

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application _____ County _____
Priority Date _____ Township _____ Range _____ Section _____ Taxlot _____
Use _____ Caseworker _____
Amount (AF) _____ Watermaster _____

Minimum Requirements (ORS 537.409)

- Completed Watermaster review sheet** signed and dated by Watermaster.
- Will the reservoir injure an existing water right? YES NO
- If YES, can conditions be applied to mitigate the injury? YES NO **If NO, return the application.**
- Did the watermaster determine when water is available for the proposed use? YES NO
- The Watermaster review sheet must have been completed within the last 6 months.*
- If the watermaster determined that water is NOT available, return the application.**
- Completed ODFW review sheet** signed and dated by ODFW representative.
- Will the reservoir pose a significant detrimental impact to an existing fishery resource? YES NO
- If YES, can conditions be applied to mitigate the impact? YES NO **If NO, return the application.**
- The ODFW review sheet must have been completed within the last 6 months.*
- Completed Land-Use Form** or receipt signed by the appropriate planning department official enclosed?
- Does the use on land-use form match the proposed use on the application? Must be an original "wet" signature within the last 12 months.*
- Landowner Name, Mailing Address** and Telephone Number.
- Source and tributary** listed. **NO WELLS-MUST HAVE GW APP TO USE A WELL AS A SOURCE !!**
- Reservoir Location**- Township, Range, Section, Quarter Quarter, Taxlot
- Dam height**, if applicable
- Total Quantity** of Storage Requested: _____
- Proposed Use of the water**....Cannot accept application for use of this stored water at the same time (E2)
- Property ownership indicated?** If applicant does not own all the land is the affected landowner's name and mailing address listed? (Including: lands not owned by applicant, upon which the source is locatedor..... that are crossed by the diversion works. This includes any roads or rights-of-way.)
- Provide the **legal description** of all the property involved with this application. You may include a copy of your deed land sales contract or title insurance to meet this requirement
- Environmental Impact** section completed?
- Application signed by the landowner(s)?** All parties noted as applicants must sign the application.
- Must be an original "wet" signature.*
- Acceptable map ** Indicates requirements of standards set forth by the Commission and causes fatal flaw if not provided by the applicant.**
- Reservoir Location - noting Township, Range, Section, 1/4 1/4 and Tax Lot number(s)*
- Scale of the Map (not less than 1" = 1320') **
- Reference corner on map
- North Directional Symbol **
- 1/4's clearly identified
- Reservoir clearly identified **
- Dam or POD (If off channel) Location coordinates referenced to a government land survey corner* If no dam, use coordinates to center of reservoir.**
- Fees enclosed***? Examination: Base Fee\$ _____ Permit Recording Fee\$ _____
plus\$ _____
plus\$ _____

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Total Paid \$ _____ Total Fees \$ _____
Completeness Check by: _____ Date: _____

Revised 2011-3-3

L-88389



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

Application for a Permit to Store Water in a Reservoir

(Alternate Review)

Alternate Review Process (ORS 537.409): You may use this form for any reservoir storing less than 9.2 acre-feet or with a dam less than 10 feet high.

Use a separate form for each reservoir

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, insert "n/a". 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.

1. APPLICANT INFORMATION

Applicant: Brett & Fairlight Fehrenbacher
First Last
 Mailing Address: 340 Loyelen Dr
Rogue River OR 97537
City State Zip
 Phone: (541) 299-0799 (913) 416-3034
Home Work Other
 Fax: _____ E-Mail Address*: fairlightm@hotmail.com

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

2. AGENT INFORMATION

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

Agent: _____ **RECEIVED BY OWRD**
First Last
 Mailing Address: _____
 _____ **APR 06 2017**
City State Zip
 Phone: _____ **SALEM, OR**
Home Work Other
 Fax: _____ E-Mail Address*: _____

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

3. LOCATION AND SOURCE

A. Reservoir Name: N/A

B. Source: Provide the name of the water body or other source from which water will be diverted, and the name of the stream or lake it flows into. Indicate if source is run-off, seepage, or an unnamed stream or spring.

