

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **100370**

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

INVOICE # _____

RECEIVED FROM: City of Coquille
BY: _____

| | |
|-------------|--------|
| APPLICATION | 917403 |
| PERMIT | |
| TRANSFER | |

CASH: CHECK:# 16061 OTHER: (IDENTIFY)

| | |
|-------------|-------------|
| TOTAL REC'D | \$ 1,650.00 |
|-------------|-------------|

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 | | | |
|-------------------|--------------------------|---------------|-------------|
| 0407 | COPY & TAPE FEES | 46111 / 46111 | \$ |
| 0410 | RESEARCH FEES | | \$ |
| 0408 | MISC REVENUE: (IDENTIFY) | | \$ |
| TC162 | DEPOSIT LIAB. (IDENTIFY) | | \$ |
| 0240 | EXTENSION OF TIME | | \$ |
| WATER RIGHTS: | | | |
| 0201 | SURFACE WATER | EXAM FEE | RECORD FEE |
| 0203 | GROUND WATER | \$ 1250.00 | \$ 400.00 |
| 0205 | TRANSFER | \$ | |
| WELL CONSTRUCTION | | | |
| 0218 | WELL DRILL CONSTRUCTOR | EXAM FEE | LICENSE FEE |
| | LANDOWNER'S PERMIT | \$ | \$ |
| | 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: **100370**

DATED: 6-25-10 BY: LAB

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

CITY of
CORVALLIS

Application G 17403 County LANIER Priority Date 6-25-2010

Township 16 S Range 3 W Section 28

Amount 125 GPM / 4.279 CFS Use COMMERCIAL COOLING Watermaster Dist. # 2

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. COOLING

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.*

^{Good} 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. SENT PDF

^{LEGAL GOOD - NOTE APPROVAL BEING APPROVED} 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.* SENT PDF

The map must meet all the minimum requirements of OAR 690-310-0050. SENT PDF (REQUIRED) MODIFIED

- 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 _____

ADDITIONS BEING MADE TO MAP

WET CANNON

Fees: Amount of water requested ^{125 / 0.279} ~~GPM / CFS~~

Base Fee \$ 1000

Additional Use @ _____ = _____

1st CFS/AF 250

Total Exam Fees \$ 1250

~~Addnl CFS/AF @ _____ = _____~~

Total Paid \$ 1650

~~Addnl' POD @ _____ = _____~~

Amount Due \$ ALL FEES PAID

Reviewed by: HTM

Date: 6-25-2010