

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

725 Summer St. N.E. Ste. A  
SALEM, OR 97301-4172

(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # **110660**

INVOICE # \_\_\_\_\_

RECEIVED FROM: Setniker Trading  
BY: CO., LLC

APPLICATION	<u>5-87946</u>
PERMIT	
TRANSFER	

CASH:  CHECK:# 20695 OTHER: (IDENTIFY)

TOTAL REC'D \$ 2,463.00

**1063 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:**

0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
\$ <u>2013.00</u>			\$ <u>450.00</u>
0203 GROUND WATER		0204	
\$ _____			\$ _____
0205 TRANSFER			
\$ _____			

**WELL CONSTRUCTION**

0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
\$ _____			\$ _____
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: **110660** DATED: 12.9.13 BY: Nichols

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 537.140)

## 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: source of water requested
- SECTION 4: water use
- SECTION 5: water management
- SECTION 6: resource protection
- SECTION 7: project schedule
- SECTION 8: within a district
- SECTION 9: remarks

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SALEM, OR

### 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.
  - Fees - Amount enclosed: \$  
See the Department's Fee Schedule at [www.oregon.gov/owrd](http://www.oregon.gov/owrd) or call (503) 986-0900.

### Provide a map and check that each of the following items is included:

- 
- 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)
  - 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)

This is the checklist used by WRD staff

Yes No

Application S-87946 County Polk Priority Date 12/9/13

Township 8195 Range 4W Section

Amount 983 A.F. Use Irrigation of 933 acres WM Dist. # 16

Applicant Name Setniker Trading Co, David and Scott Setniker

Receipt No. 110660 Caseworker Assigned: [X] Mary [ ] Kim [ ] Jeana

[X] Contact info: Applicant/Organization Name and Mailing Address

[X] Signature (in ink) of all applicants or the applicant's authorized agent (include title or authority if for an organization or corporation).

[X] Property ownership: Does the applicant own all the land for the proposed project? Y / (N)

If No:

[X] The affected landowner's name and mailing address must be listed

[X] 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.

[X] For a SW Application: Source of water must be indicated. BOR contract pending

[X] 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 #

N/A [ ] For a GW Application: Well Development Tables completed and/or a well log report included (if existing)

[X] Proposed water use

[X] Amount of water from each source in GPM, CFS, or AF

[X] Period of use indicated

N/A [ ] If for supplemental irrigation, primary acreage or underlying permit or certificate number listed (Primary and Supplemental Irrigation counts as 2 uses)

[X] Water Management Section (Estimates if the water system has not been designed)

[X] Resource Protection Section (N/A for Groundwater)

~~NA~~  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  $\geq 9.2$  acre feet AND having a dam height  $\geq 10$  feet.

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

~~NA~~  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.*

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, 1/4-1/4'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 1/4-1/4 if for irrigation, nursery, or agriculture

Fees:

Base Fee		\$ <u>450.00</u>	Permit Recording Fees	\$ <u>450.00</u>
1 <sup>st</sup> CFS or AF	983 AF	\$ <u>1563.00</u>		
Addtl CFS/AF	_____	= \$ _____	Mitigation Fee	\$ _____
Addtl Use/POD/POA	_____	= \$ _____		
Addtl Reservoir	_____	= \$ _____	Amount Paid	\$ <u>2463.00</u>
Other	_____	= \$ _____	Total Due	\$ <u>2463.00</u>
Exam Fee Total		\$ <u>2013.00</u>	Amount Returned	\$ _____

Reviewed by: Audra Martin

Date: 12/12/13

*[Handwritten signature]*  
12/12/13



# Oregon

John A. Kitzhaber, MD, Governor

**Water Resources Department**  
North Mall Office Building  
725 Summer Street NE, Suite A  
Salem, OR 97301-1271  
503-986-0900  
FAX 503-986-0904

Joel Plahn NW Region Assistant Watermaster helped complete this water right application. Please contact Joel Plahn before returning this water right application due to any missing information or discrepancies.

Thank you,

Joel Plahn  
503-986-0896 - office  
503-508-2394 - cell

Setniker is working with BOR  
to get another contract so  
the total stored water contracted  
will be 983 AF. Please wait to issue  
Permit until the additional contract  
is submitted

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