



Oregon Water Resources Department 725  
 Summer Street NE, Suite A  
 Salem Oregon 97301-1271  
 (503) 986-0900  
 www.wrd.state.or.us

# Application for a Permit to Use Ground Water

Please type or print in dark ink. If your application is found to be incomplete or inaccurate, we will return it to you. If any requested information does not apply to your application, insert "n/a." Please read and refer to the instructions when completing your application. A summary of review criteria and procedures that are generally applicable to these applications is available at [www.wrd.state.or.us/OWRD/PUBS/forms.shtml](http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml).

## 1. APPLICANT INFORMATION

### A. Individuals

Applicant: SEESANG EMAIFIN Tziò  
First Last

Mailing Address: 30140 SW Grabel Rd  
HILLSBORO OR 97123  
City State Zip

Phone: 503 747.3122 503. 869.3973  
Home Work Other

\*Fax: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

### B. Organizations

(Corporations, associations, firms, partnerships, joint stock companies, cooperatives, public and municipal corporations)

Name of Organization: N/A

Name and Title of Person Applying: \_\_\_\_\_ **RECEIVED**

Mailing Address or Organization: \_\_\_\_\_ **JUL 08 2009**

\_\_\_\_\_ **WATER RESOURCES DEPT**  
City State **SALEM, OREGON**

Phone : \_\_\_\_\_  
Day Evening

\*Fax: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

\*Optional

For Department Use		
App. No. <u>G-17247</u>	Permit No. _____	Date _____

2. PROPERTY OWNERSHIP

✓ Yes (Please check appropriate box below then skip to section 3 'Ground Water Development')

✓ There are no encumbrances

□ This land is encumbered by easements, rights of way, roads or other encumbrances (please provide a copy of the recorded deed(s))

○ No (Please check the appropriate box below)

□ I have a recorded easement or written authorization permitting access.

□ I do not currently have written authorization or easement permitting access.

□ Written authorization or an easement is not necessary, because the only affected lands I do not own are state-owned submersible lands, and this application is for irrigated and/or domestic use only (ORS 274.040).

You must provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map.

List the names and mailing addresses of all affected landowners.

[Empty box for listing names and mailing addresses of affected landowners]

3. GROUND WATER DEVELOPMENT

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A. Well Information

Number of well(s): ONE

Name of nearest surface water body: TULLATIN River

Distance from well(s) to nearest stream or lake:

1) HALF MILS 2) 3) 4)

If distance from surface water is less than one mile, indicate elevation difference between nearest surface water and well head:

1) 80 FEET 2) 3) 4)

B. Well Characteristics

Wells must be constructed according to standards set by the Department for the construction and maintenance of water wells. If the well is already constructed, please enclose a copy of the well constructor's log and the well ID number, if available, for each well with this application. Identify each well with a number corresponding to the wells designated on the map and proceed to section 4 of the form. If the well has not been constructed, or if you do not have a well log, please complete the following:

Well(s) will be constructed by:

[Empty box for well construction details]

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Completion Date: \_\_\_\_\_

Please provide a description of your well development. (Attach additional sheets if needed.)

Well No.	Diameter	Type and size of casing	No. of feet of casing	Intervals casing is perforated (in feet)	Seal depth	Est. depth to water	Est. depth to water bearing stratum	Type of access port or measuring device	Total well depth

Note: Well numbers in this listing must correspond to well location(s) shown on accompanying map.

If well log is not available, or well is not yet constructed, you must provide: proposed total depth, depth of casing and seal, and the anticipated perforation and open intervals.

**C. Artesian Flows**

If your water well is flowing artesian, describe your water control and conservation works:

NO ARTESIAN FLOWS

**4. WATER USE**

Please read the instruction booklet for more details on "type of use" definitions, how to express how much water you need and how to identify the water source you propose to use. You must fill out a supplemental form for some uses as they require specific information for that type of use.

**A. Type(s) of Use(s)**

See list of beneficial uses provided in the instructions.

