

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **107196**

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

INVOICE # _____

RECEIVED FROM: <u>Golden Rule Farms, Inc.</u>	APPLICATION <u>617592</u>
BY: _____	PERMIT _____
	TRANSFER _____

CASH: CHECK:# 18262 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 28,900⁰⁰

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	
0407 COPY & TAPE FEES <u>46111</u>	\$
0410 RESEARCH FEES	\$
0408 MISC REVENUE: (IDENTIFY) _____	\$
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$
0240 EXTENSION OF TIME	\$
WATER RIGHTS:	
0201 SURFACE WATER	EXAM FEE \$
0203 GROUND WATER	\$ <u>28,500⁰⁰</u>
0205 TRANSFER	\$
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$
LANDOWNER'S PERMIT	
OTHER (IDENTIFY) _____	

RECORD FEE
0202 \$
0204 \$ <u>400⁰⁰</u>

LICENSE FEE
0219 \$
0220 \$

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: **107196** DATED: 10-26-12 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

4192.57ac

Application G-17592 County Harney Priority Date 10/26/12

Township ^{265 ~~321~~}₂₇₅ 275 Range ^{32E}_{31E} 31E Section ^{23, 24, 26, 34, 35}_{2, 3, 5, 6, 8, 9, 10, 11} 1

Amount ²⁷⁵₂₇₅ 80.2cfs Use Irrigation (4192.57ac) WM Dist # 10

Applicant Name Golden Rule Farms, Inc.

Receipt No. 107196

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 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 on p.4; signature on p.3} 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. 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

DEED CROSS US

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 $\frac{1,200 \times 30}{448.8 \text{ gpm per cfs}} = \frac{80.2}{2.67} \text{ cfs}$

Base Fee \$ 1,000

1st CFS/AF \$ 250

80 Addtl CFS/ AF @ 250 = *20,000*

29 Addtl POD/POA @ 250 = *7,250*

Addtl Use @ _____ = _____

Total Exam Fees \$ *28,500*

Permit Recording Fees \$ 400

Mitigation Fee \$ _____

Total Paid \$ *28,900*

Amount Due \$ _____

Amount Returned \$ _____

Reviewed by: *ADP*

Date: *10/26/12*