface (grade), installed with an impermeable liner, and constructed with a berm perimeter with an average height approximately 2 feet above grade with no connection to local surface hydrology. There is no spillway but has an outlet pipe overflow. The stored water can be pumped for out-of-storage use, via a main pump house facility which conveys and distributes water to mainlines and laterals for nursery operations.

C. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAMS FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

D. Gravity Flow Canal or Ditch

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

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

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

E. Reservoir

1. Does the reservoir require the submittal of as-built plans and specifications?

YES NO

If "YES", answer item 2; items 3 through 8 relating to this section may be deleted.

If "NO", skip items 2; answer items 3 through 8.

3. If the reservoir stores less than 9.2 acre-feet of water or if the dam is less than 10 feet in height, and as-built plans and specifications are not required, complete the table and items 4 through 8.

MAXIMUM DEPTH	AVERAGE DEPTH	SURFACE AREA (IN ACRES)	VOLUME (IN ACRE FEET)
14 FT	10 FT	3.3	33.0

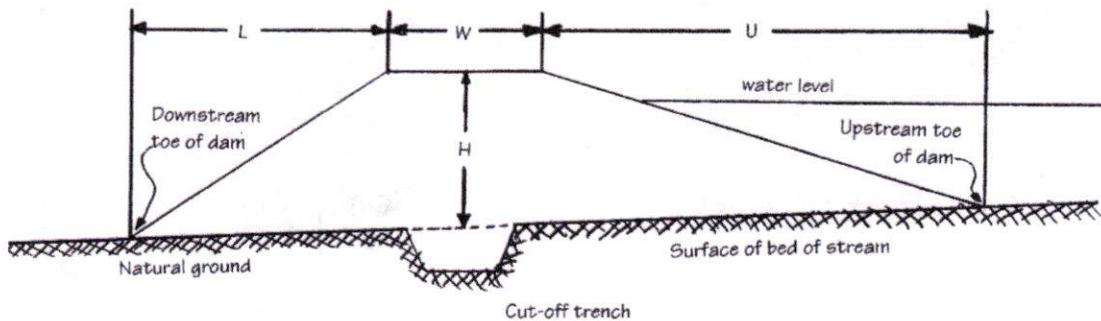
4. Provide reservoir volume calculations:

See as-built plan, area measurements and volume calculations provided separately (attached).

5. Provide the following information concerning the physical characteristics of the dam:

CREST WIDTH (W)	DAM HEIGHT AT CENTERLINE (H)	DISTANCE FROM DOWNSTREAM TOP OF DAM TO DOWNSTREAM TOE (L)	DISTANCE FROM UPSTREAM TOP OF DAM TO UPSTREAM TOE (U)	WATER LEVEL AT INSPECTION	DOWN-STREAM SLOPE	UP-STREAM SLOPE
12 ft	1 to 4-ft	~10-ft max	28 ft	12.5	~1.5:1	2:1

Example Dam Profile *This box may be deleted from the form*



6. Provide a drawing showing the cross section of the dam at the maximum section indicating details and dimensions. The drawing should be drawn at a standard even scale.

See attached as-built plan design drawing (attached).

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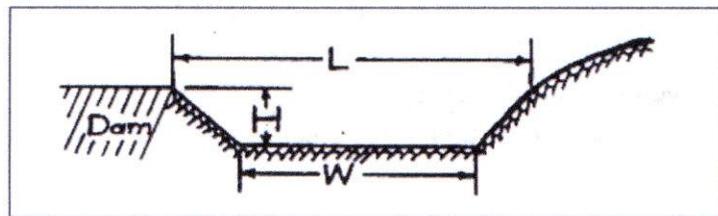
7. Describe the outlet works (size and type of the outlet conduit and location):

15" dual wall plastic culvert pipe located in the SW corner.

See as-built plan (attached)

8. Describe the emergency spillway (dimensions and location):

BOTTOM WIDTH (W)	TOP WIDTH (L)	SPILLWAY DEPTH (H)
NA	NA	NA



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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Patterson Nursery Sales Inc.

PO Box 168 Eagle Creek, OR 97022

Transaction Type: COBUL x 2

Fees Received: \$ 690.00

Cash

Check:

Check No.

88479

Name(s) on Check: Patterson Nursery Sales

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

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

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

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

Sincerely,

OWRD Customer Service Staff

Submission received by: Sarah Benham
(Name of OWRD staff)

Instructions for OWRD staff:

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