

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 # **104584**

INVOICE # _____

RECEIVED FROM: Ray Brothers Equipment
 BY: _____

APPLICATION	G17509
PERMIT	
TRANSFER	

CASH: CHECK: # 262A OTHER: (IDENTIFY)

TOTAL REC'D \$ 165000

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	\$
0410	RESEARCH FEES	\$
0408	MISC REVENUE: (IDENTIFY)	\$
TC162	DEPOSIT LIAB. (IDENTIFY)	\$
0240	EXTENSION OF TIME	\$

WATER RIGHTS:

0201	SURFACE WATER	\$	0202	\$
0203	GROUND WATER	\$ <u>125000</u>	0204	\$ <u>40000</u>
0205	TRANSFER	\$		

WELL CONSTRUCTION

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 (FW/WRD)	\$
0231	HYDRO LICENSE FEE (FW/WRD)	\$
	HYDRO APPLICATION	\$

TREASURY OTHER / RDX

FUND	TITLE	
OBJ. CODE	VENDOR #	
DESCRIPTION		\$

RECEIPT: **104584**

DATED: 12-2-11 BY: 212

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

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 # **104685**

INVOICE # _____

RECEIVED FROM: Ray Brothers Equipment
 BY: Christy

APPLICATION	G17509
PERMIT	
TRANSFER	

CASH: CHECK: # 2508 OTHER: (IDENTIFY)

TOTAL REC'D \$ 25000

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	\$
0410	RESEARCH FEES	\$
0408	MISC REVENUE: (IDENTIFY)	\$
TC162	DEPOSIT LIAB. (IDENTIFY)	\$
0240	EXTENSION OF TIME	\$

WATER RIGHTS:

0201	SURFACE WATER	\$	0202	\$
0203	GROUND WATER	\$ <u>25000</u>	0204	\$
0205	TRANSFER	\$		

WELL CONSTRUCTION

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 (FW/WRD)	\$
0231	HYDRO LICENSE FEE (FW/WRD)	\$
	HYDRO APPLICATION	\$

TREASURY OTHER / RDX

FUND	TITLE	
OBJ. CODE	VENDOR #	
DESCRIPTION		\$

RECEIPT: **104685**

DATED: 12-15-11 BY: 2R

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

Application G 17509 County MALHEUR Priority Date DEC 2, 2011

Township 16 S Range 43 E Section 5 & 6

Amount 906 / 2.02 Use PRIM / IRRIG WM Dist # 9
CFS ACRES

Applicant Name C. S. RAY

Receipt No. 104584

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 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. 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. YES!

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

LEGAL COORD. RECD IN MAIL 12-15-2011

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 FORM 128

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 2.02 CFS

1250
 400

 1650

Base Fee \$ 1000

Total Exam Fees \$ 1250

1st CFS/AF 250

Permit Recording Fees \$ 400

 Addtl CFS/AF @ =

Total Paid \$ 1650

 Addtl POD/POA @ =

Amount Due \$

 Addtl Use @ =

Amount Returned \$

Reviewed by: HTM

Date: DEC 5, 2011