STATE OF OREGON

WATER RESOURCES DEPARTMENT

песеірт# 103323

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

INVOICE # _____

CEIVED FI	rom: <u>Ко</u> Ј	portL+Le	ecm n	APPLICATION	Soc Balon
·:	Mc	K00.		PERMIT	
				TRANSFER	
ISH:	12631	OTHER: (IDENTIFY)		TOTAL REC'D	\$ 45089
1083	3 TREASURY	4170 WRD M	IISC CASH AC	СТ	
0407	COPIESO	=IVED			\$
0407	OVER THE CONTER				\$
0243 1/S	Lease 024	4 Muni Water Mgmt. Pla			
	_	4270 WRD O			
	MISCELLANEOU	s 8773	5=\$ 133	38,00 exam	
0407	COPY & TAPE FE	ES 8773	4=\$19	9500 11	\$
0410	RESEARCH FEES	s 51747	4= \$117	50011	\$
0408	MISC REVENUE:	(IDENTIFY)			\$
TC162	DEPOSIT LIAB. (IDENTIFY)			\$
0240	EXTENSION OF	ГІМЕ			\$
	WATER RIGHTS:		EXAM FEE]	RECORD FEE
0201	SURFACE WATER	R	\$ 3333°°	0202	\$
0203	GROUND WATER	}	\$ 117500	0204	\$
0205	TRANSFER		\$]	
	WELL CONSTRU	CTION	EXAM FEE		LICENSE FEI
0218	WELL DRILL CON	STRUCTOR	\$	0219	\$
	LANDOWNER'S F	PERMIT		0220	\$
	OTHER	(IDENTIFY)			
0536	TREASURY	0437 WELL (CONST. STAR	Γ FEE	hi li
0211	WELL CONST ST	ART FEE	\$	CARD#	
0210	MONITORING WE		\$	CARD#	
	OTHER	(IDENTIFY)			
0607		0467 HYDRO	ACTIVITY	LIC NUMBER	
0233	POWER LICENSE	_			\$
0231	HYDRO LICENSE	•			\$
	HYDRO APPLICA				\$
7.570	TREASURY	OTHER	R / RDX		
	•	TITLE			_
_	DOE				
OBJ. CC		_ vendon #			\$
DE00-	IPTION				Ψ.

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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 S-87734 Co	ounty <u>Yamhill</u>	Priority Date_6	-7-2011
Township 55 65 Rar	1ge 4w,	Section 31, (o (in los)
Amount 69-1 ac/FT Use 12	in & Pour Hum.	WM Dist #	le_
<u>Caseworker Assigned</u> O Jeana Eastm	nan O Kerry Kavanagh	Michele McAleer	
Applicant/Organization Name, Mailin	g Address, and Telephone N	umber.	
Source of water. If stored water, is the agreement for stored water must be included be filed at the same time as a Reservoir of the PROPOSED Reservoir application (Editor).	led. (ORS 537.400) <i>NOTE:</i> r Alt Reservoir if it will be fo	A surface water applica	ation cannot
The proposed source is or is not (circ ORS 538, then return application and negative IR will be issued.			
Property ownership indicated.			
If applicant does not own all t	he land, the affected landow	ner's name and mailing	address must be listed.
O If applicant does not own all t authorization or an easement work must be submitted.		-	
Well Development (Section 3) or a we	ll log report.		
Proposed use of water. If supplemental, list primary acreage.			RECEIVED
Enclosed Supplemental Form for each		JUL 06 2011	
Form I (Irrigation)	O Form M (Municipal or	Quasi-Municipal)	WATER RESOURCES DEPT SALEM, OREGON
O Form R (Mining)	O Form Q (Commercial o	r Industrial)	
O Spring Description Sheet			
Amount of water from each source in	gallons per minute (GPM), o	ubic feet per second (Cl	FS), or acre feet (AF)
Period of use			
Water management section (Please es	timate if the water system ha	s not been designed).	
Resource Protection Section			
Project schedule (If system is already	completed, indicate "existing	g").	

Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications
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.
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. 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, if for irrigation, nursery, or agriculture Other Other
D Fees: Amount of water requested 64.1 Ac/FT. + 1.660 CFS
Base Fee \$ 760 1st CFS/AF 250 Additional Use @ = 250 Total Exam Fees \$ 1995 Addtn'l CFS/AF @ 250 Addtn'l POD/POA @ = Amount Due \$ 400 rec. Acc
Reviewed by: 18 / Date: 7/6/24
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11**-9-**2010 jks

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