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

Application G-17634 County VM NT	Priority Date 3/7/2013
Township 5N Range 36E	
Amount 140gm Use IR	WM Dist #
Applicant Name CAPRI WALLA WAL	L, LLC
Receipt No. 108 115	
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.  Well L95327	
Source of water. If stored water, is the stored water component file agreement for stored water must be included. (ORS 537.400) NOT be filed at the same time as a Reservoir or Alt Reservoir if it will be the PROPOSED Reservoir application, Expedited Secondary(E2).	d out, including a non-expired TE: A surface water application cannot
If for stored water not under contract, is the source valid / 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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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 do authorization or an easement permitting access to land cro work must be submitted.	essed by the proposed ditch canal or other
Well Development (pg. 4 & 5) or a well log report. Well L	og for L95327
Proposed use of water. If supplemental, list primary acreage. (Irrigation Supplemental data sheets enclosed if needed?    Form M (Municipal or Quasi-Municipal)   Spring Description Sheet	ation and Supp.l Irrigation together, is 2 uses)
Amount of water from each source in gallons per minute (GPM), cu	ubic feet per second (CFS), or acre feet (AF)
Period of use	RECEIVED BY OWRD
March - Ngv	MAR <b>0 7</b> 2013

SALEM, OR

## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

725 Summer St. N.E. Ste. A RECEIPT # 108250 INVOICE #. SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) Capri Walla Wallan APPLICATION RECEIVED FROM: PERMIT BY: TRANSFER OTHER: (IDENTIFY) CASH: CHECK:# TOTAL REC'D 4170 WRD MISC CASH ACCT 1083 \$ 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 \$ 0408 MISC REVENUE: (IDENTIFY) \$ TC162 DEPOSIT LIAB. (IDENTIFY) \$ 0240 EXTENSION OF TIME RECORD FEE WATER RIGHTS: **EXAM FEE** 0201 SURFACE WATER 0202 0203 GROUND WATER 0204 0205 TRANSFER LICENSE FEE **WELL CONSTRUCTION EXAM FEE** 0219 0218 WELL DRILL CONSTRUCTOR \$ 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) 0437 WELL CONST. START FEE 0536 TREASURY WELL CONST START FEE 0211 CARD# \$ CARD# 0210 MONITORING WELLS OTHER (IDENTIFY) \_ 0607 TREASURY 0467 HYDRO ACTIVITY \$ POWER LICENSE FEE (FW/WRD) 0233 \$ 0231 HYDRO LICENSE FEE (FW/WRD) \$ HYDRO APPLICATION TREASURY OTHER / RDX FUND . TITLE OBJ. CODE VENDOR # DESCRIPTION 108250 DATED: 3 RECEIPT:

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal