

**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 # **92474**

INVOICE # _____

RECEIVED FROM: **CHANDRA DEE & ROBERT G WALCHLI**
BY: _____

APPLICATION **G-17050**
PERMIT _____
TRANSFER _____

CASH: CHECK:# **3326** OTHER: (IDENTIFY) _____

TOTAL REC'D \$ **1000.00**

1083 TREASURY 4170 WRD MISC CASH ACCT

RECEIVED

OVER THE COUNTER

0407 COPIES \$ _____
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	\$ _____	0202	\$ _____
0203 GROUND WATER	\$ 700.00	0204	\$ 300.00
0205 TRANSFER	\$ _____		

WELL CONSTRUCTION

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

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 _____ \$ _____

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DATED: **5/13/08** BY: **[Signature]**

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application G 17050 Township 5 N
Priority Date 5-13-2008 Range 29 E
Use(s) PRIM 5 Acres IRRIG Section 29
0.0891 40
Rate CFS GPM POD Loc NW SE
County UMAT POU Loc NW SE
W.M. # 05 Caseworker JEANA E

- 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) **NOTE: A surface water application cannot be filled at the same time as a Reservoir or Alt Reservoir if it will be for the use of the stored water under the PROPOSED Reservoir application (E2).**
- The proposed source is is not (circle one) withdrawn from ^{GW} further appropriation, or Division 538. If it is, return application and fees.
- 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 YES
- 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.

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

Fees: Amount of water requested 4,089.1 40
CFS GPM

Base Fee \$ <u>500</u>	Additional Use @ _____ = _____
1st CFS/AF <u>200</u>	Total Exam Fees \$ <u>700</u>
____ Addtn'l CFS/ AF @ _____ = _____	Total Paid \$ <u>1000</u>
____ Addtn' POD @ _____ = _____	Amount Due \$ <u>ALL FEES PAID</u>

Reviewed by: HTM Date: 5-13-2008

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822 S. HWY 395
HERMISTON OR 97838

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1 OF 1

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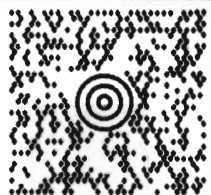
WATER RESOURCE DEPT.

STATE OF OREGON

SUITE A

725 SUMMER ST. NE

SALEM OR 97301-1271

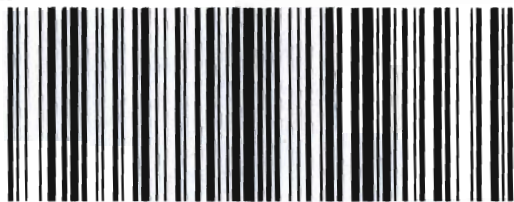


OR 973 0-02



UPS GROUND

TRACKING #: 1Z E5E 630 03 4560 2443



BILLING: P/P

REF 1: PM PKG ID 10951
REF 2: FROM CHANDRA WALCHLI

WS 10.0.45

LP2442 78.0A 04/2008



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