

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **106645**

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

INVOICE # _____

RECEIVED FROM: <u>N Z RANCH LLC</u>	APPLICATION <u>317577</u>
BY: _____	PERMIT _____
	TRANSFER _____

CASH: CHECK.# 1656 OTHER: (IDENTIFY) _____

TOTAL REC'D 2150⁰⁰

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

MISCELLANEOUS 46111

0407 COPY & TAPE FEES \$ _____
 0410 RESEARCH FEES \$ _____
 0408 MISC REVENUE: (IDENTIFY) _____ \$ _____
 TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____
 0240 EXTENSION OF TIME \$ _____

WATER RIGHTS:	EXAM FEE		RECORD FEE
0201 SURFACE WATER	\$ _____	0202	\$ _____
0203 GROUND WATER	\$ <u>1750⁰⁰</u>	0204	\$ <u>400⁰⁰</u>
0205 TRANSFER	\$ _____		

WELL CONSTRUCTION	EXAM FEE		LICENSE FEE
0218 WELL DRILL CONSTRUCTOR	\$ _____	0219	\$ _____
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 (FW/WRD) \$ _____
 0231 HYDRO LICENSE FEE (FW/WRD) \$ _____
 _____ HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____
 OBJ. CODE _____ VENDOR # _____
 DESCRIPTION _____ \$ _____

RECEIPT: **106645**

DATED: 8-27-12 BY: [Signature]

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-17517 County Malheur Priority Date 8-27-12

Township 14-S Range 39-E Section 22

Amount 2.0 cfs Use Primary IR of 129.9 Ac
Suppl IR of 53.6 Ac WM Dist # 09

Applicant Name NZ Ranch

Receipt No. 106645

Caseworker Assigned Jeana Eastman Kerry Kavanagh

- 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 Willow Cr. 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).

N/A 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. But - Not withdrawn under ORS 538 - so accepting.
(see map "withdrawn waters in Oregon" outside CSG cube.)

Property ownership indicated. OK

N/A If applicant does not own all the land, the affected landowner's name and mailing address must be listed.

N/A 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. well log provided.

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

N/A Supplemental data sheets enclosed if needed?

N/A Form M (Municipal or Quasi-Municipal)

N/A Spring Description Sheet

Irrig. of 129.9 Ac
& Suppl Irrig of 53.6 Ac

Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF) 2.0 cfs

Period of use April 1 - Oct. 1

info lacking.
- Need estimated system specs.

- Water management section (Please estimate if the water system has not been designed).
- N/A Resource Protection Section (N/A for Groundwater)
- Project schedule (If system is already completed, indicate "existing").
- N/A Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications
- N/A 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
 - N/A 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 _____

[Handwritten signature]

Fees: Amount of water requested 2.0 cfs

- 2.0 cfs
- 1 Well
- Irrigation (Pri & Suppl)

Base Fee \$ 1,000.00	Total Exam Fees \$ 1750 1750 1750
1st CFS/AF \$ 250.00	Permit Recording Fees \$ 400.00
1 Addtnl CFS/ AF @ 250 = \$250.00	Mitigation Fee \$ 0
0 Addtnl POD/POA @ 250 = 0	Total Paid \$ 2,150.00
0 Addtnl Use @ 250 = 250	Amount Due \$
	Amount Returned \$ 1750

Reviewed by Cassidy W. Date: 8-27-2012