STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A 103703 INVOICE # __ SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) APPLICATION RE EIVE PERMIT TRANSFER OTHER: (IDENTIFY) CASH: CHECK:# **TOTAL REC'D** 4170 WRD MISC CASH ACCT TREASURY 1083 \$ **COPIES** 0407 \$ OTHER: (IDENTIFY) 0243 I/S Lease _ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _ 4270 WRD OPERATING ACCT **MISCELLANEOUS** 0407 **COPY & TAPE FEES** \$ RESEARCH FEES 0410 \$ 0408 MISC REVENUE: (IDENTIFY) DEPOSIT LIAB. (IDENTIFY) TC162 0240 **EXTENSION OF TIME** RECORD FEE WATER RIGHTS: **EXAM FEE** SURFACE WATER 0202 0201 0203 GROUND WATER 0204 0205 TRANSFER LICENSE FEE **EXAM FEE** WELL CONSTRUCTION 0219 \$ 0218 WELL DRILL CONSTRUCTOR 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) **WELL CONST. START FEE** 0536 TREASURY 0437 WELL CONST START FEE 0211 \$ CARD# MONITORING WELLS \$ CARD# 0210 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 _ _____ VENDOR # _ OBJ. CODE ___ \$ DESCRIPTION _

RECEIPT: 103703

DATED:

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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 G 17484 County SHERMAN Priority Date 8-22-2011
Township 25 Range Section 30
Township 25 Range 17 & Section 30 115 / 9.256 Comm. PRIM 5 ARRET Amount gpm/CFS Use IRRIG WM Dist # 21 Applicant Name PAC MOTOR FRONTS MNGMNT 660
Applicant Name PAC MOTOR FRONTS MNGMNT LCC
Receipt No. 103703
Caseworker Assigned O Jeana Eastman O Kerry Kavanagh Michele McAleer
Applicant/Organization Name, Mailing Address, and Telephone Number.
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.
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, Expedited Secondary(E2).
O If for stored water not under contract, is the source valid / Permit or Certificate issued Y / N List Permit or Certificate number
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. 574785 (65 0
O If applicant does not own all the land, the affected landowner's name and mailing address must be listed
authorization or an easement permitting access to land crossed by the proposed ditch canal or other work must be submitted.
Well Development (pg. 4 & 5) or a well log report.
Proposed use of water. If supplemental, list primary acreage.
O Supplemental data sheets enclosed if needed? O Form M (Municipal or Quasi-Municipal) 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

a	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").				
9	Preliminary plans and specifications including for all standard reservoir applications	dam height, width, crest width and surface area for	ach reservoir		
0	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				
A.	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.				
do	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.					
V:	O Township, Range, Section O Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU) O Place of use, 1/4, 1/4's and tax lot clearly identified O Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) O 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 O North Directional Symbol O Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture O Other				
Fees: Amount of water requested gran CF5 15 9 pm 1250 250					
	Base Fee \$ 1000	Total Exam Fees \$ 1750			
	1st CFS/AF 25 0 = / Addtnl CFS/ AF @ = / Addtnl POD/POA @ >5 < = 2 5 0 1 Addtnl Use @ 250 = 250	Permit Recording Fees \$ Total Paid \$ Amount Due \$ Amount Returned \$			
	Reviewed by: H/M	Date: 8-23-20//			