

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **95396**

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

INVOICE # _____

RECEIVED FROM: Long Haul Timber + Cattle LLC
BY: _____

APPLICATION	G 17166
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # 1080 ☒ OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 700.00

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

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	\$ <u>700.00</u>	0204	\$
0205 TRANSFER	\$		

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
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 _____ \$

RECEIPT: **95396**

DATED: 1/20/09 BY: A. Belp

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

G 17166

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **95485** INVOICE # _____
725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

RECEIVED FROM: Longhaul Timber & Cattle, LLC see below
BY: _____
CASH: ☐ CHECK: # 1081 OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ **360.00**

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

4270 WRD OPERATING ACCT
MISCELLANEOUS
0407 COPY & TAPE FEES \$ _____
0410 RESEARCH FEES \$ _____
0408 MISC REVENUE: (IDENTIFY) 46111 \$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) G 17166 - \$200.00 \$ _____
0240 EXTENSION OF TIME R 87384 - \$160.00 \$ _____
WATER RIGHTS:
0201 SURFACE WATER ALTRES **EXAM FEE** \$ 160.00 0202 **RECORD FEE** \$ _____
0203 GROUND WATER \$ 200.00 0204 \$ _____
0205 TRANSFER \$ _____
WELL CONSTRUCTION
0218 WELL DRILL CONSTRUCTOR **EXAM FEE** \$ _____ 0219 **LICENSE FEE** \$ _____
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: **95485** DATED: 1/29/09 BY: LSB
Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

LONG HAUL TIMBER & CATTLE, LLC

Account: LH C&T - Siuslaw
Date: 1/26/09
Payee: Oregon Water Resources Department
Amount: 360.00
Memo:

Ground Water Applications

Dues

RECEIVED

JAN 29 2009

WATER RESOURCES DEPT
SALEM, OREGON

360.00

1081

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Reviewed BT
PH. 1-21-2009

Application G 17166 Township 17 S
Priority Date 1-20-2009 Range 6 W
Use(s) IRRIGATION Section 11
Rate 0.056 CFS 25 GPM POB Loc SE SE
County LANE POU Loc SE SE
W.M. DIST # 2 Caseworker JOEL PLATT

☒ 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 or is not (circle one) GW withdrawn from 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.

☒ 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) @ 100 for 4.3 A.

☒ 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 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.* SUBMITTED TALK-OFF SUTTS —

☒ 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 ONE 1/4 1/4 ONLY

☒ 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 ANYONE WILL BE MODIFIED TO SHOW ONLY DESIRED USES.

☒ Reference corner on map

☒ Each point of diversion coordinate

☒ Fees: Amount of water requested 0.056 CFS 25 GPM

Base Fee \$ 5200

1st CFS/AF 200

Addn'l CFS/AF @ =

Addn'l POD @ =

CK #1 \$700

① Additional Use @ 200 = 200

Total Exam Fees \$ 900

Total Paid \$ 900

Amount Due \$ REL FEE DUE

CK #2 \$200 (1-29-2009)

Reviewed by: HFM

Date: 1-29-2009