	WAT		OF OREGON	IENT	
RECEIPT #	102689	, 725 Summe SALEM, O	er St. N.E. Ste. A PR 97301-4172 (503) 986-0904 (fax)	INVOICE #	
RECEIVED FRO	ECEIVED FROM: WILLAMATE Egg tams, LC				G1746
BY:	BY:			PERMIT	
CASH: C				TRANSFER	
				TOTAL REC'D	\$34800
1083		4170 WRD	MISC CASH AG	CT	
		4170 Wild	MIGO CAGILA		\$
0407	COPIES OTHER: (IDENTIFY)	RECE		\$
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0240	EXTENSION OF T	IME			\$
	WATER RIGHTS:		EXAM FEE	7	RECORD FEE
0201	SURFACE WATER	3	\$	0202	\$
0203	GROUND WATER		\$ 344D00	0204	\$ 4000
0205	TRANSFER		\$		
	WELL CONSTRU	CTION	EXAM FEE		LICENSE FEE
0218	WELL DRILL CONSTRUCTOR		\$	0219	\$
	LANDOWNER'S P	ERMIT		0220	\$
	OTHER	(IDENTIFY)			
0536	TREASURY	0437 WEL	L CONST. STAR	T FEE	
0211	WELL CONST ST	ART FEE	\$	CARD	#
0210	MONITORING WELLS		\$	CARD	
	OTHER	(IDENTIFY)	L		·
0607	TREASURY	0467 HYDI	RO ACTIVITY	LIC NUMBER	
0233	POWER LICENSE				\$
0231	HYDRO LICENSE FEE (FW/WRD)				
	HYDRO APPLICA				\$
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	TREASURY				
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RECEIPT: 1	.02689	DATED:	Ч ·[]вү:_	12407	
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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

Application <u>G-17461</u> County <u>County</u> Priority Date <u>4/19/201</u>
Township <u>SS</u> Range <u>(E</u> Section <u>9</u> ? (O
Amount 115 AF Use coulous iau 102. Baco WM Dist # 20
Caseworker Assigned 🛛 🖉 Jeana Eastman O Kerry Kavanagh O 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The proposed source is on is not circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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.
O If applicant does not own all the land, the affected landowner's name and mailing address must be listed
O 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.
Well Development (Section 3) or a well log report.
Proposed use of water. If supplemental, list primary acreage
G Enclosed Supplemental Form for each proposed use.
Form I (Irrigation) O Form M (Municipal or Quasi-Municipal)
O Form R (Mining) Form Q (Commercial or 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)
Ó Period of use
Water management section (Please estimate if the water system has not been designed).
C Resource Protection Section
Project schedule (If system is already completed, indicate "existing").

O Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications O A map prepared by a CWRE for a standard reservoir application proposing to store more than 9.2 acre feet and having a dam height of more than 10 feet 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. LAND-USE Grass JR 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. O Township, Range, Section O'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 \bigcirc 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. Multiple wells shall be uniquely labeled, and identified on well logs if existing. O Reference corner on map North Directional Symbol Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture Other STEVE Bienes CARE GUD Fees: Amount of water requested 115 Ari 1000 Base Fee \$ Additional Use @ Total Exam Fees \$ 3440 1st CFS/AF Total Paid \$ 7840 Amount Due \$ Azc Feet M. Addtn'l CFS/ AF @_____=____ Addtn' POD/POA @ = Amount Returned \$

Reviewed by: HPM

4Pm

Date: 4-19-2011

Groups/wr/Customer Service Group/templates/standard app checklist

11-9-2010 jks

Minimum Requirements Checklist

Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.615)

Include this checklist with the application

Check that each of the following items is included. The application <u>will</u> be returned if all required items are not included. If you have questions, please call the Water Rights Customer Service Group at (503) 986-0900.

- SECTION 1: applicant information and signature
- SECTION 2: property ownership
- SECTION 3: well development
- SECTION 4: water use
- SECTION 5: water management
- SECTION 6: storage of groundwater in a reservoir
- SECTION 7: use of stored groundwater from the reservoir
- SECTION 8: project schedule
- SECTION 9: remarks

Attachments:

Land Use Information Form with approval and signature (must be an original) or signed receipt

Provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map.

Fees - Amount enclosed: <u>\$3,840</u> See the Department's Fee Schedule at <u>www.oregon.gov/owrd</u> or call (503) 986-0900.

Provide a map and check that each of the following items is included:

- Permanent quality and drawn in ink
- Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
- North Directional Symbol
- Township, Range, Section, Quarter/Quarter, Tax Lots

G-17461

- Reference corner on map
- Location of each well, and/or dam if applicable, by reference to a recognized public land survey corner (distances north/south and east/west). Each well must be identified by a unique name and/or number.
- Indicate the area of use by Quarter/Quarter and tax lot clearly identified
- Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery
- Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use)
- Other

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