

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **95760**

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

INVOICE # _____

RECEIVED FROM: Kenneth A. Darla	APPLICATION G17185
BY: Rasmussen	PERMIT
	TRANSFER

CASH: CHECK:# **14153** OTHER: (IDENTIFY)

TOWN REC'D **\$900.00**

**RECEIVED
 OVER THE COUNTER**

1083 TREASURY 4170 WRD MISC CASE 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:		EXAM FEE	RECORD FEE
0201 SURFACE WATER	\$	0202	\$
0203 GROUND WATER	\$ 900.00	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 (FW/WRD)	\$
0231 HYDRO LICENSE FEE (FW/WRD)	\$
HYDRO APPLICATION	\$

TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____ \$ _____

RECEIPT: **95760** DATED: **2-27-09** BY: **LAG**

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

REMOVED @
COUNTER

Application G 17185 Township 9 S
Priority Date 2-27-2009 Range 1 E
Use(s) 50 ACRES PRIM IRRIG Section 16
Rate 0.668 CFS 300 GPM POA Loc 2 WELLS
County MARION POU Loc SEE MAP
W.M. DIST # 16 Caseworker KERRY KAVANAGH

FEB 27 2009

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 filed 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The proposed source is GW or is not (circle one) withdrawn from further appropriation, or Division 538.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. HELD FROM ROAD SIGN

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. *DEED PROVIDED M-S.*

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.* *LAND USE O.K. M.S.*

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

FEB 27 2009

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 MOUNTAIN W/AMERICAN @ FRONT COUNTER

Reference corner on map

SMALL PRE-AM (PHONE) WITH DRILLER FLOYD SIMPZ

Each point of diversion coordinate

0.668

Fees: Amount of water requested CFS 2 WELLS 300 GPM

Base Fee \$ 500

Additional Use @

1st CFS/AF 200

Total Exam Fees \$ 900

Addtn'l CFS/ AF @ =

Total Paid \$ 900

1 Addtn' POP @ 200 = 200

Amount Due \$ REC FEE DUE

Reviewed by: NLM

Date: 2-27-2009