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.

\boxtimes	SECTION 1: applicant information and signatu	re							
\boxtimes	SECTION 2: property ownership								
\boxtimes	SECTION 3: source of water requested								
\boxtimes	SECTION 4: water use								
\boxtimes	SECTION 5: water management	RECEIVED BY OWRD							
\boxtimes	SECTION 6: resource protection	DEC 0 5 2012							
\boxtimes	SECTION 7: project schedule	DEC 0 5 2013							
\boxtimes	SECTION 8: within a district	SALEM, OF							
\boxtimes	SECTION 9: remarks								
	Attac	hments:							
		· · · · · · · · · · · · · · · · · · ·							
	Land Use Information Form with approval and	signature (must be an original) or signed receipt (NA)							
	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.								
\boxtimes	Fees - Amount enclosed: \$ 14,150.00 (Purchas See the Department's Fee Schedule at www.ore	e Order FI4 (X 000 8 5) egon.gov/owrd or call (503) 986-0900.							
	Provide a map and check that each	ch of the following items is included:							
\boxtimes	Permanent quality and drawn in ink								
\boxtimes	Even map scale not less than 4" = 1 mile (exam	ple: 1" = 400 ft. 1" = 1320 ft. etc.)							
\boxtimes	North Directional Symbol	,							
\boxtimes	Township, Range, Section, Quarter/Quarter, Ta	x Lots							
\boxtimes	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)								
\boxtimes	Indicate the area of use by Quarter/Quarter and	tax lot clearly identified							
\boxtimes	Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery								
\boxtimes	Location of main canals, ditches, pipelines or fl Other:	umes (if well is outside of the area of use)							

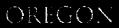
E-2

Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

This is the checklist used by WRD staff

Application 5-87945 County Hamen Priority Date	
Township <u>25.26,27,28</u> Range <u>28.29.30</u> Section	
	WM Dist. # <u>10</u>
Applicant Name U.S. FWS (Matheur Nat 1 Wildlife Refuge)	
Receipt No. 013478 Caseworker Assigned: Mary Kim (received 12/24/13)	☐ Jeana
Contact info: Applicant/Organization Name and Mailing Address	
Signature (in ink) of all applicants or the applicant's authorized agent (include title or an organization or corporation).	uthority if for an
Property ownership: Does the applicant own all the land for the proposed project?	Ŷ/ N
The affected landowner's name and mailing address must be listed A signed statement declaring the existence of either written authorization or an e 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 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 will be for the use of the stored water under the PROPOSED Reservoir application,	r or Alt Reservoir if it
If for stored water not under contract, is the source authorized under a permit, ce	ertificate, 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 in	ncluded (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 (Primary and Supplemental Irrigation counts as 2 uses)	e number listed
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 include reservoir for all standard reservoir applications. 	-	st width and surface area for each
A map prepared by a CWRE for a standard having a dam height ≥ 10 feet.	reservoir application prop	osing to store ≥ 9.2 acre feet AND
Project schedule (If system is already completed, in	ndicate "existing.")	
Supplemental data sheets enclosed (if needed)		
Form M (Municipal or Quasi-Municipal) Spring Description Sheet (if source is a spri	ng) 3 received 12/1	rz/13
A completed Land-Use Form or receipt signed and Please be certain that the Land-Use form lists all leads within the past 12 months.	d dated by the appropriate ands involved and all uses	e planning department officials. s proposed. Date of signature mus.
A Legal Description of all the properties involved description includes a metes and bounds or other g sales contract or title insurance policy can provide prepared by a title company. Copies of tax bills are	overnment survey descripthis information, or applic	tion. A copy of the deed, land
The proposed source IS (IS NOT) (sircle one) resource NOTE: If it is withdrawn under OBS 538, then reto accept the application and a negative IR will be is.	tricted or withdrawn from urn application and fees. sued.	further appropriation. If it is withdrawn by other means,
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 iden	ified	
Even map scale not less than $4'' = 1$ mile (1		
Location of each diversion point, well or da Multiple wells shall be uniquely labeled, an	m by reference to a recognished identified on well logs i	nized public land survey corner. f existing.
Reference corner on map		
North Directional Symbol	uncami on a cricultura	
Number of acres per 1/4-1/4 if for irrigation, n	ursery, or agriculture	
Fees: see attached		. 112
Base Fee \$	Permit Recording Fees	\$_456_
Addtnl CFS/AF= \$	Mitigation Fee	¢
Addtnl Use/POD/POA = \$	Witigation 1 ec	Ψ
Addtnl Reservoir = \$	Amount Paid	\$ 14,150
Other = \$ = \$ Exam Fee Total \$ 13.700	Total Due Amount Returned	\$ <u>14,150</u> \$ \$
Brain 100 Total & William		<u> </u>
Reviewed by:	Date: 12/5/13	



