

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **105597**

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

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

RECEIVED FROM: <u>Bonnie C. Lucas</u>	APPLICATION: <u>87803</u>
BY: <u>Barbara K Bawer</u>	PERMIT: _____
	TRANSFER: _____

CASH:  CHECK.# 1091 OTHER: (IDENTIFY)  \_\_\_\_\_

TOTAL REC'D \$ 1350.00

**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**

<b>MISCELLANEOUS</b>			
0407 COPY & TAPE FEES <u>46111</u>	\$ _____		
0410 RESEARCH FEES	\$ _____		
0408 MISC REVENUE: (IDENTIFY) _____	\$ _____		
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$ _____		
0240 EXTENSION OF TIME	\$ _____		
<b>WATER RIGHTS:</b>			
0201 SURFACE WATER	EXAM FEE \$ <u>950.00</u>	0202	RECORD FEE \$ <u>400.00</u>
0203 GROUND WATER	\$ _____	0204	\$ _____
0205 TRANSFER	\$ _____		
<b>WELL CONSTRUCTION</b>			
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 / RDN**

FUND \_\_\_\_\_ TITLE \_\_\_\_\_

OBJ. CODE \_\_\_\_\_ VENDOR # \_\_\_\_\_

DESCRIPTION \_\_\_\_\_

**RECEIVED  
OVER THE COUNTER**

\$ \_\_\_\_\_

RECEIPT: **105597** DATED: 4-30-12 BY: AR

# Standard Application Completeness Checklist

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

This is the checklist used by WRD staff

Application S-87803 County Lane Priority Date 4/30/2012

Township 19S Range 12W Section 34

Amount \* 0.0/cfs Use Domestic Expanded WM Dist # 15

Applicant Name Bonnie C. Lucas

Receipt No. \_\_\_\_\_

**RECEIVED**

Caseworker Assigned  Jeana Eastman  Kerry Kavanagh

APR 30 2012

**WATER RESOURCES DEPT  
SALEM, OREGON**

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).**

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.

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.

Proposed use of water. If supplemental, list primary acreage. (*Irrigation and Suppl Irrigation together, is 2 uses*)

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)

Period of use

- 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 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 \_\_\_\_\_

Fees: Amount of water requested \_\_\_\_\_

Base Fee \$ <u>700.00</u>	Total Exam Fees \$ _____
1st CFS/AF <u>250.00</u>	Permit Recording Fees \$ _____
____ Addtnl CFS/ AF @ _____ = _____	Mitigation Fee \$ _____
____ Addtnl POD/POA @ _____ = _____	Total Paid \$ _____
____ Addtnl Use @ _____ = _____	Amount Due \$ _____
	Amount Returned \$ _____

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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APR 30 2012  
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A  
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