

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **110372**

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

INVOICE # _____

RECEIVED FROM: **Flynn + Sons LLC**
BY: _____

APPLICATION	G-17733
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # **5948** OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ **2,200.00**

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			\$
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	\$ 1750.00	0204	\$ 450.00
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: **110372**

DATED: **11-4-13** BY: **Mcne**

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

Minimum Requirements Checklist

Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.615)

Include this checklist with the application

Check that each of the following items is included. The application will be returned if all required items are not included. If you have questions, please call the Water Rights Customer Service Group at (503) 986-0900.

- ☒ SECTION 1: applicant information and signature
- ☒ SECTION 2: property ownership
- ☒ SECTION 3: well development
- ☒ SECTION 4: water use
- ☒ SECTION 5: water management
- ☒ SECTION 6: storage of groundwater in a reservoir
- ☒ SECTION 7: use of stored groundwater from the reservoir
- ☒ SECTION 8: project schedule
- ☒ SECTION 9: within a district
- ☒ SECTION 10: remarks

Attachments:

- ☒ Land Use Information Form with approval and signature (*must be an original*) or signed receipt
 - ☒ Provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map. Example: A copy of the deed, land sales contract or title insurance policy.
 - ☒ Fees - Amount enclosed: \$_____
- See the Department's Fee Schedule at www.oregon.gov/owrd or call (503) 986-0900.

Provide a map and check that each of the following items is included: RECEIVED BY OWRD

- ☒ Permanent quality and drawn in ink
- ☒ Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
- ☒ North Directional Symbol
- ☒ Township, Range, Section, Quarter/Quarter, Tax Lots
- ☒ Reference corner on map
- ☒ Location of each well, and/or dam if applicable, by reference to a recognized public land survey corner (distances north/south and east/west). Each well must be identified by a unique name and/or number.
- ☒ Indicate the area of use by Quarter/Quarter and tax lot clearly identified
- ☒ Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery
- ☒ Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use)
- ☐ Other _____

E-2**Standard Application Completeness Checklist**

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

Yes ☐ No ☒

This is the checklist used by WRD staff

Application 6-17733 County Lake Priority Date 11/4/13Township 35S Range 24E Section 33Amount 1.42 cfs Use Irrigation of 113.6 ac WM Dist. # 12Applicant Name Flynn Living TrustReceipt No. 110372 Caseworker Assigned: ☒ Mary Rohling ☐☒ Contact info: Applicant/Organization Name, Mailing Address, and Telephone Number☒ Signature (in ink) of *all* applicants or the applicant's authorized agent (include title or authority if for an organization or corporation). *Signature must be an original "wet" signature. Copies cannot be accepted.*☒ Property ownership: Does the applicant own all the land for the proposed project? ☒ Y / ☐ N*If No:*☐ The affected landowner's name and mailing address must be listed☐ 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.☒ *For a SW Application:* Source of water must be indicated.☐ If the source is stored water, is the stored water component filled out and does the applicant own the reservoir or include a non-expired agreement for stored water? (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, Exp. Secondary (E2).☐ If for stored water not under contract, is the source authorized under a permit, certificate, or decree?Permit or Certificate issued? Y / N Permit or Certificate # ☒ *For a GW Application:* Well Development Tables completed and/or a well log report included (if existing)☒ Proposed water use☒ Amount of water from *each* source in GPM, CFS, or AF☒ Period of use indicated☒ If for supplemental irrigation, primary acreage or underlying permit or certificate number listed
(Primary and Supplemental Irrigation counts as 2 uses)☒ Water Management Section (*Estimates if the water system has not been designed*)☒ *Resource Protection Section (N/A for Groundwater)*☒ If storage of GW in a reservoir:☐ 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 ≥ 9.2 acre feet AND having a dam height ≥ 10 feet.

☒ Project schedule (If system is already completed, indicate "existing.")

☐ Supplemental data sheets enclosed (if needed)

☐ Form M (Municipal or Quasi-Municipal)

☐ Spring Description Sheet (if source is a spring)

☒ 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.*

☒ 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 applicant may submit a lot book report prepared by a title company. Copies of tax bills are not acceptable.

☒ The proposed source **IS (IS NOT)** (circle one) restricted or withdrawn from further appropriation. *NOTE: 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.*

☒ 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, $\frac{1}{4}$ - $\frac{1}{4}$'s and tax lot clearly identified

☒ Even map scale not less than 4" = 1 mile (1" = 1320 ft.); examples: 1" = 100 ft., 1" = 200 ft.

☒ 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 $\frac{1}{4}$ - $\frac{1}{4}$ if for irrigation, nursery, or agriculture

☒ **Fees:**

Base Fee	\$ <u>1150</u>	Permit Recording Fees	\$ <u>450</u>
1 st CFS or AF	\$ <u>300</u>		
Addtnl CFS/AF	= \$ <u>300</u>	Mitigation Fee	\$ <u>—</u>
Addtnl Use/POD/POA	= \$ <u>X</u>		
Addtnl Reservoir	= \$ <u>X</u>	Amount Paid	\$ <u>2200</u>
Other	= \$ <u>X</u>	Total Due	\$ <u>2200</u>
Exam Fee Total	\$ <u>1750</u>	Amount Returned	\$ <u>0</u>

Reviewed by: Aucha

Date: 11/5/13