STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT # 111778

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (502) 986-0904 (fax)

INVOICE # _____

Υ:			err	PERMIT	NG17843
CASH: C	CHECK:#	OTHER: (IDENTIFY	")		\$1900.00
1083	TREASURY	4170 WHO	Hise ca	SH ACCT	
0407	COPIES _ OTHER:	(IDENTIFY)	•		\$ \$
0243 I/S L	0	244 Muni Water Mgmt.	Plan	0245 Cons. Water	
		4270 WED		NO ACCT	
	MISCELLANEC	ous	46111)	
0407	COPY & TAPE I		7011		\$
0410	RESEARCH FE	_			\$
0408		E: (IDENTIFY)			\$
TC162	DEPOSIT LIAB.				\$
0240	EXTENSION O				RECORD FEE
	WATER RIGHT		EXAM		\$
0201	SURFACE WAT		\$	0202	\$450.00
0203	GROUND WAT	EH	\$1450	0204	+430,00
0205	TRANSFER		EXAM		LICENSE FEE
0040	WELL CONSTR		\$	0219	\$
0218	WELL DRILL CO		Ψ	0220	\$
		(IDENTIFY)			
	_	(102141111)			
0536	TREASURY	0437 WEL	L CONST.	START FEE	
0211	WELL CONST	START FEE	\$	CARE	•
0210	MONITORING Y	WELLS	\$	CARE	V
	OTHER	(IDENTIFY)			
0607	TREASURY	0467 HYD	RO ACTIVI	TY LIC NUMBER	
0233	POWER LICEN	SE FEE (FW/WRD)			\$
0231	HYDRO LICEN:	SE FEE (FW/WRD)			\$
	_ HYDRO APPLIC	CATION			\$
	TREASURY	OTH	ER / ROX		
FUND		TITLE			
OBJ. COE		VENDOR #			
DESCRIP			· · · · · · · · · · · · · · · · · · ·		\$
DEGONIF					11.

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

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

Apr	Priority Date $\frac{9/18/19}{265}$ Range $\frac{12}{20}$ Section $\frac{29}{29}$
T	265 pm 12 m/ 5 = 29
100	viship $\frac{240}{120}$ Range $\frac{1200}{120}$ Section $\frac{1}{20}$
Am	ount 0.03 cfs Use DOMESTIC & IR WM Dist. # 19
App	olicant Name ROBERT B. MARYE KERR
Rec	eipt No. 111778 Caseworker Assigned: Mary 🗆 Kim 🗆 Jeana
Ø	Contact info: Applicant/Organization Name and Mailing Address
Ø	Signature (in ink) of <i>all</i> applicants or the applicant's authorized agent (include title or authority if for an organization or corporation).
Ø	Property ownership: Does the applicant own all the land for the proposed project?
	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.
AN	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 #
ď	For a GW Application: Well Development Tables completed and/or a well log report included (if existing)
Ø	Proposed water use
	Amount of water from <i>each</i> 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)
Ø	Water Management Section (Estimates if the water system has not been designed)
NA	Resource Protection Section (N/A for Groundwater)

JB	For all standard reservoir applications: Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir.					
<u>∕</u>	Project schedule (If system is already completed, indicate "existing.")					
uB	Supplemental data sheets enclosed (if needed) ☐ Form M (Municipal or Quasi-Municipal) ☐ Spring Description Sheet (if source is a spring)					
Ø	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.					
Þ	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.					
[2	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.					
Ø	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, ¼-¼'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 ¼-¼ if for irrigation, nursery, or agriculture ✓ For a standard reservoir application to store ≥ 9.2 acre feet AND having a dam height ≥ 10 feet, map must be prepared by a CWRE 					
	Fees: Base Fee 1 st CFS or AF Addtnl CFS/AF Addtnl Use/POD/POA S Addtnl Reservoir Exam Fee Total 1/50	Permit Recording Fees Mitigation Fee Amount Paid Total Due Amount Returned	\$ 1900 \$ 1900 \$ 1900 \$			
Re	viewed by: Cott - CSB	Date: 4 21 14				



edvance:

2 G10 E

Water Resources Department

Apply for a Permit to Appropriate Ground Water and/or Store Ground Water

Today's Date: Friday, April 04, 2014

	and the second second
	\$1,150.00
1	\$300.00
1	
1	
0	
0	
0	
	\$450.00
Recalculate	
	\$1,900.00
	1 0 0

Return to Fee Calculator O	ptions page
----------------------------	-------------

OWRD Fee Schedule

Fee Calculator Version B20130709

RECEIVED BY OWRD

APR 1 8 2014

SALEM, OR