- If your proposed use is **domestic**, indicate the number of households to be supplied with water: \_\_\_\_\_
- If your proposed use is **irrigation**, please attach **Form I**
- If your proposed use is **mining**, attach **Form R**
- If your proposed use is **municipal or quasi-municipal**, attach **Form M**
- If your proposed use is **commercial/industrial**, attach **Form Q**

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**B. Amount of Water**

Provide the production rate in gallons per minute (gpm) and the total annual amount of water you need from each well, from each source or aquifer, for each use. You do not need to provide source information if you are submitting a well log with your application.

Well No.	Source or aquifer	Type of use	Total rate of water requested (in gpm)	Total annual quantity (in gallons)	Production rate of well (in gpm)
1	GROWND WATER	HOME AND IRRIGATION	10 GRM		

**C. Maximum Rate of Use Requested**

What is the maximum, instantaneous rate of water that will be used? 10 GPM: 02 CFS  
(The fees for your application will be based on this amount.)

**D. Period of Use**

Indicate the time of year you propose to use the water: APRIL 1 TO SEPTEMBER 1  
(For seasonal uses like irrigation give dates when water use would begin and end, e.g. March 1-October 31.)

**E. Acreage**

If you will be applying water to land, indicate the total number of acres where water will be applied or used: ONE ACRE

(This number should be consistent with your application map.)

**5. WATER MANAGEMENT****A. Diversion**

What method will you use to divert water from the source?

- Pump (give horsepower and pump type): 3/4 HORSE JET PUMP
- other means (describe): \_\_\_\_\_

**B. Transport**

How will you transport water to your place of use?

- Ditch or canal (give average width and depth):

Width \_\_\_\_\_ Depth \_\_\_\_\_

Is the ditch or canal to be lined?  Yes  No

- Pipe (give diameter and total length):

Diameter ONE INCH Length 195 FOOT

- other, describe: \_\_\_\_\_

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**C. Application/Distribution Method**

What equipment will you use to apply water to your place of use?

**DRIP SYSTEM**

Irrigation or land application method (check all that apply):

- Flood
- Drip
- Hand Lines
- Siphon tubes or gated pipe with furrows
- other, describe: \_\_\_\_\_
- High pressure sprinkler
- Water Cannons
- Wheel Lines
- Low pressure sprinkler
- Center pivot system

Distribution method

- Direct pipe from source
- In-line storage (tank or pond)
- Open Canal

**E. Conservation**

What methods will you use to conserve water? Why did you choose this distribution or application method? Have you considered other methods to transport, apply, distribute or use water? For example, if you are using sprinkler irrigation rather than drip irrigation, explain. If you need additional space, attach a separate sheet.

**PLASTIC LAID ON HILL ROW BERRIES PLANTED IN PLASTIC BEST METHOD IN OUR OPINION**

**6. PROJECT SCHEDULE**

Indicate the anticipated dates that the following construction tasks should begin. If construction has already begun, or is completed, please indicate that date.

Proposed date construction will begin: \_\_\_\_\_

Proposed date construction will be completed: \_\_\_\_\_

Proposed date beneficial water use will begin: **APRIL 2010**

Is this project fully or partially funded by the American Recovery and Reinvestment Act? (Federal stimulus dollars)  Yes  No

**7. REMARKS**

If you would like to clarify any information you have provided in the application, please do so here and reference the specific application question you are addressing.

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## 8. MAP REQUIREMENTS

The Department cannot process your application without accurate information showing the source of water and location of water use. You must include a map with this application form that clearly indicates the township, range, section, and quarter/quarter section of the proposed well location and place of use. The map must provide tax lot numbers. See the map guidelines sheet for detailed map specifications.

## 9. SIGNATURE

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 packet.
- I cannot legally use water until the Water Resources Department issues a permit to me.
- If I get 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 canceled.
- 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 get water to which they are entitled.

I swear that all information provided in this application is true and correct to the best of my knowledge:

*See Sam Tzie*

Signature of Applicant (If more than one applicant, all must sign.)

*7.7.09*

Date

Before you submit your application be sure you have:

- Answered each question completely.
- Attached a legible map which includes township, range, section, quarter/quarter and tax lot number.
- Included a Land Use Information Form or receipt stub signed by a local official.
- Included the legal description of all the property involved with this application. You may supply a copy of the deed, land sales contract, or title insurance policy, to meet this requirement.
- Included a check payable to the Oregon Water Resources Department for the appropriate amount. The Department's fee schedule can be found at [www.wrd.state.or.us](http://www.wrd.state.or.us) or call (503) 986-0900.