Source: GRID Irrigation + Intermittent Stream Tributary to: Evans Creek

C. County in which diversion occurs: Jackson

App. No. _____	For Department Use	Date _____
	Permit No. _____	

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D. Reservoir Location

Township (N or S)	Range (E or W)	Section	quarter/quarter	tax lot number
36S	4W	16A	NW NE	1408

E. Dam: Maximum height of dam: 9.5 feet. If excavated, write "zero feet".

F. Quantity: Amount of water to be stored in the reservoir at maximum capacity. List volume in acre-feet: 0.4

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

4. WATER USE

Indicate the proposed use(s) of the stored water. **NOTE: You may wish to consider filing for "Multipurpose use" for your reservoir. Multipurpose use does not limit the types of future uses for the stored water. Multipurpose covers all uses including: stockwater, fish and wildlife, aesthetics, domestic, irrigation, agriculture, fire protection and pollution abatement.** If any use will be out of reservoir use, regardless of the type of storage listed, a secondary application must be filed to appropriate the stored water.

Multipurpose

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5. PROPERTY OWNERSHIP

Please provide a copy of the recorded deed(s).

Do you own all the land where you propose to divert, transport, and use water?

Yes (please check appropriate box below then skip to section 5)

There are no encumbrances

This land is encumbered by easements, right of way, roads of way, roads or other encumbrances

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). (Do not check this box if you described your use as "Multipurpose" in #3 above.)

List the names and mailing addresses of all affected landowners:

6. ENVIRONMENTAL IMPACT

- A. **Channel:** Is the reservoir: in-stream or off channel?
- B. **Wetland:** Is the project in a wetland? Yes No Don't know
- C. **Existing:** Is this an existing reservoir? Yes No
If yes, how long has it been in place? _____ years.
- D. **Fish Habitat:** Is there fish habitat upstream of the proposed structure? Yes No Don't know
If yes, how much? _____ miles.
- E. **Partnerships:** Have you been working with other agencies? Yes No
Indicate agency, staff and phone numbers of those involved. Also indicate any agencies that are cost sharing in this project.

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7. WITHIN A DISTRICT

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

Irrigation District Name Grants Pass Irrigation District	Address 200 Fruitdale Drive	
City Grants Pass	State OR	Zip 97527

8. DESCRIPTION

Provide a description of the design and operation of the proposed diversion, including a description of how live flow will be passed outside the authorized storage season. Use this space for narrative. You may also provide narrative and sketches on separate pages.

See Attached

8. Description

The ravine that the proposed pond location is in currently serves as both an intermittent stream channel and the irrigation channel lateral to serve the property as well as several others downstream. The channel is approximately a foot wide and half a foot deep.

The pond would be constructed with a berm dam, utilizing the ravine's existing side slopes. An overflow culvert will allow water to pass through when the pond is full and continue downstream. However, in the event the pond is not full, a head gate at the bottom of the dam will facilitate water passage so as not to hinder irrigation to the downstream neighbors.

The pond will be used as bulge in the irrigation lateral system during the irrigation season. It would also be kept as means of fire protection as the property sits immediately adjacent to Fielder Mountain's tree line. In its current state of affairs, the irrigation water simply waters a thick bramble of blackberries, wasting water and fueling the invasive plant species.

