

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **95840**

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

INVOICE # _____

RECEIVED FROM: <u>City of Happy Valley</u>	APPLICATION <u>6-17187</u>
BY: _____	PERMIT _____
	TRANSFER _____
CASH: <input type="checkbox"/> CHECK:# _____ OTHER: (IDENTIFY) _____	TOTAL REC'D \$ <u>300.00</u>
<input type="checkbox"/> <input checked="" type="checkbox"/> <u>22171</u> <input type="checkbox"/>	

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	
0407 COPY & TAPE FEES <u>46111</u>	\$ _____
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	\$ _____ 0204 \$ <u>300.00</u>
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: **95840** DATED 3/9/09 BY: A. Bell

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

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **95838**

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

INVOICE # _____

RECEIVED FROM: <u>City of Happy Valley</u>	APPLICATION <u>G-17187</u>
BY: _____	PERMIT _____
	TRANSFER _____
CASH: <input type="checkbox"/> CHECK: # <u>22170</u> OTHER: (IDENTIFY) <input type="checkbox"/>	TOTAL REC'D \$ <u>700.00</u>

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	
0407 COPY & TAPE FEES <u>46111</u>	\$ _____
0410 RESEARCH FEES	\$ _____
0408 MISC REVENUE: (IDENTIFY) _____	\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$ _____
0240 EXTENSION OF TIME	\$ _____
WATER RIGHTS:	
0201 SURFACE WATER	EXAM FEE \$ _____ RECORD FEE 0202 \$ _____
0203 GROUND WATER	EXAM FEE \$ <u>700.00</u> RECORD FEE 0204 \$ _____
0205 TRANSFER	EXAM FEE \$ _____ RECORD FEE _____
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____ LICENSE FEE 0219 \$ _____
LANDOWNER'S PERMIT	EXAM FEE \$ _____ LICENSE FEE 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 _____ \$ _____

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Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

REPAIR OF A RETURN

Application G 17187 County CLAC Priority Date MAR 9 2009

Township 1 S Range 2 E Section 26

Amount CFS / GPM Use IRRIG 30.36 ACRES Watermaster Dist. # 20

Caseworker Assigned

Brook Geffen Jeana Eastman Joel Plahn Kerry Kavanagh Michele McAleer

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 or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.

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 signed 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 acreage.

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 Standard reservoir applications proposing to store 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. In addition, the map must be prepared by a CWRE.

All applicants or the applicant's authorized agent (include title or authority if for an organization or corporation), must sign the application in ink. *Signature must be an original "wet" signature. Copies cannot be accepted.*

You must include a Legal description of all the properties involved where water is diverted, crossed, and used. The Legal description 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. *Please be certain that the Land-Use form lists all lands involved and all uses proposed. Date of signature must be within the past 12 months. Signature must be an original "wet" signature. Copies cannot be accepted.*

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
- Reference corner on map
- North Directional Symbol
- Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture
- Each point of diversion coordinate
- Other ASSIST W/M OREGON CITY
SABRINA WHITE

Fees: Amount of water requested 0.223 CFS 100 GPM

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

Reviewed by: ATM Date: MAR 9 2009