**WRD on the web:**  
[www.wrd.state.or.us](http://www.wrd.state.or.us)

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**WATER RESOURCES DEPT  
SALEM, OREGON**

STATE OF OREGON  
WATER WELL REPORT  
(as required by ORS 537.765)

WASH  
1536

JUL - 6 1992

1s/2w/18cb  
39026

(START CARD)

(1) OWNER: Brian H. Ross Well Number: \_\_\_\_\_  
Name \_\_\_\_\_  
Address PO Box 1473  
City Tualatin State OR Zip 97062

(2) TYPE OF WORK:  
 New Well  Deepen  Recondition  Abandon

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  
 Other

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval Yes  No  Depth of Completed Well 180 ft.  
Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	25	Rebar	0	25	71
6	25	180				

How was seal placed: Method  A  B  C  D  E  
 Other poured from the top dry  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+2	178	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets) 178

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump  Bailer  Air  Flowing  Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10	100	160	1 hr.

Temperature of water 59 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes  No By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Wash Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 1 N or S Range 2 E or W M.  
Section 18 NW 1/4 SW 1/4  
Tax Lot 1508 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 30142 SW Grabel Rd. Hillsboro, OR. 97123

(10) STATIC WATER LEVEL:  
60 ft. below land surface. Date 6/29/92  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 110

From	To	Estimated Flow Rate	SWL
110	130	15	35
175	178	10	60

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
Top soil	0	1	
Clay Brown	1	25	
Clay Brown + Silt	25	35	
Sand + Clay Gray + Brown	35	45	
Silt Brown	45	110	
Clay + Sand Gray	110	130	35
Clay + Sand some hard Gray	130	135	
Clay Brown	135	149	
Clay Gray	149	155	
Clay Green	155	175	
Gravel (pea) + Clay Gray	175	179	60
Clay Gray	179	180	

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Date started 6/25/92 Completed 6/29/92

(unbonded) Water Well Constructor Certification:  
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
Signed \_\_\_\_\_ WWC Number \_\_\_\_\_  
Date \_\_\_\_\_

(bonded) Water Well Constructor Certification:  
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.  
Signed Produce C. Eln WWC Number 663  
Date 6/29/92



# Oregon Water Resources Department

## FORM I FOR IRRIGATION WATER USE

1. Please indicate whether you are requesting a primary or supplemental irrigation water right.

Primary       Supplemental

If Supplemental, please indicate the number of acres that will be irrigated for each type of use

Primary:      ONE ACRES Acres

Supplemental:      \_\_\_\_\_ Acres

List the permit or certificate number of the primary water right:      No. \_\_\_\_\_

2. Please list the anticipated crops you will grow and whether you will be irrigating them for a full or partial season:

1 STRAWBERRIES       Full Season       Partial Season      (from: APRIL to SEPTEMBER)

2. \_\_\_\_\_       Full Season       Partial Season      (from: \_\_\_\_\_ to \_\_\_\_\_)

3. \_\_\_\_\_       Full Season       Partial Season      (from: \_\_\_\_\_ to \_\_\_\_\_)

4. \_\_\_\_\_       Full Season       Partial Season      (from: \_\_\_\_\_ to \_\_\_\_\_)

3. Indicate the maximum total number of acre-feet you expect to use in an irrigation season:

1/2 \_\_\_\_\_ acre-feet

*(1 acre-foot equals 12 inches of water spread over 1 acre, or 43,560 cubic feet, or 325,851 gallons.)*

4. How will you schedule your applications of water? Will you be applying water in the evenings, twice a week, daily?

Daily during daytime hours

Daily during nighttime hours

Two or three times weekly during daytime

Two or three times weekly during nighttime

Weekly, during daytime hours

Weekly, during nighttime hours

Other, explain: \_\_\_\_\_

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## Oregon Water Resources Department Land Use Information Form

*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) only the place of use is proposed for change, b) there are no structural changes, c) the use of water is for irrigation, and d) the use is located in an irrigation district or exclusive farm-use zone.*

Applicant Name: TZIO, SEESANG MAIFIN  
 Mailing Address: 30140 SW GARABEL RD  
 City: HILLSBORO State: OR Zip: 97123 Day Phone: 503.8747.3122

This application is related to a Measure 37 claim.  Yes  No

### A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), or used. 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	¼ ¼	Tax Lot #	Plan Designation (e.g. Rural Residential/RR-5)	Water to be:	Proposed Land Use:
18	2	18	CC	200	EFU	<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	FARM
						<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	
						<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	
						<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	

List all counties and cities where water is proposed to be diverted, conveyed, or used. WASHINGTON COUNTY

### B. Description of Proposed Use

Type of application to be filed with the Water Resources Department:

- Permit to Use or Store Water
- Exchange of Water
- Permit Amendment or Ground Water Registration Modification
- Water-Right Transfer
- Allocation of Conserved Water

Source of water:  Reservoir/Pond  Ground Water  Surface Water (name) \_\_\_\_\_

Estimated quantity of water needed: 10  cubic feet per second  gallons per minute  acre-feet

Intended use of water:  Irrigation  Commercial  Industrial  Domestic for \_\_\_\_\_ household(s)  
 Municipal  Quasi-municipal  Instream  Other \_\_\_\_\_

Briefly describe: DRIP IRRIGATION FOR STRAWBERRIES

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**Note to applicant:** If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt below and include it with the application filed with the Water Resources

G-17247

60  
6  
11

Until a change is requested all tax statements shall be sent to the following address...  
TAX DEPARTMENT SV3-24  
450 American Street  
Simi Valley CA, 93065

After Recording Return To:  
JANE DOGGM  
MS SV-79 DOCUMENT PROCESSING  
P.O.Box 10423  
Van Nuys, CA 91410-0423  
Prepared By:  
BRIAN E. OAKLEY  
TAX ACCOUNT NUMBER

Time and Actual Consideration is  
\$ 308,000.00

Washington County, Oregon 2008-071373  
08/14/2008 10:38:41 AM  
Doc. Sherie S MOTTMAN  
\$90.00 \$1.00 \$11.00 - Total \$ 977.00  
08/14/2008 10:38:41 AM  
Edward H. Moberly, Director of Assessment and Taxation and Co-Officer County Clerk for Washington County, Oregon, do hereby certify that the within instrument of writing was received and recorded in the book of records of said county.  
Edward H. Moberly, Director of Assessment and Taxation, Co-Officer County Clerk

(Space Above This Line For Recording Date)

06-6005872-28  
(Record/Closing #)

00013824011706006  
(Doc ID #)

### DEED OF TRUST

Mortgage Electronic Registration Systems, Inc. (MERS) is the Grantee of this Security Instrument  
MIN 1000157-0006848659-2

810 138240117 D2 001 002

**DEFINITIONS.**  
Words used in multiple sections of this document are defined below and other words are defined in Sections 3, 11, 13, 18, 20 and 21. Certain rules regarding the usage of words used in this document are also provided in Section 16.  
(A) "Security Instrument" means this document, which is dated JUNE 12, 2006, together with all Riders to this document.  
(B) "Borrower" is  
SEE SANG TRIO, AND MAI FIN TRIO, HUSBAND AND WIFE

Borrower is the trustee under this Security Instrument.  
(C) "Lender" is  
AMERICA'S WHOLESALE LENDER  
Lender is a CORPORATION  
organized and existing under the laws of NEW YORK  
Lender's address is  
4500 Park Granada MSW# SVB-314, Calabasas, CA 91302-1613  
(D) "Trustee" is  
FIDELITY NATIONAL TITLE CO.  
1300 ME 40TH AVENUE, BILLSBORO, OR 97124  
(E) "MERS" is Mortgage Electronic Registration Systems, Inc. MERS is a separate corporation that is acting solely as a nominee for Lender and Lender's successors and assigns. MERS is the beneficiary under this Security Instrument. MERS is organized and existing under the laws of Delaware, and has an address and telephone number of P.O. Box 2026, Flint, MI 48501-2026, tel. (810) 679-MERS.