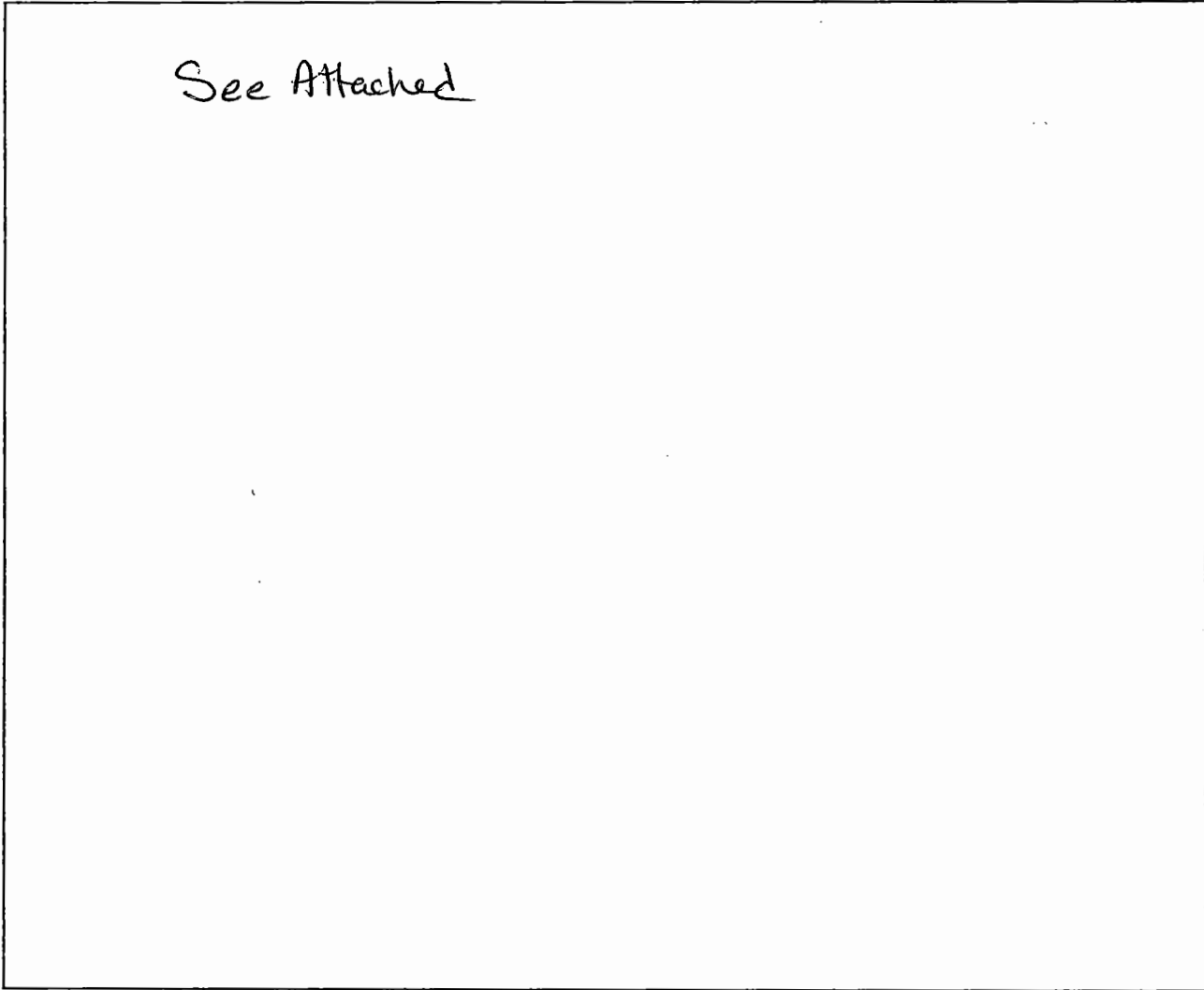
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If the diversion involves a dam, use this space for sketches of the diversion (e.g. cross-section of the dam with its dimensions, dimension and placement of outlet pipe, means of passing live flow outside of the authorized storage season, and means for providing fish passage).



9. SIGNATURE

I swear that all statements made and information provided in this application are true and correct to the best of my knowledge.

[Signature] Brett Fehrenbacher 1/23/2017
Landowner Signature Date
by Fairlight Fehrenbacher P.O.A.
[Signature]

Before you submit your application be sure you have:

- Answered each question completely.
- Included a legible map that includes Township, Range, Section, quarter-quarter and tax lot number.
- The map must meet map requirements to be accepted.
- Included a land use form or receipt stub signed by a local planning official.
- Included a check payable to Oregon Water Resources Department for the appropriate amount.

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WATERMASTER ALTERNATE RESERVOIR APPLICATION REVIEW SHEET

Recommendations for Water Right Applications under the Alternate Reservoir review process (ORS 537.409)

In lieu of the water right application process set forth in ORS 537.140 to 537.211, an owner of a reservoir may submit an alternate reservoir application for a reservoir that has a storage capacity less than 9.2 acre-feet or a dam or impoundment structure less than 10 feet in height. ORS 537.409 describes the criteria used to evaluate alternate reservoir applications.

The review shall be limited to issues pertaining to: a) water availability, b) potential detrimental impact to existing fishery resources; and c) potential injury to existing water rights. (ORS 537.409 (6))

Within 60 days after the department provides public notice...any person may submit detailed, legally obtained information in writing, requesting the department to deny the application for a permit on the basis that the reservoir: (a) Would result in injury to an existing water right; or (b) Would pose a significant detrimental impact to existing fishery resources. (ORS 537.409 (5))

The review of alternate reservoirs is limited to these criteria only.

