

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **91748**

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

INVOICE # _____

RECEIVED FROM: <u>Fern Creek Vineyards</u>	APPLICATION <u>See below</u>
BY: _____	PERMIT _____
	TRANSFER _____

CASH: CHECK: # 1031 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 2,360.00

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		EXAM FEE	RECORD FEE
0407 COPY & TAPE FEES	<u>1-87120-1060.00 Exam</u>	\$ _____	\$ _____
0410 RESEARCH FEES	<u>87121-1300.00 Exam</u>	\$ _____	\$ _____
0408 MISC REVENUE: (IDENTIFY) _____		\$ _____	\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____		\$ _____	\$ _____
0240 EXTENSION OF TIME		\$ _____	\$ _____
WATER RIGHTS:		EXAM FEE	LICENSE FEE
0201 SURFACE WATER	\$ <u>2360.00</u>	0202 \$ _____	\$ _____
0203 GROUND WATER	\$ _____	0204 \$ _____	\$ _____
0205 TRANSFER	\$ _____		
WELL CONSTRUCTION		EXAM FEE	LICENSE FEE
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 (FWWRD)	\$ _____
0231 HYDRO LICENSE FEE (FWWRD)	\$ _____
HYDRO APPLICATION	\$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____ \$ _____

RECEIPT: **91748** DATED: 3/14/08 BY: L. Paulino

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

[Redacted] S [Redacted] R [Redacted]

Application [Redacted] Township [Redacted]
Priority Date [Redacted] Range 11
Use(s) 1 Section 11
Rate [Redacted] POD Loc 11
County [Redacted] POU Loc 11
W.M. 16 Caseworker [Redacted] 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 - The proposed source **is** or **is not** (circle one) withdrawn from further appropriation, or Division 538.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. 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.
 - N/A 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) 120
- 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. **YES**

If the above is statement is checked, the map must be prepared by a CWRE.
5 DAMPED MAP RECD 3-24-08

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 STUNTZNER ENGRANG FOREST GRV

Reference corner on map

Each point of diversion coordinate

Fees: Amount of water requested 180 AF

Base Fee \$ _____

Additional Use @ _____ = _____

1st CFS/AF _____

Total Exam Fees \$ 1060

____ Addn'l CFS/ AF @ _____ = _____

Total Paid \$ _____

____ Addn' POD @ _____ = _____

Amount Due \$ _____

**ONE CHECK
SPLIT 2 APPS.**

**#2 CHECK
BEING SENT**

Reviewed by: HJM

Date: 3-19-2008