edwareni

Water Resources Department

Apply for a Permit to Appropriate Surface Water

Today's Date: Monday, December 09, 2013

THE RESERVE THE PARTY OF THE PA	Market and the second of the s	ARREST AND ADDRESS OF THE PARTY AND ADDRESS OF TAXABLE
Base Application Fee for use of Surface and optionally Stored Water.		\$800.00
Number of proposed cubic feet per second (cfs) to be diverted. (1 cfs = 448.83 gallons per minute)	37.5	\$11,400.00
Number of proposed Use's for the appropriated water. (i.e. Irrigation, Supplemental Irrigation, Pond Maintenance, Industrial, Commercial, etc) *	1	
Number of proposed Surface Water points of diversions. **	6	\$1,500.00
Number of Acre Feet to be diverted from Stored Water. (if the application is appropriating water from a pond/reservoir)	0	
Permit Recording Fee. ***		\$450.00
* the 1st Water Use is included in the base cost. ** the 1st Surface Water point of diversion is included in the base cost. *** the Permit Recording Fee is not required when the application is submitted but, must be paid before a permit will be issued. It is fully refundable if a permit is not issued. If the recording fee is not paid prior to issuance of the Final Order, permit issuance will be delayed.	Recalculate	
Estimated cost of Permit Application		\$14,150.00

Return to Fee Calculator Options page

OWRD Fee Schedule

Fee Calculator Version: B20130709

ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE NO

2

DATE OF OR 12/02/2				1	RDER NO. L 4 PX 0 0 0 8 5	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	TINU	UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
	Admin Office: FWS, DIVISION OF CONTRACTING AND GE EASTSIDE FEDERAL COMPLEX 911 NE 11TH AVENUE PORTLAND OR 97232-4181 Account Assignment: K G/L Account: 6100.252R0 Business Area: F000 Commitment Item: 252R00 Cost Center: FF01G08900 Functional Area: FRS126100.000000 Fund: 145F1611MD Fund Center: FF01G08900 Project/WBS: FX.RS126101WR160 PR Acct Assign Line: 01 Period of Performance: 11/01/2013 to 01/01/2014					
00010	Application Fee for Permit IT Approval Num: N Period of Performance: 11/12/2013 to				14,150.00	
	List of Attachments: 1. Draft Application, 9 pages The total amount of award: \$14,150.00. The obligation for this award is shown in box 17(i).				RECEIVE WATER	O SERT ON PRESIDENT
					\$14,150.00	

