

COLLECTED

STATE OF OREGON  
WATER RESOURCES DEPARTMENT

RECEIPT # 104274

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

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

RECEIVED FROM: Klamath County School Dist.

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

APPLICATION	<u>See Below</u>
PERMIT	
TRANSFER	

CASH:  CHECK:# 198125 OTHER: (IDENTIFY) \_\_\_\_\_

TOTAL REC'D \$ 3300.00

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

MISCELLANEOUS

0407 COPY & TAPE FEES G17496 = \$1250 / \$400 exam record \$ \_\_\_\_\_

0410 RESEARCH FEES \$ \_\_\_\_\_

0408 MISC REVENUE: (IDENTIFY) G17497 = 1250 / \$400 exam record \$ \_\_\_\_\_

TC162 DEPOSIT LIAB. (IDENTIFY) \$ \_\_\_\_\_

0240 EXTENSION OF TIME 46111 \$ \_\_\_\_\_

WATER RIGHTS:

EXAM FEE	RECORD FEE
0201 SURFACE WATER \$ _____	0202 \$ _____
0203 GROUND WATER \$ <u>2500.00</u>	0204 \$ <u>800.00</u>
0205 TRANSFER \$ _____	

WELL CONSTRUCTION

EXAM FEE	LICENSE FEE
0218 WELL DRILL CONSTRUCTOR \$ _____	0219 \$ _____
LANDOWNER'S PERMIT \$ _____	0220 \$ _____
OTHER (IDENTIFY) _____	

The 500.00 to 0203 from 0204 10/26/11 DW

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 EXAM Now

OBJ. CODE \_\_\_\_\_ VENDOR # 3000

DESCRIPTION TOTAL \$ TOTAL

CHANGES

REC FEE # 300

DAVE WERSON / FISCHER MOVED MORE EXAM FEES FOR OVER ONE BOTH FILES - 250 ADDITIONAL WELLS. \$ 250 MORE PER FILE WILL BE NEEDED FOR 2 REC. FEE(S)

RECEIPT: 104274 DATED: 10-19-11 BY: DR

# Standard Application Completeness Checklist

GEOTHERMAL Minimum Requirements (OAR 690-310-0040)(ORS 537.400) ALSO G-17497

This is the checklist used by WRD staff

2 RELATED GWR FILES

Application G 17496 County KLAM Priority Date 10-19-2011

Township 39 S Range 11 E Section 10

Amount 400 / 0.895 Use INDUS / HEAT EXCHANGE WM Dist # 17

Applicant Name KLAM CNTY SCH. DIST

Receipt No. 104274

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

<sup>Legal. Given jls</sup> 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.

<sup>Ok jls</sup> WORKS AS A TEAR-OFF RECEIPT  
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.

CITY OF BONANZA  
DOES HAVE FINAL  
JURISDICTION.

- 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 \_\_\_\_\_

SEE REVERSED RECEIPT

Fees: Amount of water requested 400 gpm / 0.891 CFS

Base Fee \$ 1000

1st CFS/AF 250

~~Addnl CFS/AF @~~

1 Addnl POD/POA @ 250 = 250

~~Addnl Use @~~

Total Exam Fees \$

Permit Recording Fees \$ 400 <sup>ACTUAL PAID</sup>

Total Paid \$ 1650

Amount Due \$ REC FEE BLNC of \$250

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

Reviewed by: JTM

Date: 10-20-2011

JANA E. WILC ADDRESS LAND-USE @ I.R. 10-24-2011  
Groups\wr\Customer Service Group\templates\standard app checklist 12-22-2010 jks