

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **104912** 725 Summer St. N.E. Ste. A INVOICE # _____
 SALEM, OR 97301-4172
 (503) 986-0900 / (503) 986-0904 (fax)

RECEIVED FROM: <u>Glenn T. or Jeannie L. Fessler</u>	APPLICATION <u>G17526</u>
BY: _____	PERMIT _____
	TRANSFER _____
CASH: <input type="checkbox"/> CHECK:# <u>3344</u> OTHER: (IDENTIFY) <input type="checkbox"/>	TOTAL REC'D \$ <u>1750⁰⁰</u>

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>4611)</u>	
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>1750⁰⁰</u> 0204 RECORD FEE \$ _____
0205 TRANSFER	\$ _____
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____ 0219 LICENSE FEE \$ _____
LANDOWNER'S PERMIT	0220 LICENSE FEE \$ _____
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: **104912** DATED: 1-24-12 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

Application G-17526 County Jefferson Priority Date 1-24-2012
Township 12S Range 15E Section 27
Amount 1.11 cfs Use Irrigation WM Dist # 11
Applicant Name Glenn Fessler
Receipt No. 104912

Caseworker Assigned ~~Joana 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).** 2 wells

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.

N/A If applicant does not own all the land, the affected landowner=s name and mailing address must be listed.

N/A 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)

250 gpm from each well. = 500 gpm = 1.11 cfs

Period of use

- Water management section (Please estimate if the water system has not been designed).
- Resource Protection Section - This is GW.
- 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 is good. - JKS 1-25-12

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 _____

** NOTE: Mapped by David Bates in Bend Office (Dist #11).*


Fees: Amount of water requested 1.11 cfs

Base Fee \$ <u>1000.00</u>	Total Exam Fees \$ <u>1750.00</u>
1st CFS/AF <u>250.00</u>	Permit Recording Fees \$ _____
0.11 Addtnl CFS/ AF @ 250 = <u>250.00</u>	Total Paid \$ <u>1750.00</u>
1 Addtnl POD/POA @ 250 = <u>250.00</u>	Amount Due \$ _____
1 Addtnl Use @ 250 = _____	Amount Returned \$ _____

Fees OK

\$250.00 due for exam & RR



Reviewed by:  Date: 1-25-12