Application #: R- Applicant's Name:

1) Does the proposed reservoir have the potential to injure existing water rights? NO YES

Explain: *res is small and is in a seasonal draw*

2) Can conditions be applied to mitigate the potential injury to existing water rights? NO YES

If YES, which conditions are recommended:

condition to divert water only when all other rights are met

3) Did you meet with staff from another agency to discuss this application? NO YES

Who: Agency: Date:

Who: Agency: Date:

Watermaster signature: 

Date: *1/23/2017*

WRD Contact: *Sharon Haynes*
Caseworker: Water Rights Division, 503-986-0900 / Fax 503-986-0901

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NOTE: This completed form must be returned to the applicant

ODFW Alternate Reservoir Application Review Sheet

This portion to be completed by the applicant.

Applicant Name/Address/Phone/Email: Brett + Fairlight Fehrenbacher
340 Loyelen Dr., Rogue River, OR 97537; (913) 416-3034; fairlightm@hotmail.com
 Intermittent Stream +
 Reservoir Name: N/A Source: GPID Irrigation Water Volume (AF): 0.4
 Twp Rng Sec QQ: 36-4U-16A NWNE Basin Name: Rogue River in-channel
 off-channel

Note: It is unlikely that ODFW will be able to complete this form while you wait, nevertheless we recommend making an appointment to submit the form so as to provide any necessary clarifications. See pg. 6 of Instructions for contact information.

This portion to be completed by Oregon Department of Fish and Wildlife (ODFW) District staff.

- 1) Is the proposed project and AO¹ off channel? YES NO
 (if yes then proceed to #4; if no then proceed to #2)
- 2) Is the proposed project or AO located where NMF² are or were historically present?..... YES NO
 (if yes then proceed to #3; if no then proceed to #4)
- 3) If NMF are or were historically present:
- a. Is there an ODFW-approved fish-passage plan?..... YES NO
 - b. Is there an ODFW-approved fish-passage waiver or exemption?..... YES NO

If fish passage is required under ORS 509.580 through .910, then either 3(a) or 3(b) must be "Yes" to move forward with the application. If responses to 3(a) and 3(b) are "No", then the proposed reservoir does not meet the requirements of Oregon Fish Passage Law and shall not be constructed as proposed.

- 4) Would the proposed project pose any other significant detrimental impact to an existing fishery resource locally or downstream?..... YES NO
 Explain below (for example, list STE species or other existing fishery resources that would be impacted negatively.)

Any diversion or appropriation of water for storage during the period April through November poses a significant detrimental impact to existing fishery resources. (For example, if diversion of water for storage during a certain time period would cause a significant detrimental impact to an existing fishery resource, then ODFW should recommend conditions or limitations.)
 If NMF fish are present at the project site or point of water diversion then the applicant should be advised that a fish screen consistent with screening criteria will be required.

This proposed pond or reservoir contemplates impounding water in the Columbia Basin above Bonneville Dam. ODFW has determined that additional diversions of water in this area pose a significant detrimental impact to existing fishery resources during the period April 15 through September 30.

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¹ AO = Artificial Obstruction means any dam, diversion, culvert or other human-made device placed in waters of this state that precludes or prevents the migration of native migratory fish. ORS 509.580 (1)

² NMF = Native Migratory Fish Species in Oregon as defined by OAR 635 - 412 - 0005 (32)

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Evans Creek provides habitat for fall Chinook and Coho (federally threatened) salmon, winter and summer (state sensitive) steelhead, Pacific lamprey (state sensitive), and coastal cutthroat trout. This reservoir proposes to impound water from a small un-named tributary to Evans Creek. Juvenile salmon and steelhead emigrating from Evans Creek on their way to the ocean need large volumes of water during the spring months to make this migration and ODFW believes if the permit is conditioned as recommended impacts to fisheries resources can be lessened.

If YES, can conditions be applied to mitigate the significant detrimental impact to an existing fishery resource?
 NO (explain) YES (select from Menu of Conditions on next page)

b51a. The period of use has been limited to December through March.

riparian

ODFW Signature:



Print Name: Peter Samarin

ODFW Title: Assistant District Fish Biologist

Date: January 31, 2017

NOTE: This completed form must be returned to the applicant.

