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

Application 5-87897 County Yamhill Priority Date 5-6-13 Township 35 Range 2W Section 34			
Township 35 Range 2W Section 34			
Amount 1,47 AF Use 1R of 117.5 ac WM Dist # 16 -			
Applicant Name Oakmead Farm LLC			
Receipt No. 108729 5W			
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 water 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). What I 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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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 (if source is a spring)			

Contract Data Sheet shows 294.0AF

Amount of water from each source in gallons pe	er minute (GPM), cubic feet per second (G	
Period of use Mar 1-Oct 31		1.4705
Water management section (Please estimate if	the water system has not been designed).	
Resource Protection Section (N/A for Grounds	vater)	
Project schedule (If system is already complete	ed, indicate "existing").	
Preliminary plans and specifications including for all standard reservoir applications	dam height, width, crest width and surface	ce area for each reservoir
A map prepared by a CWRE for a standard res having a dam height of more than 10 feet	servoir application proposing to store mor	re than 9.2 acre feet and
You must include a Legal description of all the The Legal description includes a metes and bo deed, land sales contract or title insurance poli report prepared by a title company. The Deparement	unds, or other government survey descrip cy can provide this information, or you m	otion. A copy of the nay submit a lot book
A completed Land-Use Form or receipt signed a be certain that the Land-Use form lists all land within the past 12 months. Signature must be a	ds involved and all uses proposed. Date o	of signature must be
The map must meet all the minimum requireme	nts of OAR 690-310-0050.	
Township, Range, Section Location of main canals, ditches, pipelines Place of use, 1/4, 1/4=s and tax lot clearly Even map scale not less than 4" = 1 mile (Location of each diversion point, well or of survey corner. Multiple wells shall be unique existing.	identified	and per contract data sheet
existing. Reference corner on map		POD IS POD #1 on may
North Directional Symbol Number of acres per 1/4, 1/4, if for irrigati Other	on, nursery, or agriculture	7
Fees: Amount of water requested 29° Base Fee \$ 400 $30 = 18 + CFS / AF $ $9425 = 500$ $374 = 374$	4.0AF (per contr	nct datasteet)
Base Fee \$ 400	Total Exam Fees \$ 1174	> 41574 OLLWS
20 -1st CFS/AF \$ @425 = 500	Permit Recording Fees \$ 400	
274 Addtnl CFS/ AF @ 1/ = 274 Addtnl POD/POA @ Addtnl Use @	Mitigation Fee \$ Total Paid \$ 1900 Amount Due \$ Amount Returned \$ 326	he Returned OFE
Reviewed by: KKK	Date: 5-6-13	- Alu Mus
Groups\wr\Customer Service Group\templates\sta	ndard app checklist 9	/5/2012 jks

STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 108729 INVOICE #. SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) **APPLICATION** RECEIVED FROM: akmead tarm PERMIT BY: TRANSFER OTHER: (IDENTIFY) CASH: CHECK:# TOTAL REC'D M5113 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 COPY & TAPE FEES** 0407 \$ 0410 RESEARCH FEES \$ 0408 MISC REVENUE: (IDENTIFY) \$ TC162 DEPOSIT LIAB. (IDENTIFY) \$ 0240 EXTENSION OF TIME RECORD FEE WATER RIGHTS: EXAM FEE SURFACE WATER 0202 0201 0203 GROUND WATER 0204 0205 TRANSFER LICENSE FEE WELL CONSTRUCTION EXAM FEE 0219 \$ WELL DRILL CONSTRUCTOR 0218 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) TREASURY 0437 WELL CONST. START FEE 0536 0211 WELL CONST START FEE \$ CARD # 0210 MONITORING WELLS \$ CARD# OTHER (IDENTIFY) _ 0467 HYDRO ACTIVITY 0607 **TREASURY** LIC NUMBER \$ POWER LICENSE FEE (FW/WRD) 0233 \$ 0231 HYDRO LICENSE FEE (FW/WRD) \$ HYDRO APPLICATION TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # ____

DESCRIPTION _____ \$

RECEIPT:

108729

DATED 5.6.13

Dilliamson

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