FIDELITY NATIONAL TITLE CO. 06-6005872



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SALEM, OREGON

G-17247

Prepared by: SAUL E. OAKLEY

LOAN #: 138240117

NOTE

FIDELITY NATIONAL TITLE COMPANY CERTIFIED THIS TO BE A TRUE AND ACTUAL COPY OF THE ORIGINAL DOCUMENT

BY: [Signature]

JUNE 12, 2006 [Date]

HILLSBORO [City]

OREGON [State]

30140 SW Grabel Rd, Hillsboro, OR 97123-9282 [Property Address]

1. BORROWER'S PROMISE TO PAY

In return for a loan that I have received, I promise to pay U.S. \$ 308,000.00 (this amount is called "Principal"), plus interest, to the order of the Lender. The Lender is AMERICA'S WHOLESALE LENDER I will make all payments under this Note in the form of cash, check or money order.

I understand that the Lender may transfer this Note. The Lender or anyone who takes this Note by transfer and who is entitled to receive payments under this Note is called the "Note Holder."

2. INTEREST

Interest will be charged on unpaid principal until the full amount of Principal has been paid. I will pay interest at a yearly rate of 6.375 %.

The interest rate required by this Section 2 is the rate I will pay both before and after any default described in Section 6(B) of this Note.

3. PAYMENTS

(A) Time and Place of Payments

I will pay principal and interest by making a payment every month.

I will make my monthly payment on the FIRST day of each month beginning on

AUGUST 01, 2006. I will make these payments every month until I have paid all of the principal and interest and any other charges described below that I may owe under this Note. Each monthly payment will be applied as of its scheduled due date and will be applied to interest before Principal. If, on JULY 01, 2036, I still owe amounts under this Note, I will pay those amounts in full on that date, which is called the "Maturity Date."

I will make my monthly payments at P.O. Box 10219, Van Nuys, CA 91410-0219 or at a different place if required by the Note Holder.

(B) Amount of Monthly Payments

My monthly payment will be in the amount of U.S. \$ 1,921.52

4. BORROWER'S RIGHT TO PREPAY

I have the right to make payments of Principal at any time before they are due. A payment of Principal only is known as a "Prepayment." When I make a Prepayment, I will tell the Note Holder in writing that I am doing so. I may not designate a payment as a Prepayment if I have not made all the monthly payments due under the Note.

I may make a full Prepayment or partial Prepayments without paying a Prepayment charge. The Note Holder will use my Prepayments to reduce the amount of Principal that I owe under this Note. However, the Note Holder may apply my Prepayment to the accrued and unpaid interest on the Prepayment amount, before applying my Prepayment to reduce the Principal amount of the Note. If I make a partial Prepayment, there will be no changes in the due date or in the amount of my monthly payment unless the Note Holder agrees in writing to those changes.

5. LOAN CHARGES

If a law, which applies to this loan and which sets maximum loan charges, is finally interpreted so that the interest or other loan charges collected or to be collected in connection with this loan exceed the permitted limits, then: (a) any such loan charge shall be reduced by the amount necessary to reduce the charge to the permitted limit; and (b) any sums already collected from me which exceeded permitted limits will be refunded to me. The Note Holder may choose to make this refund by reducing the Principal I owe under this Note or by making a direct payment to me. If a refund reduces Principal, the reduction will be treated as a partial Prepayment.

6. BORROWER'S FAILURE TO PAY AS REQUIRED

(A) Late Charge for Overdue Payments

If the Note Holder has not received the full amount of any monthly payment by the end of FIFTEEN calendar days after the date it is due, I will pay a late charge to the Note Holder. The amount of the charge will be 5.000 % of my overdue payment of principal and interest. I will pay this late charge promptly but only once on each late payment.

(B) Default

If I do not pay the full amount of each monthly payment on the date it is due, I will be in default.

MULTISTATE FIXED RATE NOTE-Single Family-Fannie Mae/Freddie Mac UNIFORM INSTRUMENT

Initials: STMT

Page 1 of 2 VMP -SN (0207).01 CHL (010/04)(d) VMP Mortgage Solutions, Inc. (800)521-7291 Form 3200 1/01



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