

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **103511**

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

INVOICE # _____

RECEIVED FROM: **KARNILY KALUGIN**
BY: **AGAFIA KALUGIN**

APPLICATION	6-17479
PERMIT	
TRANSFER	

CASH: CHECK:# **1128** OTHER: (IDENTIFY)

TOTAL REC'D \$ **1650.⁰⁰**

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES		\$
OTHER: (IDENTIFY)		\$

**RECEIVED
OVER THE COUNTER**

0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS		PCA 46111	
0407 COPY & TAPE FEES		\$	
0410 RESEARCH FEES		\$	
0408 MISC REVENUE: (IDENTIFY)		\$	
TC162 DEPOSIT LIAB. (IDENTIFY)		\$	
0240 EXTENSION OF TIME		\$	
WATER RIGHTS:			
0201 SURFACE WATER	EXAM FEE	\$	0202
0203 GROUND WATER	\$ 1250.⁰⁰	\$	0204
0205 TRANSFER	RECORD FEE	\$	400.⁰⁰
WELL CONSTRUCTION			
0218 WELL DRILL CONSTRUCTOR	EXAM FEE	\$	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: **103511** DATED: **7/29/11** BY: **[Signature]**

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This is the checklist used by WRD staff

② PRE-APPS

Application G 17479 County MARION Priority Date 7-29-2011

Township 55 Range 2W Section 34 & 35

Amount 0.28 CFS Use PRIM / 18.65 / IRRIG / ACRES WM Dist # 16

Caseworker 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 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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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.

Well Development (Section 3) or a well log report.

Proposed use of water. If supplemental, list primary acreage.

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

Project schedule (If system is already completed, indicate "existing").

- 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 9.7 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 DESIGNED MAP
INITIALED

Fees: Amount of water requested 0.28 CFS

Base Fee \$ <u>1000</u>	Additional Use @ <u> </u> = <u> </u>
1st CFS/AF <u>252</u>	Total Exam Fees \$ <u>1250</u>
Addn'l CFS/AF @ <u> </u> = <u> </u>	Total Paid \$ <u>1650</u>
Addn' POD/POA @ <u> </u> = <u> </u>	Amount Due \$ <u> </u>
	Amount Returned \$ <u> </u>

Reviewed by: HM Date: 7-29-2011
MICHAEL M.