

STATE OF OREGON
WATER RESOURCES DEPARTMENT

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

PT # 104677

INVOICE # _____

RECEIVED FROM: Hidden Meadows Water Association

APPLICATION	617517
PERMIT	
TRANSFER	

CHECK # 1237 OTHER: (IDENTIFY) _____

TOTAL REC'D \$500.00

1083 TREASURY 4170 WRD MISC CASH ACCT

RECEIVED OVER THE COUNTER

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	\$

RECORD FEE

EXAM FEE	
\$	0202
\$500.00	0204
\$	

LICENSE FEE

EXAM FEE	
\$	0219
\$	0220

WATER RIGHTS:

0201 SURFACE WATER	\$
0203 GROUND WATER	\$
0205 TRANSFER	\$

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	\$
LANDOWNER'S PERMIT	\$

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: 104677 DATED: 12-14-11 BY: AR

STATE OF OREGON
WATER RESOURCES DEPARTMENT

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SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # 104676

INVOICE # _____

RECEIVED FROM: Hidden Meadows Water Association

APPLICATION	617517
PERMIT	
TRANSFER	

CASH: CHECK # 1221 OTHER: (IDENTIFY) _____

TOTAL REC'D \$1,000.00

1083 TREASURY 4170 WRD MISC CASH ACCT

RECEIVED OVER THE COUNTER

0407 COPIES	\$
OTHER: (IDENTIFY)	\$

0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS 46111

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

WATER RIGHTS:

0201 SURFACE WATER	\$
0203 GROUND WATER	\$1,000.00
0205 TRANSFER	\$

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	\$
LANDOWNER'S PERMIT	\$

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: 104676 DATED: 12-14-11 BY: AR

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

Standard Application Completeness Checklist

J17517

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

This is the checklist used by WRD staff

Application G 17517 County TAMU Priority Date 12-14-2011

Township 3 S Range 2 W Section 19 & 30

Amount 124 gpm / 0.28 CFS Use PRIM IRRIG / DOMESTIC ACRES 3.10 WM Dist # 16

Applicant Name HIDDEN MEADOWS ASSOC

Receipt No. 104676 & 104677

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. STATES NO!

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 ?
 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) 124

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

^{EXEMPT ONLY. NEED LEGAL OR LANDS TO BE OVER-} 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 SB} 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 _____

**underlying serv right - will probably cancel if issue on permit*

Fees: Amount of water requested 124 gpm = 0.28 cfs

2 CHECKS TO COVER EXAM

Base Fee \$ 1000

Total Exam Fees \$ 1500

1st CFS/AF 250

Permit Recording Fees \$ 0 TO BE PAID LATER

~~Addnl CFS/AF @ _____~~

Total Paid \$ 1500

~~Addnl POD/POA @ _____~~

Amount Due \$ 0

1 Addnl Use @ 250 = 250

Amount Returned \$ 0

Reviewed by Jeanne E. & [Signature]

Date 12-14-2011