STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A 105192 INVOICE # _ SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) APPLICATION RECEIVED FROM: BY: CHECK:# OTHER: (IDENTIFY) CASH: 1083 TREASURY 4170 WRD MISC CASH ACCT 0407 COPIES RECEIVED OTHER: (IDENTIFY) 0244 Muni Water Mgmt. Plan 0243 I/S Lease **MISCELLANEOUS** 46111 0407 **COPY & TAPE FEES** \$ RESEARCH FEES 0410 \$ 0408 MISC REVENUE: (IDENTIFY) DEPOSIT LIAB. (IDENTIFY) TC162 EXTENSION OF TIME 0240 RECORD FEE WATER RIGHTS: \$ 0202 0201 SURFACE WATER 0203 **GROUND WATER** 0204 \$ / 0205 TRANSFER \$ LICENSE FEE WELL CONSTRUCTION 0219 WELL DRILL CONSTRUCTOR 0218 \$ 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) 0536 TREASURY DASA WELL CONST STATE 0211 WELL CONST START FEE CARD # \$ CARD # 0210 MONITORING WELLS OTHER (IDENTIFY) 0607 TREASURY 0467 HYDRO ACTIVITY LICHWISER

POWER LICENSE FEE (FW/WRD) 0233 \$ 0231 HYDRO LICENSE FEE (FW/WRD) \$ HYDRO APPLICATION TREASURY OTHER / RDX OBJ. CODE _ VENDOR # \$ DESCRIPTION

RECEIPT: 105192

DATED:

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-17540	County Marion	Priority Date	3/8/2
Township 75	Range Iw	Section 8	· ·
Amount 1 cks	Use IRR. 27.3 Suppl. ST	WM Dis	t#16
Applicant Name TORY	TAOGLI		
Receipt No. JOSI97			RECEIVED
Caseworker Assigned XTe	Jeana Eastman ☐ Kerry Kavanagh	agh	MAR 0 8 2012
	me, Mailing Address, and Teleph		WATER RESOURCES DEPT SALEM, OREGON
	nt's authorized agent (include tit n ink. Signature must be an orig		
agreement for stored water in be filed at the same time as a	rater, is the stored water components to included. (ORS 537.400 a Reservoir or Alt Reservoir if it application, Expedited Secondar)) NOTE: A surface wate will be for the use of the	er application cannot
MPIf for stored water not under Certificate number	contract, is the source valid / Per	mit or Certificate issued	Y/N List Permit or
	not (circle one) withdrawn from ation and fees. If it is withdrawn		
Property ownership indicate	d.		
\\\ ☐, If applicant does not	t own all the land, the affected la	ndowner=s name and ma	iling address must be listed
ा विकास does not a anthorization or an work must be subn	own all the land, a signed stater easement permitting access to lanitted.	nent declaring the exister and crossed by the propos	nce of either written sed ditch canal or other
Well Development (pg. 4 &	5) or a well log report.		
Proposed use of water. If sup □ Supplemental data sheets e □ Form M (Municipal □ Spring Description S	or Quasi-Municipal)	(Irrigation and Supp.l Ir	rigation together, is 2 uses)
■ Amount of water from each	source in gallons per minute (GP	M), cubic feet per second	d (CFS), or acre feet (AF)
➢ Period of use			

×	Water management section (Please estimate if	the water system has not been de	esigned).		
	Resource Protection Section (N/A for Grounds	water)			
×	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				
MA	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 The Legal description includes a metes and bo deed, land sales contract or title insurance poli report prepared by a title company. The Depar	ounds, or other government surve cy can provide this information,	y description. A copy of the or you may submit a lot book		
X	A completed Land-Use Form or receipt signed a be certain that the Land-Use form lists all land within the past 12 months. Signature must be a	ds involved and all uses proposed	d. Date of signature must be		
	The map must meet all the minimum requireme	nts of OAR 690-310-0050.			
	Place of use, 1/4, 1/4=s and tax lot clearly Even map scale not less than 4" = 1 mile (Cocation of each diversion point, well or of survey corner. Multiple wells shall be unique existing. Reference corner on map North Directional Symbol	identified example: 1" = 100 ft, 1" = 200 ft lam by reference to a recognized ly labeled, and identified on well	, etc.) public land		
f., ₁₁ ,	Number of acres per 1/4, 1/4, if for irrigati Other	on, nursery, or agriculture	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		·	MAR 0 8 2012		
□ F	ees: Amount of water requested /ck		WATER RESOURCES DEP SALEM, OREGON		
	Base Fee \$	Total Exam Fees \$ 4750 Permit Recording Fees \$ Mitigation Fee \$ Total Paid \$ Amount Due \$ Amount Returned \$			
	Reviewed by:	Date : 3/8/1017			
Gro	ups\wr\Customer Service Group\templates\stan	dard app checklist	1/25/2012 jks		

Minimum Requirements Checklist Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.615)

Include this checklist with the application

Check that each of the following items is included. The application will be returned if all required items are not included. If you have questions, please call the Water Rights Customer Service Group at (503) 986-0900.

\boxtimes	SECTION 1: applicant information and signature				
\boxtimes	SECTION 2: property ownership				
\boxtimes	SECTION 3: well development				
\boxtimes	SECTION 4: water use				
\boxtimes	SECTION 5: water management				
\boxtimes	SECTION 6: storage of groundwater in a reservoir				
\boxtimes	SECTION 7: use of stored groundwater from the reservoir	RECEIVED			
\boxtimes	SECTION 8: project schedule				
\boxtimes	SECTION 9: within a district	MAR 0 8 2012			
	SECTION 10: remarks	WATER RESOURCES DEPT SALEM, OREGON			
	Attachments:				
\boxtimes	Land Use Information Form with approval and signature (must be an	original) or signed receipt			
Provide the legal description of: (1) the property from which the water is to be diverted, (2) any crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to as depicted on the map. Example: A copy of the deed, land sales contract or title insurance policy.					
\boxtimes	Fees - Amount enclosed: \$1,750.00 See the Department's Fee Schedule at www.oregon.gov/owrd or call (503) 986-0900.				
	Provide a map and check that each of the following ite	ems is included:			
\boxtimes	Permanent quality and drawn in ink				
\boxtimes	Even map scale not less than $4" = 1$ mile (example: $1" = 400$ ft, $1" = 1$	scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)			
\boxtimes	North Directional Symbol				
\boxtimes	Township, Range, Section, Quarter/Quarter, Tax Lots				
\boxtimes	Reference corner on map				
\boxtimes	Location of each well, and/or dam if applicable, by reference to a recognized public land survey corner (distances north/south and east/west). Each well must be identified by a unique name and/or number.				
\boxtimes	Indicate the area of use by Quarter/Quarter and tax lot clearly identified				
\boxtimes	Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery				
\boxtimes	Location of main canals, ditches, pipelines or flumes (if well is outsid	e of the area of use)			
	Other G-17540				