

STATE OF OREGON  
WATER RESOURCES DEPARTMENT

RECEIPT # **104727**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: David Baker

APPLICATION G17519  
PERMIT \_\_\_\_\_  
TRANSFER \_\_\_\_\_

BY: \_\_\_\_\_

CASH:  CHECK.#  OTHER: (IDENTIFY) MO 19461646034

TOTAL REC'D \$ 1000<sup>00</sup>

**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 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	EXAM FEE	0202	RECORD FEE
	\$		\$
0203 GROUND WATER	\$ <u>1,000<sup>00</sup></u>	0204	\$
0205 TRANSFER	\$		

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
	\$		\$
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 (FWWRD) \$ \_\_\_\_\_  
0231 HYDRO LICENSE FEE (FWWRD) \$ \_\_\_\_\_  
HYDRO APPLICATION \$ \_\_\_\_\_

**TREASURY OTHER / RDX**

FUND \_\_\_\_\_ TITLE \_\_\_\_\_  
OBJ. CODE \_\_\_\_\_ VENDOR # \_\_\_\_\_  
DESCRIPTION \$ \_\_\_\_\_

RECEIPT: **104727**

DATED: 12-22-11 BY: DR

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

STATE OF OREGON  
WATER RESOURCES DEPARTMENT

RECEIPT # **104697**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: David L. Baker

APPLICATION G17519  
PERMIT \_\_\_\_\_  
TRANSFER \_\_\_\_\_

BY: \_\_\_\_\_

CASH:  CHECK.#  OTHER: (IDENTIFY) 1291

TOTAL REC'D \$ 3650<sup>00</sup>

**1083 TREASURY 4170 WRD MISC CASH ACCT**

0407 COPIES \$ \_\_\_\_\_  
OTHER: (IDENTIFY) \$ \_\_\_\_\_

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

**RECEIVED  
OVER THE COUNTER**

**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	EXAM FEE	0202	RECORD FEE
	\$		\$
0203 GROUND WATER	\$ <u>3650<sup>00</sup></u>	0204	\$
0205 TRANSFER	\$		

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
	\$		\$
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 (FWWRD) \$ \_\_\_\_\_  
0231 HYDRO LICENSE FEE (FWWRD) \$ \_\_\_\_\_  
HYDRO APPLICATION \$ \_\_\_\_\_

**TREASURY OTHER / RDX**

FUND \_\_\_\_\_ TITLE \_\_\_\_\_  
OBJ. CODE \_\_\_\_\_ VENDOR # \_\_\_\_\_  
DESCRIPTION \$ \_\_\_\_\_

RECEIPT: **104697**

DATED: 12-19-11 BY: DR

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

STATE OF OREGON  
WATER RESOURCES DEPARTMENT

RECEIPT # **104726**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: D. Baker

APPLICATION	G17519
PERMIT	
TRANSFER	

BY: \_\_\_\_\_

CASH:  CHECK:#  OTHER: (IDENTIFY) MO  
 19461646023

TOTAL REC'D \$ 1000.00

**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 46111

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

WATER RIGHTS:

EXAM FEE		RECORD FEE
\$	0201 SURFACE WATER	\$
\$ <u>1000.00</u>	0203 GROUND WATER	\$
\$	0205 TRANSFER	\$

WELL CONSTRUCTION

EXAM FEE		LICENSE FEE
\$	0218 WELL DRILL CONSTRUCTOR	\$
	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: **104726**

DATED: 12-22-11 BY: [Signature]

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

STATE OF OREGON  
WATER RESOURCES DEPARTMENT

RECEIPT # **104730**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: Dave Baker

APPLICATION	G17519
PERMIT	
TRANSFER	

BY: \_\_\_\_\_

CASH:  CHECK:#  OTHER: (IDENTIFY) MO  
 19461646045

TOTAL REC'D \$ 100.00

**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 46111

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

WATER RIGHTS:

EXAM FEE		RECORD FEE
\$	0201 SURFACE WATER	\$
\$ <u>100.00</u>	0203 GROUND WATER	\$
\$	0205 TRANSFER	\$

WELL CONSTRUCTION

EXAM FEE		LICENSE FEE
\$	0218 WELL DRILL CONSTRUCTOR	\$
	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: **104730**

DATED: 12-22-11 BY: [Signature]

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

G WELLS

Application G 17519 County DESCUTES Priority Date 12-19-2011

Township 22 S Range 20 E Section 3 4 9 10

Amount 6050 / 13.48 Use PRIM IRRIG / ARES WM Dist # \_\_\_\_\_

Applicant Name DAVID ROTH

Receipt No. 104697

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/R  Form M (Municipal or Quasi-Municipal)  
 Spring Description Sheet

6050 gpm

Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF) PER COVER LETTER

- 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 \_\_\_\_\_

5750  
- 3650  

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2100

Fees: Amount of water requested 13.48 CFS

± 14 CFS  
13 ~~extra~~ CFS

Base Fee \$ 1000

Total Exam Fees \$ 5750

1st CFS/AF 250

Permit Recording Fees \$ 400

13 Addtnl CFS/ AF @ 250 = 3250

Total Paid \$ 5750

5 Addtnl ~~POD~~/POA @ 250 = 1250

Amount Due \$ REC FEE DUE

~~Addtnl Use @ \_\_\_\_\_~~

Amount Returned \$ \_\_\_\_\_

CK #1 \$3650

CK #2 \$2100

Reviewed by: JTM

Date: 12-19-2011

4500  
+ 1250  

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\$5750  
+ 400  

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\$6150