STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 111874

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

INVOICE # ___

SY:	CHECK:#		anch, UC	TRANSPE	
CASH: 0	525	OTHER: (IDENTII		TOTAL REGI	\$3400.00
1023	THEASURY	4170 WA	PANSOLOASHA	CCT	
0407	COPIES		,		\$
	OTHER:	(IDENTIFY)			\$
0243 I/S L	_ease	244 Muni Water Mgr	nt. Plan 024	15 Cons. Water _	
		4270 WR	DOPERATING A	CCT	
	MISCELLANE	ous	Hun		
0407	COPY & TAPE	FEES 4	46111		\$
0410	RESEARCH FI	EES			\$
0408	MISC REVENU	JE: (IDENTIFY)			\$
TC162	DEPOSIT LIAE	3. (IDENTIFY)			\$
0240	EXTENSION C	F TIME		,	
	WATER RIGHT	rs:	EXAM PEE		RECORD FEE
0201	SURFACE WA	TER	\$	0202	\$
0203	GROUND WAT	ER	\$2950.0	0204	\$450.00
0205	TRANSFER		\$		
	WELL CONST	RUCTION	EXAM FEE		LICENSE FEE
0218	WELL DRILL C	CONSTRUCTOR	\$	0219	\$
	LANDOWNER	'S PERMIT		0220	\$
_	OTHER	(IDENTIFY) _			
0536	TREASURY	0437 WE	L CONSTANTA	IT FEE	
0211	WELL CONST	START FEE	\$	CAR	0.0
0210	MONITORING	WELLS	\$	CAR	0+
	OTHER	(IDENTIFY) _			
0807	TREASURY	0467 HY	DRO ACTIVITY	LIC NUMBER	
0233		NSE FEE (FW/WRD)		ACCURATION 1017	\$
0231		SE FEE (FW/WRD)			\$
HYDRO APPLICATION		_		\$	
	. In easier	OT	HER/HEA		
FUND		TITLE			
OBJ. COI	DE	VENDOR #			
DESCRIF	PTION				\$

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

This is the checklist used by WRD staff

Application G-17852 County WASCO Priority Date 4/	28/14				
Township $\frac{4s}{13E}$ Range $\frac{13E}{13E}$ Section $\frac{3}{3}$	/				
11112 0-11	Dist. #_3_				
Applicant Name_ TYGH RIDGE RANCH					
111871	Jeana				
Contact info: Applicant/Organization Name and Mailing Address					
Signature (in ink) of <i>all</i> applicants or the applicant's authorized agent (include title or authororganization or corporation).	rity if for an				
Property ownership: Does the applicant own all the land for the proposed project?) 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 easen access to land crossed by the proposed ditch canal or other work must be submitted.	nent permitting				
For a SW Application: Source of water must be indicated.					
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 A	☐ If the source is stored water, is the stored water component filled out and does the applicant own the				
☐ If for stored water not under contract, is the source authorized under a permit, certific	eate, 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 includes the second s					
Proposed water use	RECEIVED BY OWRD				
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 num	APR 28 2014				
(Primary and Supplemental Irrigation counts as 2 uses)	SALEM, OF				
Water Management Section (Estimates if the water system has not been designed)					
Resource Protection Section (N/A for Groundwater)	RECEIVED BY OWRD				
	10-88-5				

Drive

JA	For all standard reservoir applications: Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir.
×	Project schedule (If system is already completed, indicate "existing.")
NA	Supplemental data sheets enclosed (if needed)
	☐ Form M (Municipal or Quasi-Municipal)
	Spring Rescription Sheet (if source is a spring)
	FOR WOLD OF ED
	A completed Dand 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.
X	A Legal Description of all the properties involved where water is diverted, crossed, and used. The Legal
AL AL	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.
p)	The proposed source <u>IS / IS NOT</u> (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.
1	uccepi ine application and a negative IX witi 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, 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 <i>each</i> 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.
	和 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
R	Fees: See attacked schedule S/B \$3,400 Base Fee \$ Permit Recording Fees \$
	Fees: See a Hahed Schedule S/B \$3,400 Base Fee \$ Permit Recording Fees \$ 1st CFS or AF \$
	Addtnl CFS/AF = \$ Mitigation Fee \$ Addtnl Use/POD/POA = \$
	Addtnl Reservoir = \$ Amount Paid \$ Other = \$ Total Due \$ Exam Fee Total \$ Amount Returned \$
	Exam ree Total \$ Amount Returned \$

Reviewed by: 520H - CSG Date: 4-8-14

Standard Application Completeness Checklist

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)
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Well Development (pg. 4 & 5) or a well log re	eport.
and used. The Legal description includes a n A copy of the deed, land sales contract or titl	he properties involved where water is diverted, crossed, netes and bounds, or other government survey description. le insurance policy can provide this information, or you itle company. The Department will not accept a copy of
officials. Please be certain that the Land-Us	ed and dated by the appropriate planning department e form lists all lands involved and all uses proposed. Date this. Signature must be an original "wet" signature.
☐ Fees: Amount of water requested 4.47cfs	
Base Fee \$1150	Total Exam Fees \$2950
1st CFS/AF \$300	Permit Recording Fees \$450
3.47 Addtnl CFS/ AF @ \$300 = \$1200 1 Addtnl POD/POA @ \$300 = \$300	Total amount \$3400
	Total Paid \$3100

RECEIVED BY OWRD

APR 28 2014

SALEM, OR