Revised 10/4/12

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Land Use Information Form



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900
 www.wrd.state.or.us

Applicant: Brett & Fairlight Fehrenbacher
First Last

Mailing Address: 340 Lloyden Drive
Rogue River OR 97537 Daytime Phone: (913) 416-3034
City State Zip

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	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:	Proposed Land Use:
36	4W	16A	NWNE	1408	RR-2.5	<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	residential
						<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, and/or used or developed:

B. Description of Proposed Use

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

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

Source of water: Reservoir/Pond
 Ground Water
 Surface Water (name) Seasonal Stream + GPID irrigation water

Estimated quantity of water needed: 0.4 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 fire protection + aesthetic

Briefly describe:

Construct a small pond in a draw that conveys a seasonal stream, and in the same channel, serves as irrigation service lateral. The pond is for aesthetic and fire protection purposes.

Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

See bottom of Page 3. →

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For Local Government Use Only

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.

Please check the appropriate box below and provide the requested information

Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): Accessory to the residence, section 16.4.4

Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

The property is in the wildfire hazard overlay.

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Name: Kate McBuire Title: Planner I

Signature:  Phone: 541-774-6907 Date: 03-15-2017

Government Entity: Jackson County Development Services

Note to local government representative: Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.



Receipt for Request for Land Use Information

Applicant name: _____

City or County: _____ Staff contact: _____

Signature: _____ Phone: _____ Date: _____

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Re: Pond

Don Miller <don@gpid.com>

Wed 1/25/2017 7:17 AM

Inbox

To:Fairlight Fehrenbacher <fairlightm@hotmail.com>;

Fairlight,

Your pond plan is allowable by GPID.

If you need anything else please let me know.

Don Miller
GPID

----- Original Message -----

From: Fairlight Fehrenbacher

To: don@gpid.com

Sent: Monday, January 23, 2017 5:40 PM

Subject: Pond

Don,

To refresh your memory, I met with you, Jim Huttema (my neighbor), and our ditchrider in September to review where my husband and I want to build a pond on our property on Lloyelen Drive in Rogue River.

I spoke with the local Oregon Water Resources office, and I do have to go through the permitting process if I want to keep water in the pond year round.

Since our proposed pond location is in the Grants Pass Irrigation District irrigation lateral that the serves our property and approximately four properties below us, the local WRD representative has asked for documentation that our plan is allowable by the Grants Pass Irrigation District. The pond would essentially serve as a bulge in the service lateral during irrigation season and then only store seasonal runoff outside of irrigation season.

Once again, we will install a flow through pipe at the bottom of the pond, so that, regardless of the pond's water level, our neighbor's irrigation water will not be hindered by the pond.

Nothing in our plan has changed since we last spoke.

An email response from you that our pond plan is allowable by the GPID will suffice for my documentation needs. And of course, if you have any questions and need additional details, please let me know.

Very respectfully,

Fairlight Fehrenbacher
340 Lloyelen Dr.

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Rogue River, OR 97537
(913) 416-3034

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DON MILLER
SECRETARY/MANAGER



Supplying irrigation water since 1916

**GRANTS PASS
IRRIGATION
DISTRICT**

200 Fruitdale Drive
Grants Pass, OR 97527-5268
Office: 541-476-2582
email: don@gpid.com

Home: 541-660-4227

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GENERAL POWER OF ATTORNEY

SALEM, OR

PREAMBLE: This is a military Power of Attorney prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military service. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS:

That I, **BRETT TY FEHRENBACHER**, of the State of Oregon, a member of the United States Armed Forces, currently in Sierra Vista, Arizona, pursuant to Military Orders, do hereby appoint my wife **FAIRLIGHT MARIE FEHRENBACHER**, of Rogue River, Oregon, my true and lawful attorney-in-fact to manage and conduct all my affairs and act in all matters in my name and in my behalf. Such acts shall include:

