## STATE OF OREGON **WATER RESOURCES DEPARTMENT** 725 Summer St. N.E. Ste. A INVOICE # SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) APPLICATION RECEIVED FROM: BY: CHECK:# OTHER: (IDENTIFY) CASH: 1514 1003 TREASURY 0407 COPIES \$ \_ OTHER: (IDENTIFY) - 0243 I/S Lease 0244 Muni Water Mgmt. Plan\_ 0245 Cons. Water 4270 WRD OPERATING ACCT **MISCELLANEOUS COPY & TAPE FEES** 0407 \$ RESEARCH FEES 0410 0408 MISC REVENUE: (IDENTIFY) DEPOSIT LIAB. (IDENTIFY) TC162 0240 EXTENSION OF TIME WATER RIGHTS: SURFACE WATER 0202 0201 0203 0204 GROUND WATER TRANSFER 0205 LICENSE FEE **EXAM FEE** WELL CONSTRUCTION 0219 WELL DRILL CONSTRUCTOR 0218 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) OSS THEASURY ONLY WELL CONST. STAR 0211. WELL CONST START FEE 0210 MONITORING WELLS \$ OTHER (IDENTIFY) 0233 POWER LICENSE FEE (FW/WRD) \$ 0231 HYDRO LICENSE FEE (FW/WRD) HYDRO APPLICATION SREASURY OTHER/ROX FUND TITLE \_\_\_\_\_ VENDOR # \_ OBJ. CODE \_ \$ DESCRIPTION RECEIPT: 106336 DATED: 7-24 ZBY:

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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

Application S-87824 County Douglas Priority Date 1-24-12	:,• ·
Township 265 Range 5W Section 19 - SWSW	,
Amount 0,01 Use Dom Exp WM Dist # 15	
Applicant Name LIDO, LLC /o David Leonard	
Receipt No. 106336 N. Umpgra	3
Caseworker Assigned	
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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.	• .
-D 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 Supp. I Irrigation together, is 2 uses)  Supplemental data sheets enclosed if needed?	
Form M (Municipal or Quasi-Municipal)  Spring Description Sheet	
	.01 CF
Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)	**
Z Period of use Up	

Water management section (Please estimate	e if the water system has not been designed).
Resource Protection Section (N/A for Grown	ndwater)
Project schedule (If system is already compl	leted, indicate "existing").
Preliminary plans and specifications including for all standard reservoir applications	ing dam height, width, crest width and surface area for each reservoi
A map prepared by a CWRE for a standard having a dam height of more than 10 feet	reservoir application proposing to store more than 9.2 acre feet and
The Legal description includes a metes and deed, land sales contract or title insurance po	he properties involved where water is diverted, crossed, and used bounds, or other government survey description. A copy of the solicy can provide this information, or you may submit a lot book partment will not accept a copy of the tax bill.
be certain that the Land-Use form lists all lo	ed and dated by the appropriate planning department officials. Please ands involved and all uses proposed. Date of signature must be be an original "wet" signature. Copies cannot be accepted.
The map must meet all the minimum requires	ments of OAR 690-310-0050.
Place of use, 1/4, 1/4=s and tax lot clear.  Deven map scale not less than 4" = 1 mile  Decation of each diversion point, well of survey corner. Multiple wells shall be unique existing.  Decate corner on map  Description of the corner of th	e (example: 1" = 100 ft, 1" = 200 ft, etc.) or dam by reference to a recognized public land uely labeled, and identified on well logs if
Max Number of acres per 1/4, 1/4, if for irrigation Other	anon, nursery, or agriculture
Fees: Amount of water requested	
Base Fee \$ 700 1st CFS/AF 250	Total Exam Fees \$ 950 Permit Recording Fees \$ 400
Addtn1 CFS/ AF @ = Addtn1 POD/POA @ = Addtn1 Use @ =	Mitigation Fee \$ Total Paid \$ 1350 Amount Due \$ Amount Returned \$
Reviewed by: KKanage	Date: 7-24-12