

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

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

RECEIPT # **104253**

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

RECEIVED FROM: X-NOVOLLC

APPLICATION	617795
PERMIT	
TRANSFER	

BY: \_\_\_\_\_

CASH:  CHECK # 1199 OTHER: (IDENTIFY)

TOTAL REC'D \$ 450.00

**1083 TREASURY 4170 WRD MISC CASH ACCT**

0407	COPIES	\$
	OTHER: (IDENTIFY)	\$
0243	I/S Lease	
	0244 Muni Water Mgmt. Plan	
	0245 Cons. Water	

**4270 WRD OPERATING ACCT**

**RECEIVED  
OVER THE COUNTER**

<b>MISCELLANEOUS</b>			
0407	COPY & TAPE FEES	\$	
0410	RESEARCH FEES	\$	
0408	MISC REVENUE: (IDENTIFY)	\$	
TC162	DEPOSIT LIAB. (IDENTIFY)	\$	
0240	EXTENSION OF TIME <u>46111</u>	\$	
<b>WATER RIGHTS:</b>			
0201	SURFACE WATER	\$	0202
0203	GROUND WATER	\$ <u>450.00</u>	0204
0205	TRANSFER	\$	
<b>WELL CONSTRUCTION</b>			
0218	WELL DRILL CONSTRUCTOR	\$	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 (FWWRD)	\$
0231	HYDRO LICENSE FEE (FWWRD)	\$
	HYDRO APPLICATION	\$

**TREASURY OTHER / RDX**

FUND	TITLE	
OBJ. CODE	VENDOR #	
DESCRIPTION		\$

RECEIPT: **104253**

DATED: 10-17-11 BY: 28

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WATER RESOURCES DEPARTMENT**

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RECEIPT # **104254**

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

RECEIVED FROM: Boatwright  
BY: Engineering

APPLICATION	617495
PERMIT	
TRANSFER	

CASH:  CHECK.# 18401 OTHER: (IDENTIFY)

TOTAL REC'D \$ 2500

**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**

0407	COPY & TAPE FEES	<u>46111</u>	\$
0410	RESEARCH FEES		\$
0408	MISC REVENUE: (IDENTIFY)		\$
TC162	DEPOSIT LIAB. (IDENTIFY)		\$
0240	EXTENSION OF TIME		\$

**WATER RIGHTS:**

0201	SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203	GROUND WATER	\$ <u>2500</u>	0204	\$
0205	TRANSFER	\$		

**WELL CONSTRUCTION**

0218	WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
	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: **104254**

DATED: 10/17/11 BY: AR

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# Standard Application Completeness Checklist

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

is is the checklist used by WRD staff

Application G 17495 County YOLIK Priority Date 10-17-2011

Township 7 S Range 3 W Section 7

Amount 0.40 CFS Use SURFACE IRRIG / 31.4 ACRES WM Dist # 16

Applicant Name CRAIG WILLIAMS / X NOVO, LLC

Receipt No. 104253 & 104254

Caseworker Assigned  Jeana Eastman  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).**

N/A  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 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 (pg. 4 & 5) or a well log report.

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

Supplemental data sheets enclosed if needed ?  
N/A  Form M (Municipal or Quasi-Municipal)  
 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 9/2 acre feet and having a dam height of more than 10 feet

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 \_\_\_\_\_

Fees: Amount of water requested 0.40 CFS

Base Fee \$ 1000

Total Exam Fees \$ 1250

1st CFS/AF 250

Permit Recording Fees \$ \_\_\_\_\_

\_\_\_\_ Addtnl CFS/ AF @ \_\_\_\_\_ = \_\_\_\_\_

Total Paid \$ 1250

\_\_\_\_ Addtnl POD/POA @ \_\_\_\_\_ = \_\_\_\_\_

Amount Due \$ Rec. Fee Due

\_\_\_\_ Addtnl Use @ \_\_\_\_\_ = \_\_\_\_\_

Amount Returned \$ \_\_\_\_\_

Reviewed by: [Signature]

Date: 10-17-2011