1. To lease, sell, use, establish title to, register, insure, transfer, mortgage, maintain, manage, pledge, exchange or otherwise dispose of or encumber any and all of my property, real, personal, or mixed, including motor vehicles of any kind, and to execute and deliver good and sufficient deeds or other instruments for the lease, conveyance, mortgage, maintenance, or transfer of the same.
2. To buy, receive, lease, accept or otherwise acquire in my name and for my account, property, real, personal or mixed upon such terms, considerations and conditions as my said attorney-in-fact shall deem appropriate.
3. To transact all business of mine on my behalf including entering into contracts and the making of such investments as my attorney shall deem sound.
4. To institute and prosecute, or to appear and defend, any claims or litigation involving me or my interest. This shall include, but not be limited to, the authority to present a claim against the United States for damage to or loss of personal property.
5. To prepare, execute, and file all tax returns and to receive and negotiate all tax refund checks.
6. To execute all documents needed for travel of my family members and transportation or storage of my property, as authorized by law and Military regulations; to sign for and clear government or other quarters in the best interests of my family members and in accordance with law and Military regulations.
7. To demand, act to receive, and receive, all sums of money which are now or will become owing or belonging to me, and to institute accounts on my behalf and to deposit, draw upon or expend such funds of mine as are necessary in furtherance of the powers granted herein. This shall include, but not be limited to, the authority to receive, endorse, cash, or deposit negotiable instruments made payable to me and drawn upon the Treasurer, or other fiscal officer or depository of the United States or any state, possession, or territory of the United States.

The above described powers are merely examples of the authority granted by this document and not in limitation or definition thereof. However, my Agent shall have no rights or powers hereunder with respect to the following:

a. Life Insurance: My Attorney shall have no rights or powers hereunder to cancel or change the beneficiary of any policy of life insurance owned by me.

b. Fiduciary Powers: My Attorney shall have no rights or powers hereunder with respect to any act, power, duty, right or obligation, relating to any person, matter, transaction or property, owned by me or in my custody as a trustee, custodian, personal representative or other fiduciary capacity for someone else.

I HEREBY GIVE AND GRANT UNTO MY ATTORNEY FULL POWER AND AUTHORITY TO DO AND PERFORM EACH AND EVERY ACT AND MATTER CONCERNING MY ESTATE, PROPERTY, AND AFFAIRS AS FULLY AND EFFECTUALLY TO ALL INTENTS AND PURPOSES AS I COULD DO LEGALLY IF I WERE PRESENT.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS POWER OF ATTORNEY MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY. I, FOR MYSELF AND MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED UPON THE PROVISIONS OF THIS POWER OF ATTORNEY.

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on **December 1, 2017**.

I intend for this to be a **Durable Power of Attorney**. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent; or when the United States Government determines that I am in a military status of "missing," "missing in action," or "prisoner of war." All acts done by my Attorney hereunder shall have the same effect and inure to the benefit of and bind myself and my heirs as if I were competent, and not disabled, incapacitated, or incompetent.

I shall be considered disabled or incapacitated for purposes of this power of attorney if a physician, based on that physician's examination, certifies in writing at a date subsequent to the date which this power of attorney is executed, that I am disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs. I authorize the physician who so certifies, to disclose my physical or mental condition to another person for purposes of this power of attorney. A third party who accepts this power of attorney, endorsed by proper physician certification of my disability or incapacity, is held harmless and fully protected from any action taken under this power of attorney.

Notwithstanding my inclusion of a specific expiration date herein, if on that specified expiration date I should be or have been properly certified, in writing, by a physician to be disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs, then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have recovered from such disability **UNLESS OTHERWISE REVOKED OR TERMINATED BY ME**. Furthermore, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be a military status of "missing," "missing in action," or "prisoner of war," then this Power of Attorney shall remain valid and

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in full effect until sixty (60) days after I have returned to the United States military control following termination of such status **UNLESS OTHERWISE REVOKED OR TERMINATED BY ME.**

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

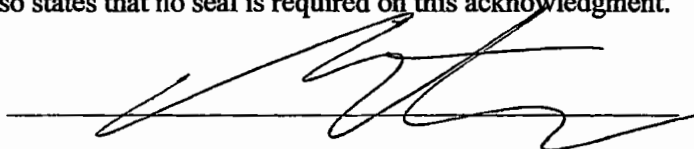
All business transacted hereunder for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my attorney and the designation "attorney-in-fact."

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this 22nd day of August 2016.


BRET TY FEHRENBACHER

STATE OF ARIZONA, COUNTY OF COCHISE: SS.