ORDER FOR SUPPLIES OR SERVICES										PAGE					
IMPORTANT: Mark all packages and papers with contract and/or order numbers.													1 2		
1. DATE OF OR								6. SHIP TO:							
12/02/20	13						a, NAME	OF C	ONSIGNEE						
3. ORDER NO.			····	4. REQL	ISITION/R	EFERENCE NO.									
F14PX000								FWS DIVISION OF ENGINEERING							
5. ISSUING OFFICE (Address correspondence to) FWS, DIVISION OF CONTRACTING AND GE EASTSIDE FEDERAL COMPLEX								b. STREET ADDRESS EASTSIDE FEDERAL COMPLEX							
911 NE 1	A HTI	VENUE													
PORTLAND) OR 9	1232-4	181				c. CITY PORTI	LAND)			d, STATE OR	e, ZIP CO 9 7232-		
7. TO:			· · · · · · · · · · · · · · · · · · ·				f, SHIP V	ΊΑ		······································			<u></u>		
a, NAME OF CO WATER RE			EGON DEPAR	RTMEN'	l OE				8. TY	PE OF ORDER		·			
b, COMPANY N	AME		<u> </u>		···		[X] a, PL	IRCHA	SE		□ Ь.	. DELIVERY	,		
c. STREET ADD	RESS	NIT O	mr v				REFERE				_				
725 SUMM	MER ST	NE, S	TE A									ot for billing i se, this deliv		on the	
							1					subject to instructions contained on this side only of this form and is Issued subject to the terms and conditions of the above-numbered contract.			
						•	1	Please furnish the following on the terms							
d, CITY					e STATE	f. ZIP CODE		and conditions specified on both sides of this order and on the attached sheet, if							
SALEM]	OR	97301-1266	anv, Including delivery as Indicated.								
9. ACCOUNTIN	G AND APP	ROPRIATIO	ON DATA						NING OFFICE	TERTNE					
01 11. BUSINESS	CLASSIFIC	ATION (CI	reck appropriate bo	x(es))			JEWS L	T A T	SION OF ENGIN	EEKING	12.	. F,O.B, POI	NT		
a, SMALL			THAN SMALL		DISADVAI	NTAGEDd, V	OMEN-OWNE	MEN-OWNED e. HUBZone				Destination			
SERVICE-	-DIŜABLED		g. WOMEN-OWNE(ELIGIBLE UNDER				n. EDWOSB						0		
		13. PLA	CE OF		1	14. GOVERNMENT BA	NO,		15, DELIVER TO F.O.B,		1	16, DISCOU	NT TERMS		
a. INSPECTION b. ACCEPTANCE Destination Destination						ON OR BEFOR					PP30				
						17. SCHEDULE (See reverse for	Rejec	tions)						
ITEM NO.			SUPPLIES O	R SERVI	CES		QUANTITY ORDERED (c)	(d)	UNIT PRICE (e)	AMO			ACC	INTITY EPTED (6)	
	Refuge POC, Gary Ball, (503) 231-4788 Contracting POC, Shannon Blackburn (503) 872-2825 Suggested COR: CCAGE														
	Continued													(17(h)	
	18. SHIPPING POINT 19. GROSS SHIPPING V						G WEIGHT	VEIGHT 20, INVOICE NO,						TOTAL (Cont.	
	21, MAJL INVOICE TO:													pages)	
	a.NAME Invoice Processing Platform						orm Syst	m System			\$14,150.00				
SEE BILLING INSTRUCTIONS	b.STREETADDRESS US Department of Treasury (or P.O. Box) http://www.ipp.gov						7					177 GF			
ON REVERSE															
	c. City					Jd. 817	d. STATE e. ZIP CODE			\$14,150.00					
22. UNITED			//		_ <	7) 7			23, NAME (Typed)	VCKDHDM					
AMERIC	ABY (Sign	ature)		ושול	less	Makhi	11	~	SHANNON BL TITLE: CONTRACTING		FE			•	
AUTHORIZED FO	30100W F	- GBODI 1071	, 71	147		- were		<u></u>	7	-#6	L	PŤÍČNAL F	DRM 347 /0-	2/20171	
PREVIOUS EDIT			V14									Prescribed by G			

OPTIONAL FORM 347 (Rev. 2/2012)
Prescribed by GSA/FAR 48 CFR 53 2/3(f)
DEC 0 9 20 3