

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **104363**

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

INVOICE # _____

RECEIVED FROM: <u>Tygh Ridge Ranch,</u>	APPLICATION <u>See Below</u>
BY: <u>LTC</u>	PERMIT _____
CASH: <input type="checkbox"/>	TRANSFER _____
CHECK: # <u>3523</u> <input checked="" type="checkbox"/>	
OTHER: (IDENTIFY) _____	
TOTAL REC'D \$ 2600⁰⁰	

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	<u>R-87763 Exam Record \$1150⁰⁰ \$700</u>		
0407 COPY & TAPE FEES	\$ _____		
0410 RESEARCH FEES	\$ _____		
0408 MISC REVENUE: (IDENTIFY)	<u>S-87764 Exam Record \$650/400</u>		
TC162 DEPOSIT LIAB. (IDENTIFY)	\$ _____		
0240 EXTENSION OF TIME	<u>46111</u>		
WATER RIGHTS:			
0201 SURFACE WATER	<table border="1"><tr><th>EXAM FEE</th></tr><tr><td>\$ <u>1800⁰⁰</u></td></tr></table>	EXAM FEE	\$ <u>1800⁰⁰</u>
EXAM FEE			
\$ <u>1800⁰⁰</u>			
0203 GROUND WATER	0202 <table border="1"><tr><th>RECORD FEE</th></tr><tr><td>\$ <u>800⁰⁰</u></td></tr></table>	RECORD FEE	\$ <u>800⁰⁰</u>
RECORD FEE			
\$ <u>800⁰⁰</u>			
0205 TRANSFER	0204 \$ _____		
WELL CONSTRUCTION			
0218 WELL DRILL CONSTRUCTOR	<table border="1"><tr><th>EXAM FEE</th></tr><tr><td>\$ _____</td></tr></table>	EXAM FEE	\$ _____
EXAM FEE			
\$ _____			
LANDOWNER'S PERMIT	0219 <table border="1"><tr><th>LICENSE FEE</th></tr><tr><td>\$ _____</td></tr></table>	LICENSE FEE	\$ _____
LICENSE FEE			
\$ _____			
0220	0220 \$ _____		
OTHER (IDENTIFY) _____			

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

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: **104363** DATED: 11-3-11 BY: AR

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

PRE-APP
WY WM
13003
WOOD

2 RELATED FILE(S)

Application R-87763 County WASCO Priority Date NOV 3, 2011

Township 394S Range 13E Section _____

Amount 10 AF Use STORAGE & RESERVOIR(S) WM Dist # 3

Applicant Name I. M. DAVIS

Receipt No. 104363

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. annexed to Multi-Purpose

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

^{MISSING} 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.

^{Land Use Green IR} 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 ASSIST BY WM BOB WOOD.

Fees: Amount of water requested 10 AF

Base Fee \$ <u>700</u>	Total Exam Fees \$ <u>1150</u>
1st CFS/AF <u>10 AF @ 25 = 250</u>	Permit Recording Fees \$ <u>400</u>
Addnl CFS/AF @	Total Paid \$ <u>1550</u>
RESUR <u>Addnl POD/POA @ 100 = 200</u>	Amount Due \$ <u>ALL FEES PAID</u>
Addnl Use @	Amount Returned \$ _____

Reviewed by: [Signature]

Date: NOV 4, 2011