CEIPT #	104683 725 Summer St. I SALEM, OR 973 (503) 986-0900 / (503)	301-4172	INVOICE #	
EIVED FRO	M: Konald + Be	HUA .	APPLICATION	G/75
	••••••	7	PERMIT	
		1917) 233 14	TRANSFER	-
			DTAL REC'D	\$1900
1083	TREASURY 4170 WRD MIS	C CASH ACC	T	4 ⁻ .
0407	COPIES			\$
	_ OTHER: (IDENTIFY)			\$
02431/51	.ease 0244 Muni Water Mgmt. Plan	0245 Cc	ns Water	
	4270 WRD OPI			
				· · · · ·
0407	COPY & TAPE FEES			\$
0407	RESEARCH FEES			\$
0408	MISC REVENUE: (IDENTIFY)			\$
TC162	DEPOSIT LIAB. (IDENTIFY)			\$
0240	EXTENSION OF TIME			\$
	WATER RIGHTS:			RECORD FL
0201		EXAM FEE	0202	\$
0201	SURFACE WATER \$ GROUND WATER \$		0202	\$400
0205			0204	
0200		EXAN FEE		LICENSE FE
0218	WELL DRILL CONSTRUCTOR	A Statistics and the second	0219	\$
0210			0220	\$
	OTHER (IDENTIFY)			
0536	THE ASULW TO BE THE	NST. START		
0211	WELL CONST START FEE	 ۱	CARD #	
0210			CARD #	
			<u>197932-9413-244</u>	I
			AUTOMOTO	
0607			NUMBER	\$
0233				\$
0231	HYDRO LICENSE FEE (FW/WRD)	L		
	_ HYDRO APPLICATION			\$
	TREASURY OTHER /	RDX		
	TITLE			
OBJ. COD				
DESCRIP				\$
DESURIP				

Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff

Application G 17518 County UMATE Priority Date 12-15-2011
Township 5N Range 29E Section 31
Amount <u>0.218 CF5</u> Use <u>PRIM</u> 17.50 ARCEF WM Dist # 5
Applicant Name W.R. PEZLETIER
Receipt No. 104683
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).
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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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 TES
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 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 ? K Form M (Municipal or Quasi-Municipal) Spring Description Sheet
4.218 CF5 HAmount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AB

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, orest 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 ~ eris #1 & #2 existing. Reference corner on map North Directional Symbol Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture □ Other 2 WERLS Fees: Amount of water requested <u>*Q. 218*</u> Total Exam Fees \$ 1500 Base Fee \$ 1000 Permit Recording Fees \$ 250 1st CFS/AF 1900 Total Paid \$ Addtal CFS/ AF @ ALL FEET MAID / Addtnl POD/POA @ <u>2.50</u> = <u>2.50</u> Amount Due \$ Amount Returned \$ Addtnl Use @-