Subscribed, sworn to and acknowledged before me by BRET TY FEHRENBACHER, who is known to me to be a member of the Armed Forces of the United States serving on Active Duty, on 29 August 2016. This acknowledgment is executed in my official capacity under the authority granted by Title 10, United States Code, Section 1044a, which also states that no seal is required on this acknowledgment.



Name of Officer and Position: GRACE PRESTON, JA, LEGAL ASSISTANCE ATTY
Grade and Branch of Service: CPT, USA
Command or Organization: OFFICE OF THE STAFF JUDGE ADVOCATE, FT HUACHUCA

RECEIVED BY OWRE

APR 06 2017

SALEM, OR



TICOR TITLE

470315043005

\$10.00 \$11.00 \$10.00 \$8.00 \$20.00 **\$59.00**
I, Christine Walker, County Clerk for Jackson County, Oregon, certify that the instrument identified herein was recorded in the Clerk records.
Christine Walker - County Clerk

RECORDING REQUESTED BY:

Ticor Title Company of Oregon
1555 E. McAndrews, Suite 100
Medford, OR 97504

GRANTOR:

Marlene A. Schacht
340 Lloyellen Dr
Rogue River, OR 97537

GRANTEE:

Brett Fehrenbacher and Fairlight Fehrenbacher
Husband and Wife
2902 E. Arapaho Ln
Sierra Vista, AZ 85650

SEND TAX STATEMENTS TO:

Brett Fehrenbacher and Fairlight Fehrenbacher
340 Lloyellen Dr
Rogue River, OR 97537

AFTER RECORDING RETURN TO:

Brett Fehrenbacher and Fairlight Fehrenbacher
340 Lloyellen Dr
Rogue River, OR 97537

Escrow No: 470315043005-TTJA37

364W16A 1408 / 10875560

340 Lloyellen Dr
Rogue River, OR 97537

ORIGINAL DOCUMENT
RECORDED ELECTRONICALLY

RECEIVED BY OWRD

APR 06 2017

SALEM, OR

SPACE ABOVE THIS LINE FOR RECORDER'S USE

STATUTORY WARRANTY DEED

Marlene A. Schacht, Grantor, conveys and warrants to

Brett Fehrenbacher and Fairlight Fehrenbacher Husband and Wife, Grantee, the following described real property, free and clear of encumbrances except as specifically set forth below, situated in the County of Jackson, State of Oregon:

Parcel 2 of Partition Plat P-78-1994 " Record of Partition Plats" of Jackson County, Oregon and filed in the office of the Jackson County Survey No. 14711

THE TRUE AND ACTUAL CONSIDERATION FOR THIS CONVEYANCE IS \$480,000.00. (See ORS 93.030)

Subject to and excepting:

Covenants, Conditions, Restrictions, Reservations, set back lines, Power of Special Districts, and easements of Record, if any.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND

2-88389

April 2, 2017

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97401

Re: Alternate Reservoir Application

To whom this may concern;

Please find enclosed an Alternate Reservoir Application. In addition to the completed application and required documents, I have included the following:

1. Copy of my husband's Power of Attorney – he is in the military and currently deployed overseas. I have signed the application for him using the Power of Attorney.
2. Payment for the application in the amount of \$830.
3. An email from the Grant Pass Irrigation District Manager to document his acceptance of our proposed pond.
4. Copy of the deed showing our ownership of the property.

Please contact me with any questions.

Respectfully,



Fairlight Fehrenbacher
(913) 416-3034
fairlightm@hotmail.com
340 Lloyelen Drive
Rogue River, OR 97537

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SALEM, OR

R-88389



Oregon Water Resources Department
Permit to Appropriate Surface Water for Storage - Alternate Reservoir Application

- Main
- Help
- Return
- Contact Us

For impoundments less than 10 feet in height or storing less than 9.2 acre feet of water.

Today's Date: Monday, January 23, 2017

Base Application Fee for Storage of Surface Water.		\$350.00
Proposed Dam Height in feet.	9.5	
Proposed Reservoir volume in Acre Feet.	.4	\$30.00
Permit Recording Fee. ***		\$450.00
*** 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		\$830.00

PO ✓

OWRD Fee Schedule :

Fee Calculator Version: B20130709

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APR 06 2017

SALEM, OR

2-88389