

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	See Below
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 G 17496 = \$1250/\$400 exam Record \$ _____

0410 RESEARCH FEES \$ _____

0408 MISC REVENUE: (IDENTIFY) G 17497 = 1250 \$400 exam Record \$ _____

TC162 DEPOSIT LIAB. (IDENTIFY) \$ _____

0240 EXTENSION OF TIME 46111 \$ _____

WATER RIGHTS:

0201 SURFACE WATER	\$ _____	0202	\$ _____
0203 GROUND WATER	\$ <u>2500.00</u>	0204	\$ <u>8000.00</u>
0205 TRANSFER	\$ _____		

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR \$ _____

LANDOWNER'S PERMIT \$ _____

OTHER (IDENTIFY) _____

The 500.00 to from 0203 10/26/11 DW

0536 TREASURY 0437 WELL CONST START FEE

0211 WELL CONST START FEE \$ _____

0210 MONITORING WELLS \$ _____

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

CHANGE

REC Fee \$ 300

\$ TOTAL

DAVE VORSON/FISCH MOVED
OVER ON BOTH PAGES - 250
MORE EXAM FEES FOR
EXAM FILE

ADDITIONAL WELL.
250 MORE PER FILE WILL BE NEEDED FOR 2 REC. FEE(S)

RECEIPT: 104274

DATED: 10-19-11 BY: 2R

Standard Application Completeness Checklist

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

Also G-17496

GEO THERMAL

This is the checklist used by WRD staff

2 RELATED GW FILES

Application G 17497 County KLAM Priority Date 10-19-2011

Township 41 S Range 11E Section 10

Amount 400 gpm / 0.891 CFS 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).**

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.
 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. Yes!

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

- Supplemental data sheets enclosed if needed ?
- 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 _____

SEE REVISED RECEIPT

Fees: Amount of water requested 400 gpm / 0.891 cfs

Base Fee \$ 1000
 1st CFS/AF 250
 Addtl CFS/AF @ _____ = _____
 / Addtl POD/POA @ 250 = 250
 Addtl Use @ _____ = _____

Total Exam Fees \$ 1520 \$150
 Permit Recording Fees \$ 400 FACTAZ PAID
 Total Paid \$ 1650
 Amount Due \$ REC FEE BLN of 250.
 Amount Returned \$ _____

Reviewed by: HTM

Date: 10-20-2011