

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **91866**

725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

RECEIVED FROM: STUNTZNER ENGINEERING & FORESTRY LLC	APPLICATION S-87123
BY: _____	PERMIT _____
	TRANSFER _____
CASH <input type="checkbox"/> CHECK:# X 1805 OTHER (IDENTIFY) <input type="checkbox"/>	TOTAL REC'D \$ 360.00

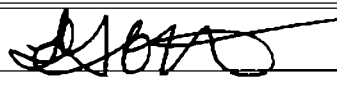
1083 TREASURY 4170 WRD MISC CASH ACCT
0407 COPIES \$ _____
OTHER: (IDENTIFY) \$ _____
0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

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	EXAM FEE \$ 360.00 0202 RECORD FEE \$ _____
0203 GROUND WATER	\$ _____ 0204 RECORD FEE \$ _____
0205 TRANSFER	\$ _____
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 (FWWRD) \$ _____
0231 HYDRO LICENSE FEE (FWWRD) \$ _____
HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX
FUND _____ TITLE _____
OBJ CODE _____ VENDOR # _____
DESCRIPTION _____ \$ _____

RECEIPT **91866** DATED: **3/24/08** BY: 

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

from Cooper Cr. RESRUR

Application 87123 Township SEE MAP
Priority Date 3-14-2008 Range 11
| 297 PRIM. RESRUR MNTNC |
Use(s) 1 IRRIG. Section 11
Rate 3 CFS 150 AF POD Loc 11
County POLK POU Loc 11
W.M. _____ Caseworker JOEZ P

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.

Property ownership indicated.

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. #2 MAP TO FOLLOW

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 STUNTZNER ENGRG FOR GRU

Reference corner on map

BILL KNESS CWRE
MAP #2 REC'D 3-24-2008

Each point of diversion coordinate

Fees: Amount of water requested _____

Base Fee \$ _____

Additional Use @ _____ = _____

1st CFS/AF _____

Total Exam Fees \$ 1630

_____ Addn'l CFS/ AF @ _____ = _____

Total Paid \$ 1630 WITH CK #2 BALANCE

_____ Addn' POD @ _____ = _____

Amount Due \$ R.F. DUE

ONE CHECK
2 APP(S)

#2 CHECK
FROM STUNTZNER
REC'D 3-24-2008
REMAINDER EXAM FEE

Reviewed by: HTM

Date: 3-20-2008