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

Application 97877 County UNN Priority Date 3/7/13
Township 95 Range 25 Section 19
Amount 51, 5 AF 7.5 Fuse Park Port
Applicant Name CITY OF LYONS
Receipt No. 108246
Caseworker Assigned Deana Eastman Kerry Kavanagh Construct
Caseworker Assigned Deana Eastman Deana Kerry Kavanagh Applicant/Organization Name, Mailing Address, and Telephone Number. Teres Park I
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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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 Supp.l 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) 51.5 AF 44.0 - Pord 1 7.5 - Pord 2
Period of use Not stated

Water management section (Please estimate	if the water system has not been designed).
Resource Protection Section (N/A for Ground	dwater)
Project schedule (If system is already comple	eted, indicate "existing").
Preliminary plans and specifications including for all standard reservoir applications	ng dam height, width, crest width and surface area for each reservoir
A map prepared by a CWRE for a standard re having a darn height of more than 10 feet	reservoir application proposing to store more than 9.2 acre feet and no ham lested or my shows "existing dam" at the properties involved where water is diverted, crossed, and used.
The Legal description includes a metes and b	bounds, or other government survey description. A copy of the blicy can provide this information, or you may submit a lot book
be certain that the Land-Use form lists all la	d and dated by the appropriate planning department officials. Please and involved and all uses proposed. Date of signature must be 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 clearly Even map scale not less than 4" = 1 mile	e (example: 1" = 100 ft, 1" = 200 ft, etc.) r dam by reference to a recognized public land uely labeled, and identified on well logs if
Fees: Amount of water requested 51.	5 AF
Base Fee \$ 700 1st $\frac{25}{AF}$ 9 $25 = 500$ Addtnl $\frac{25}{AF}$ 9 $1 = \frac{31}{100}$ Addtnl Use 9 $1 = \frac{100}{100}$	Total Exam Fees \$ 133 Permit Recording Fees \$ 400 Mitigation Fee \$ Total Paid \$ 1431.50 Amount Due \$ Amount Returned \$ Ø
Reviewed by:	Date: 2-27-13

STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 108246 SALEM, OR 97301-4172 INVOICE # (503) 986-0900 / (503) 986-0904 (fax) APPLICATION RECEIVED FROM: PERMIT BY: TRANSFER CHECK:# OTHER: (IDENTIFY) CASH: TOTAL REC'D 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** \$ 0410 RESEARCH FEES \$ MISC REVENUE: (IDENTIFY) 0408 TC162 DEPOSIT LIAB. (IDENTIFY) \$ EXTENSION OF TIME 0240 RECORD FEE WATER RIGHTS: EXAM FEE 0201 SURFACE WATER 0202 0203 **GROUND WATER** 0204 0205 TRANSFER \$ LICENSE FEE EXAM FEE **WELL CONSTRUCTION** \$ 0219 0218 WELL DRILL CONSTRUCTOR 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) 0437 WELL CONST. START FEE 0536 TREASURY WELL CONST START FEE 0211 CARD# 0210 MONITORING WELLS CARD# OTHER (IDENTIFY) 0467 HYDRO ACTIVITY TREASURY LIC NUMBER 0607 0233 POWER LICENSE FEE (FW/WRD) 0231 HYDRO LICENSE FEE (FW/WRD) HYDRO APPLICATION **TREASURY** TITLE _____ VENDOR # OBJ. CODE

RECEIPT: 108246

DESCRIPTION

DATED: 3-7-13

BY PWilliamson

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