

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **95871**

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

INVOICE # _____

RECEIVED FROM: <u>Juan Ramirez + Maribel Ramirez</u>	APPLICATION <u>587420</u>
BY: _____	PERMIT _____
CASH: <input type="checkbox"/> CHECK:# _____ OTHER: (IDENTIFY) _____	TRANSFER _____
<input checked="" type="checkbox"/> 1007 <input type="checkbox"/> _____	TOTAL REC'D \$ <u>710.00</u>

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES	\$ _____
OTHER: (IDENTIFY) _____	\$ _____
0243 I/S Lease _____	0244 Muni Water Mgmt Plan _____

**RECEIVED
OVER THE COUNTER**

4270 WRD OPERATING ACCT

MISCELLANEOUS

0407 COPY & TAPE FEES	\$ _____
0410 RESEARCH FEES	\$ _____
0408 MISC REVENUE: (IDENTIFY) _____	\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$ _____
0240 EXTENSION OF TIME	\$ _____

4/6/11 / 4/6/11

EXAM FEE	RECORD FEE
0201 SURFACE WATER \$ <u>410.00</u>	0202 \$ <u>300.00</u>
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 (FW/WRD)	\$ _____
0231 HYDRO LICENSE FEE (FW/WRD)	\$ _____
HYDRO APPLICATION	\$ _____

TREASURY OTHER / RDX

FUND _____	TITLE _____
OBJ. CODE _____	VENDOR # _____
DESCRIPTION _____	\$ _____

RECEIPT: **95871** DATED: 3.12.09 BY: LTB

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application S-87420 County YAMH Priority Date MAR 12 2009

Township 5S Range 3W Section 21 & 22

Amount 20 AF Use PRIM 44.6 ACRES Watermaster Dist. # 16
31.64 SUPP 13 A

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. E-2

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. YES

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) 44.6
20

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.*

ⓧ LEGAL DESCRIPTION PROVIDED JK
 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.

ⓧ LAND-USE O.K. JK
 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 _____

CWRE JIM SCHUETTE

PHONE 502-158

ⓧ Fees: Amount of water requested 20.00 AF

Base Fee \$ <u>250</u>	Additional Use @ _____	45 AF 45 <u>35</u>	250 150 <u>400</u> <u>35</u> <u>\$435</u>
20 <u>15</u> CFS/AF x 15 = <u>150</u>	Total Exam Fees \$ <u>410</u>		
<u>10</u> Addn'l CFS/ AF @ <u>10</u> = <u>\$100</u>	Total Paid \$ <u>710</u>		
Addn' POD @ _____ = _____	Amount Due \$ <u>ALL FEES PAID</u>		

Reviewed by: HJM

Date: MAR 12, 2009