## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT # 105780 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 INVOICE #

	(503) 986-0900 / (5	03) 986-0904 (tax)		
ECEIVED FROM:	Brett - Kara Ri	odd	APPLICATION	G1755
r:			PERMIT	
			TRANSFER	
	CK:# OTHER: (IDENTIFY)		TOTAL REC'D	\$2750
_	3096 🗆		IVIAL NEV U	12150-
1083 TI	REASURY 4170 WRD N	IISC CASH AC	CT CT	
0407 C	COPIES			\$
	OTHER: (IDENTIFY)			\$
0243 I/S Lease		an 0245	Cons. Water	
	MISCELLANEOUS 46	111		
0407	COPY & TAPE FEES	• • •		\$
0410 F	RESEARCH FEES			\$
0408 N	MISC REVENUE: (IDENTIFY)			\$
TC162	DEPOSIT LIAB. (IDENTIFY)			\$
0240 E	EXTENSION OF TIME			\$
v	WATER RIGHTS:	EXAM FEE	7	RECORD FEE
0201 S	SURFACE WATER	\$	0202	\$
0203	GROUND WATER	\$ 27509	0204	\$
0205 T	TRANSFER	\$		
v	WELL CONSTRUCTION	EXAM FEE		LICENSE FEE
0218 V	WELL DRILL CONSTRUCTOR	\$	0219	\$
· L	ANDOWNER'S PERMIT		0220	\$
	OTHER (IDENTIFY)		<u> </u>	
0536 TI	REASURY 0437 WELL	CONST. STAR	TFEE	
0211 V	WELL CONST START FEE	\$	CARD #	
. 0210 N	MONITORING WELLS	\$	CARD#	
	OTHER (IDENTIFY)			
			WASHING TO THE	
	REASURY / 0467 HYDRO	ACTIVITY	LIC NUMBER	\$
	POWER LICENSE FEE (FW/WRD)			\$
0231 <del>I</del>	HYDRO LICENSE FEE (FW/WRD)			
	HYDRO APPLICATION			\$
	REASURY OTHER	I/RDX		
FUND	TITLE			
OBJ. CODE _	VENDOR #			
DESCRIPTION	N			\$
ECEIPT: 105	5780 DATED: 5	-21-1ZBY:	A Sile Buff Son	Z Finant

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

Application 4-17558	County Cloud	Priority Date 964 21, 2012
Township ZS	Range 396	Section <u>19,20,29,30</u>
Amount 2000 GALL	Use IRE & SUPPLIER	WM Dist # _ 6
Applicant Name Restr	کسمه	
Receipt No. <u>105 780</u>	· · · · · · · · · · · · · · · · · · ·	
Caseworker Assigned	ana Eastman 🗆 Kerry Kava	nagh
Applicant/Organization Nar	ne, Mailing Address, and Tele	ephone Number.
		title or authority if for an organization or corporation) iginal "wet" signature. Copies cannot be accepted.
agreement for stored water r be filed at the same time as a	nust be included. (ORS 537.4)	onent filed out, including a non-expired 00) NOTE: A surface water application cannot it will be for the use of the stored water under ary(E2).
Certificate number  The proposed source is or is ORS 538, then return applies	not (circle one) withdrawn fro	om further appropriation. If it is withdrawn under wn by other means, accept the application and a
negative IR will be issued.		
Property ownership indicated	1.	
If applicant does not	own all the land, the affected	landowner=s name and mailing address must be listed
	easement permitting access to	ement declaring the existence of either written land crossed by the proposed ditch canal or other
□ Well Development (pg. 4 & 5	) or a well log report.	
☐ Proposed use of water. If supplemental data sheets en ☐ Form M (Municipal of Spring Description SI	iclosed if needed ? or Quasi-Municipal) heet	is (Irrigation and Supp.l Irrigation together, is 2 uses) $\infty$
Amount of water from each so		PM), cubic feet per second (CFS), or acre feet (AF)
Period of use		

<b>–</b>	water management section (Please estimate	if the water system has not been designed).				
AIM	Resource Protection Section (N/A for Ground	dwater)				
	Project schedule (If system is already comple	eted, indicate "existing").				
Wha	Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications					
NOTA	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					
/	The Legal description includes a metes and be deed, land sales contract or title insurance por report prepared by a title company. The Department of the Department of the Land-Use Form or receipt signed	the properties involved where water is diverted, crossed, and used. bounds, or other government survey description. A copy of the olicy can provide this information, or you may submit a lot book artment will not accept a copy of the tax bill.  If and dated by the appropriate planning department officials. Please ands involved and all uses proposed. Date of signature must be				
		e an original "wet" signature. Copies cannot be accepted.				
	/ The map must meet all the minimum requirem	nents of OAR 690-310-0050				
	Place of use, 1/4, 1/4=s and tax lot clearl Even map scale not less than 4" = 1 mile	(example: 1" = 100 ft, 1" = 200 ft, etc.)  dam by reference to a recognized public land all labeled, and identified on well logs if  tion, nursery, or agriculture				
	Base Fee \$ 1000 00	Total Exam Fees \$ 2750 00				
	1st CFS/AF 250°	Permit Recording Fees \$				
	4 Addtnl CFS/ AF @ 256 = 1000 2 Addtnl POD/POA @ 256 = 500 Addtnl Use @ =	Mitigation Fee \$ Total Paid \$ Amount Due \$ Amount Returned \$				
	Davison d I 110					
	Reviewed by:	Date: 5/27/2012				
Grou	ups\wr\Customer Service Group\templates\star	ndard app checklist 1/25/2012 jks				