STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 105448

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

INVOICE # ______

EIVED FRO	DM: VIPT	ue +	nur	rcial	APPL	CATION	G/75!
			PE	RMIT			
					TRA	NSFER	
SH: C	2036	OTHER: (II	DENTIFY)		TOTAL	REC'D	\$1500
1083	TREASURY	4170	WRD	IISC CASH A	CCT		
0407	COPIES						\$
	_ OTHER:	(IDENTIFY)			_		\$
0243 I/S L	ease 024	14 Muni Wat	er Mgmt. P	lan 02	45 Cons. W	ater	_
		4270	WRD C	PERATING A	ACCT		
	MISCELLANEOL	JS	41	1-111			_
0407	COPY & TAPE FI	EES	10	Q(1)			\$
0410	RESEARCH FEE	S					\$
0408	MISC REVENUE	: (IDENTIF	Y)				\$
TC162	DEPOSIT LIAB.	(IDENTIFY)					\$
0240	EXTENSION OF	TIME					\$
	WATER RIGHTS	:		EXAM FEE			RECORD FE
0201	SURFACE WATE	R		\$	020)2	\$
0203	GROUND WATER	R		\$ 1500	020)4	\$
0205	TRANSFER			\$			
	WELL CONSTRU	JCTION		EXAM FEE	\neg		LICENSE FE
0218	WELL DRILL CO	NSTRUCTO	R	\$	02	19	\$
	LANDOWNER'S	PERMIT			022	20	\$
	OTHER	(IDENTI	FY)				
0536	TREASURY	0437	WELL	CONST. STA	RT FEE		
0211	WELL CONST ST	TART FEE		\$		CARD#	
0210	MONITORING W	ELLS		\$		CARD#	
	OTHER	(IDENTI	FY)			1	
0607	TREASURY	0467	HYDRO	ACTIVITY	LIC NUM	IBER	
0233	POWER LICENS	E FEE (FW/	WRD)				\$
0231	HYDRO LICENSI	•					\$
	HYDRO APPLICA	ATION	·				\$
	TREASURY		OTHER	R / RDX			
FUND		TITLE					_
	DE		R #				
	TION						\$
DESCRIP							

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

1		
Application 6-17551	County BAKER	Priority Date 4-13-2012
Township <u>T95</u>	Range42_E	Section 29
Amount 300 GPM	USESUPPLEMENTAL IRRI	6ATTOW WM Dist # 8
Applicant Name VIRTUE F.	MANCIAL SOLUTIONS, LCC	
Receipt No 10544	8	
1/	ana Eastman Kerry Kavanagh ne, Mailing Address, and Telephone	Number.
		authority if for an organization or corporation), "wet" signature. Copies cannot be accepted.
agreement for stored water m be filed at the same time as a the PROPOSED Reservoir ap	Reservoir or Alt Reservoir if it will be plication, Expedited Secondary(E2).	OTE: A surface water application cannot perfor the use of the stored water under
		ner appropriation. If it is withdrawn under other means, accept the application and a
Property ownership indicated.		
☐ If applicant does not o	own all the land, the affected landow	ner=s name and mailing address must be listed
	easement permitting access to land cr	declaring the existence of either written ossed by the proposed ditch canal or other
Well Development (pg. 4 & 5)	or a well log report.	
☐ Supplemental data sheets end☐ Form M (Municipal of ☐ Spring Description Sh	elosed if needed ? r Quasi-Municipal) neet	ation and Supp.l Irrigation together, is 2 uses) ubic feet per second (CFS), or acre feet (AF)
Period of use	ance in ganons per influte (GFM), c	able feet per second (CFB), or acre feet (AF)
a rotton or man		

Water management section (Please estimate if the water system has not been designed).	
Resource Protection Section (N/A for Groundwater)	
Project schedule (If system is already completed, indicate "existing").	
Preliminary plans and specifications including dam height, width, crest width and surface area for each reservo for all standard reservoir applications	ii
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	l
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.	se
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 Other	
Fees: Amount of water requested 1500 00 300, GAUN	
Base Fee \$ 1000 Total Exam Fees \$ 150000 1st CFS/AF 2502 Permit Recording Fees \$ 400 00	
/ Addtnl CFS/ AF @ 250 = 250 00 Mitigation Fee \$	
Reviewed by: Date: 4-13-2012	
Groups\wr\Customer Service Group\templates\standard app checklist 1/25/2012 jks	