

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **103537**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: <u>Martin Family Trust</u>	APPLICATION <u>R87742</u>
BY: <u>Gary Martin Daming</u>	PERMIT _____
<u>3055120 X</u>	TRANSFER _____
CASH: <input type="checkbox"/>	TOTAL REC'D <u>\$1500<sup>00</sup></u>
CHECK:# <u>1079</u>	
OTHER: (IDENTIFY) <input type="checkbox"/>	

<b>1083 TREASURY</b>	<b>4170 WRD MISC CASH ACCT</b>
0407 COPIES	\$ _____
OTHER: (IDENTIFY) _____	\$ _____
0243 I/S Lease _____	0244 Muni Water Mgmt. Plan _____
	0245 Cons. Water _____

<b>4270 WRD OPERATING ACCT</b>	
<b>MISCELLANEOUS</b>	
0407 COPY & TAPE FEES <u>46111</u>	\$ _____
0410 RESEARCH FEES	\$ _____
0408 MISC REVENUE: (IDENTIFY) _____	\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$ _____
0240 EXTENSION OF TIME	\$ _____
<b>WATER RIGHTS:</b>	
0201 SURFACE WATER	<b>EXAM FEE</b>
0203 GROUND WATER	\$ <u>1100<sup>00</sup></u>
0205 TRANSFER	\$ _____
	<b>RECORD FEE</b>
	\$ <u>400<sup>00</sup></u>
	\$ _____
<b>WELL CONSTRUCTION</b>	
0218 WELL DRILL CONSTRUCTOR	<b>EXAM FEE</b>
LANDOWNER'S PERMIT	\$ _____
	<b>LICENSE FEE</b>
	\$ _____
	\$ _____
OTHER (IDENTIFY) _____	

<b>0536 TREASURY</b>	<b>0437 WELL CONST. START FEE</b>
0211 WELL CONST START FEE	\$ _____
0210 MONITORING WELLS	\$ _____
OTHER (IDENTIFY) _____	CARD # _____
	CARD # _____

<b>0607 TREASURY</b>	<b>0467 HYDRO ACTIVITY</b>	LIC NUMBER
0233 POWER LICENSE FEE (FW/WRD)		\$ _____
0231 HYDRO LICENSE FEE (FW/WRD)		\$ _____
HYDRO APPLICATION		\$ _____

<b>TREASURY</b>	<b>OTHER / RDX</b>
FUND _____	TITLE _____
OBJ. CODE _____	VENDOR # _____
DESCRIPTION _____	\$ _____

RECEIPT: **103537** DATED: 8-1-11 BY: ZR

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.

~~Canceled~~  
Permit  
R-13435

~~LARGE ENGINEERED RESERVOIR~~

Application R 87742 County JOSE Priority Date AUG 01, 2011

Township 36 S Range 7 W Section 23

Amount 15.30 AF Use STORAGE & IRRIG WM Dist # 14

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.~~

N/R

~~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)

15.3 ACRES

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 9.2 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.*

**LEGAL Grounds JS**  
 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.

**STUR ONLY**  
 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.

**TEAR-OFF SIGNED & SUBMITTED**

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 \_\_\_\_\_

(16)

25 → 20  
 15

Fees: Amount of water requested 15.30 AF

Base Fee \$ <u>700</u>	<del>Additional Use @ _____</del>	
16 <del>1st CFS/AF @ 25 = 400</del>	Total Exam Fees \$ <u>1100</u>	1100
<del>Addn' CFS/AF @ _____</del>	Total Paid \$ <u>1500</u>	+ 400
<del>Addn' POD/POA @ _____</del>	Amount Due \$ <u>All Fees Paid</u>	<u>1500</u>
	Amount Returned \$ _____	

Reviewed by: JHM Date: Aug 02, 2011