

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

725 Summer St. N.E. Ste. A  
SALEM, OR 97301-4172

(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # **92427**

INVOICE # \_\_\_\_\_

RECEIVED FROM: **PACIFIC HYDRO-  
GEOLOGY INC**

APPLICATION	<b>6-17049</b>
PERMIT	
TRANSFER	

CASH:  CHECK: # **X 3368** OTHER: (IDENTIFY)

TOTAL REC'D \$ **1300.00**

**1083 TREASURY 4170 WRD MISC CASH ACCT**

0407 COPIES **RECEIVED OVER THE COUNTER** \$ \_\_\_\_\_  
 OTHER: (IDENTIFY) \$ \_\_\_\_\_

0243 I/S Lease \_\_\_\_\_ 0244 Muni Water Mgmt. Plan \_\_\_\_\_ 0245 Cons. Water \_\_\_\_\_

**4270 WRD OPERATING ACCT**

**MISCELLANEOUS** **PCA 46111**

0407 COPY & TAPE FEES \$ \_\_\_\_\_  
 0410 RESEARCH FEES \$ \_\_\_\_\_  
 0408 MISC REVENUE: (IDENTIFY) \$ \_\_\_\_\_  
 TC162 DEPOSIT LIAB. (IDENTIFY) \$ \_\_\_\_\_  
 0240 EXTENSION OF TIME \$ \_\_\_\_\_

**WATER RIGHTS:**

0201 SURFACE WATER	EXAM FEE \$ _____	0202 RECORD FEE \$ _____
0203 GROUND WATER	EXAM FEE \$ <b>1300.00</b>	0204 RECORD FEE \$ _____
0205 TRANSFER	EXAM FEE \$ _____	

**WELL CONSTRUCTION**

0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____	0219 LICENSE FEE \$ _____
LANDOWNER'S PERMIT		0220 LICENSE FEE \$ _____

OTHER (IDENTIFY) \_\_\_\_\_

**0536 TREASURY 0437 WELL CONST. START FEE**

0211 WELL CONST START FEE \$ \_\_\_\_\_ CARD # \_\_\_\_\_  
 0210 MONITORING WELLS \$ \_\_\_\_\_ CARD # \_\_\_\_\_  
 OTHER (IDENTIFY) \_\_\_\_\_

**0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER**

0233 POWER LICENSE FEE (FW/WRD) \$ \_\_\_\_\_  
 0231 HYDRO LICENSE FEE (FW/WRD) \$ \_\_\_\_\_  
 HYDRO APPLICATION \$ \_\_\_\_\_

**TREASURY OTHER / RDX**

FUND \_\_\_\_\_ TITLE \_\_\_\_\_  
 OBJ. CODE \_\_\_\_\_ VENDOR # \_\_\_\_\_  
 DESCRIPTION \$ \_\_\_\_\_

RECEIPT: **92427**

DATED: **5/9/08** BY: *[Signature]*

# Standard Application Completeness Checklist

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

This is the checklist used by WRD staff

LA GRANDE

Application G 17049 Township SEE MAP  
Priority Date MAY 9 2008 Range SEE MAP  
Use(s) SUPP IRRIG 340.6 Section SEE MAP  
Rate 4.26 CFS POD Loc SEE MAP  
County UNION POU Loc SEE MAP  
W.M. \_\_\_\_\_ Caseworker BROOK G

- Applicant/Organization Name, Mailing Address and Telephone Number.
- Source of water. If stored water, is the stored water component filed out, including a non-expired agreement for stored water must be included. (ORS 537.400)
- The proposed source is or is not (circle one) withdrawn from further appropriation, or Division 538. If it is, return application and fees. GW
- Property ownership indicated. STATES YES
  - If applicant does not own all the land, the affected landowner's name and mailing address must be listed.
  - If applicant does not own all the land, a statement declaring the existence of either written authorization or an easement permitting access to land crossed by the proposed ditch canal or other work must be submitted.
- Groundwater development section (Page 3 and 4, Section B) or a well log report.
- Proposed use of water. If supplemental, list primary water right acreage if applicable.
- Enclosed Supplemental Form for each proposed use.
  - Form I (Irrigation)
  - Form M (Municipal or Quasi-Municipal)
  - Form R (Mining)
  - Form Q (Commercial or Industrial)
  - Spring Description Sheet
- Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)
- Period of use
- Water management section (Please estimate if the water system has not been designed).

Resource Protection Section (Page 6, Section 5).

Project schedule (If system is already completed, indicate "existing").

For reservoir applications storing more than 9.2 acre feet, and a dam height of more than 10 feet, preliminary plans and specifications for dam and impoundment are required.

If the above is statement is checked, the map must be prepared by a CWRE.

All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink. Signature must be an original "wet" signature.

You must include a Legal description of the property involved that includes a metes and bounds, or other government survey description. A copy of the deed, land sales contract or title insurance policy can provide this information, or you may submit a lot book report prepared by a title company. The Department will not accept a copy of the tax bill.

A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. *Date of signature must be within the past 12 months. Signature must be an original "wet" signature.*

The map must meet all the minimum requirements of OAR 690-310-0050.

- Township, Range, Section
- Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)
- Place of use, 1/4, 1/4's and tax lot clearly identified
- Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.)
- Location of each diversion point well or dam by reference to a recognized public land survey corner
- North Directional Symbol
- Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture
- Other CWRE MALIA  
KMPILLAS
- Reference corner on map
- Each point of diversion coordinate

Fees: Amount of water requested 4.26 CFS

2 WELLS

Base Fee \$ 500

1st CFS/AF 200

4 Addtn'l CFS/ AF @ 100 = 400

1 Addtn' POD @ 200 = 200

Additional Use @ \_\_\_\_\_ = \_\_\_\_\_

Total Exam Fees \$ 1300

Total Paid \$ 1300

Amount Due \$ \_\_\_\_\_

Reviewed by: HTM

Date: MAY 9 2008