STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 101529 INVOICE # _ SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) **APPLICATION** armino OT PERMIT BY: TRANSFER CASH: CHECK:# OTHER: (IDENTIFY) TOTAL REC'D 4170 WRD MISC CASH ACCT 1083 \$ 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** \$ 0410 RESEARCH FEES \$ 0408 MISC REVENUE: (IDENTIFY) \$ TC162 DEPOSIT LIAB. (IDENTIFY) \$ 0240 EXTENSION OF TIME RECORD FEE WATER RIGHTS: **EXAM FEE** 0201 SURFACE WATER 0202 \$ 0203 **GROUND WATER** \$3000° 0204 TRANSFER 0205 LICENSE FEE **EXAM FEE** WELL CONSTRUCTION \$ 0219 WELL DRILL CONSTRUCTOR 0218 \$ 0220 LANDOWNER'S PERMIT **OTHER** (IDENTIFY) 0536 **TREASURY** 0437 WELL CONST. START FEE 0211 WELL CONST START FEE CARD# \$ CARD# 0210 MONITORING WELLS \$ OTHER (IDENTIFY) TREASURY 0467 HYDRO ACTIVITY LIC NUMBER 0607 \$ POWER LICENSE FEE (FW/WRD) 0233 \$ HYDRO LICENSE FEE (FW/WRD) 0231 \$ HYDRO APPLICATION **TREASURY** OTHER / RDX

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

RECEIPT: 101529

DATED: \ \ - \ - \

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Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRDstaff Outs De und				
RESTRICT				
Application C 17434 County COUNTY Priority Date Nov 1 2010				
Township 6 N Range 33 E Section 14, 15, 16, 22 Amount 5.25 CF5 Use IKRIG 420.10 Watermaster Dist. # 5				
Amount 5.25 CF5 Use IKRIG 420.10 Watermaster Dist. # 5				
Caseworker Assigned □ Brooker Assigned □ Jeana Eastman □ 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 uder 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The proposed source is or is not circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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. > 747E5				
If applicant does not own all the land, the affected landowners name and mailing address must be listed.				
O If applicant does not own all the land, asigned 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 primaryacreage.				
Enclosed Supplemental Form for each proposed use.				
Form I (Irrigation) O Form M (Municipal or Quasi-Municipal)				
O Form R (Mining) O Form Q (Commercial & Industrial)				
O 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").				

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0	For Standard reservoir applications proposing to store more than 9.2 acre feet, and adam 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.			
4	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.			
4	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.			
4	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 690310-0050.				
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 damby reference to a recognized public land survey corner. Multiple wells shall be uniquely labeled, and identified on well logs if existing. Reference corner on map North Directional Symbol Number of acres per 1/4, 1/4, iffor irrigation, nursery, or agriculture O Other Cure Town 358 WARINDER				
Fees: Amount of water requested 5-25 CF5 => ± 126 CF5				
	Base Fee \$ 1000	Additional Use @=	1250	
	1st CFS/AF 250	Total Exam Fees \$ 3 CC CO	1250	
	5 Addtn' CFS (AR @250 = 1250 2-Addtn' POP @250 = 500	Total Paid \$ 3000 Amount Due \$ Rec Fee Due Amount Returned \$	2500	
	Reviewed by: 4 PM	Date: 100 01, 2010	\$3000	
Groups\wr\Customer Service Group\templates\standard app checklist 1-12-2010 jks				