

**RESPONSE TO NOTICE OF MITIGATION OBLIGATION
CREDIT OR PROJECT OPTION**

A mitigation obligation may be satisfied by obtaining mitigation credits, providing for implementation of a mitigation project, or both (OAR 690-505-0610(2)). Please read and complete this acknowledgment of mitigation obligation and return it to the Department.

Applicant(s): BROTHERS RANCH LLC AND ZADOK RANCH LLC

Applicant's agent (if applicable): DAVID NEWTON

Application number: G-18809

Proposed Use: IRRIGATION OF 11.0 ACRES, POND MAINTENANCE, AND STORAGE

Period of Use: IRRIGATION - APRIL 1 THROUGH NOVEMBER 1

POND MAINTENANCE AND STORAGE - JANUARY 1 THROUGH DECEMBER 31

Rate requested: 0.16 CUBIC FOOT PER SECOND FOR IRRIGATION AND POND MAINTENANCE

Volume requested: 19.0 ACRE-FEET FOR STORAGE

Mitigation Obligation: 24.072 ACRE-FEET

Zone of Impact: GENERAL ZONE OF IMPACT

Please read and initial the following statements:

☒ I We intend to provide mitigation in the amounts noted above and in the appropriate zone of impact.

☒ I We understand that mitigation must be provided within five years of issuance of the final order.

The source of mitigation water will be (please check):

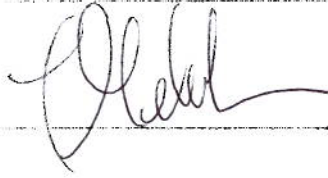
☒ Purchase mitigation credits and / or ☒ A mitigation project resulting in credits

Please describe the type of project (e.g., transfer, etc.) and any associated water-right certificate, if known:

TEMPORARY MITIGATION CREDITS WILL BE OBTAINED
FROM THE DESCHUTES POWER CONSUMPTION TO
INITIALLY PROVIDE MITIGATION. WHILE TEMPORARY
CREDITS ARE BEING USED, THE APPLICANTS WILL
INVESTIGATION OPTIONS TO SECURE PERMANENT
CREDITS AND THEN DEVELOP A MITIGATION PROJECT
OR PURCHASE AND TRANSFER WATER RIGHTS TO
PROVIDE PERMANENT CREDITS

I understand that I must provide mitigation credits in the amount noted, or a suitable replacement mitigation that meets the requirements of OAR 690-505-0610(2)-(5) in the appropriate zone of impact.

Applicant(s)

A handwritten signature in black ink, appearing to be "J. French", written over a horizontal line.

or

Applicant's agent

Date _____

Telephone Number: _____

Mail to: Attn: Kim French
Oregon Water Resources Department
725 Summer St NE Suite A
Salem OR 97301-1266