

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **112006**

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

INVOICE # _____

RECEIVED FROM: C. Tom Hill;
BY: Lynne D Hill

| | |
|-------------|---------|
| APPLICATION | G-17858 |
| PERMIT | |
| TRANSFER | |

CASH: CHECK:# 2251 OTHER: (IDENTIFY)

TOTAL REC'D \$3100.00

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 46111

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 |
| 0203 GROUND WATER | \$2950.00 | 0204 | \$150.00 |
| 0205 TRANSFER | \$ | | |

WELL CONSTRUCTION

| | | | |
|-----------------------------|----------|------|-------------|
| 0218 WELL DRILL CONSTRUCTOR | EXAM FEE | 0219 | LICENSE FEE |
| LANDOWNER'S PERMIT | \$ | 0220 | \$ |
| OTHER (IDENTIFY) | | | |

0636 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE \$ _____ CARD # _____
0210 MONITORING WELLS \$ _____ CARD # _____
OTHER (IDENTIFY) _____

0407 TREASURY 0487 HYDRO ACTIVITY LIC NUMBER

0233 POWER LICENSE FEE (FWWRD) \$ _____
0231 HYDRO LICENSE FEE (FWWRD) \$ _____
HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____
OBJ. CODE _____ VENDOR # _____
DESCRIPTION _____ \$ _____

RECEIPT: **112006**

DATED: 5-12-14 BY: [Signature]

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

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Yes No

Application G-17858 County BAKER Priority Date 5/12/14

Township 75 Range 38 E Section 13

Amount 2.585 cfs Use SUPPLEMENTAL WM Dist. # 8

Applicant Name TOM & LYNNE HILL TRUST

Receipt No. 112006 Caseworker Assigned: Mary Kim Jeana

- Contact info: Applicant/Organization Name and Mailing Address
- Signature (in ink) of all applicants or the applicant's authorized agent (include title or authority if for an organization or corporation).

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.

~~N/A~~ 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)

~~N/A~~ Resource Protection Section (N/A for Groundwater)

~~NA~~ 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 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, 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

~~NA~~ 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 | \$ <u>1,150</u> | Permit Recording Fees | \$ <u>450</u> |
| 1 st CFS or AF | \$ <u>300</u> | | |
| Addnl CFS/AF <u>1.585</u> | = \$ <u>600</u> | Mitigation Fee | \$ _____ |
| Addnl Use/POD/POA <u>2</u> | = \$ <u>300</u> | Amount Paid | \$ <u>3100</u> |
| Addnl Reservoir _____ | = \$ _____ | Total Due | \$ <u>300</u> |
| Other <u>Adl P.o.A (2)</u> | = \$ <u>600</u> | Amount Returned | \$ _____ |
| Exam Fee Total | \$ <u>2950</u> | | |

Reviewed by: Scott - CSG

Date: 5-12-14

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: \$3,100.00
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:

- 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 _____

RECEIVED BY OWRD

MAY 12 2014

SALEM, OR

OREGON

Water Resources Department

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



Today's Date: Tuesday, February 25, 2014

| | | |
|---|-------------|------------|
| Base Application Fee for use of Ground, Surface and optionally Stored Water. | | \$1,150.00 |
| Number of proposed cubic feet per second (cfs) to be appropriated. (1 cfs = 448.83 gallons per minute) | 2.5847 | \$900.00 |
| Number of proposed Use's for the appropriated water. (i.e. Irrigation, Supplemental Irrigation, Pond Maintenance, Industrial, Commercial, etc) * | 1 | |
| Number of proposed Ground Water points of appropriation. (i.e. number of wells) (include all injection wells, if applicable) ** | 3 | \$600.00 |
| Number of Acre Feet to be stored in a reservoir/pond from Ground Water. | 0 | |
| Number of Acre Feet to be appropriated from reservoir/pond (Only Applies to reservoir/pond constructed under Ground Water Application) | 0 | |
| Number of reservoirs. | 0 | |
| Permit Recording Fee. *** | | \$450.00 |
| * the 1st Water Use is included in the base cost. ** the 1st Ground Water point of appropriation 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 | | \$3,100.00 |

[Return to Fee Calculator Options page](#)

[OWRD Fee Schedule](#)

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|----------------------------------|
| Fee Calculator Version B20130709 |
|----------------------------------|

Please let me know if you have any questions.

Thank you,
Sara

Make payable to:
OREGON WATER RESOURCES Dept "

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MAY 12 2014

SALEM, OR