

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 # **112129**

INVOICE # _____

RECEIVED FROM: Richard B. Manion

APPLICATION	<u>S-87990</u>
PERMIT	
TRANSFER	

BY: _____

CASH: CHECK:# 179 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1950.00

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

0407 COPY & TAPE FEES \$ 46111
0410 RESEARCH FEES \$
0408 MISC REVENUE: (IDENTIFY) \$
TC162 DEPOSIT LIAB. (IDENTIFY) \$
0240 EXTENSION OF TIME \$

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE \$ <u>1950.00</u>	0202	RECORD FEE \$
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: **112129**

DATED: 5-23-14 BY: [Signature]

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

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 # **112264**

INVOICE # _____

RECEIVED FROM: Richard B. Manion

APPLICATION	<u>S-87990</u>
PERMIT	
TRANSFER	

BY: _____

CASH: CHECK:# 188 OTHER: (IDENTIFY)

TOTAL REC'D \$ 713.00

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

0407 COPY & TAPE FEES \$ 46111
0410 RESEARCH FEES \$
0408 MISC REVENUE: (IDENTIFY) \$
TC162 DEPOSIT LIAB. (IDENTIFY) \$
0240 EXTENSION OF TIME \$

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE \$ <u>263.00</u>	0202	RECORD FEE \$ <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: **112264**

DATED: 6-4-14 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)

Yes No

This is the checklist used by WRD staff

Application 87990 County Lane Priority Date 5/23/14

Township 17S Range 1W Section 22

Amount ^{33 AF} 330 gpm/4AF Use irrigation & frost control WM Dist. # 2

Applicant Name Richard & Ailene Manion

Receipt No. _____ 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

Missing

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.

For a SW Application: Source of water must be indicated.

Missing

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) NO

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)

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)

Resource Protection Section (N/A for Groundwater)

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.")

N/A 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. *Deed*

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
- 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>800</u>	Permit Recording Fees	\$ <u>450 950</u>
1 st CFS or AF	\$ <u>30</u>		
Addnl CFS/AF <u>33</u>	= \$ <u>1080</u> <i>513</i>	Mitigation Fee	\$ _____
Addnl Use/POD/POA	= \$ _____	Amount Paid	\$ <u>1950</u>
Addnl Reservoir	= \$ _____	Total Due	\$ <u>1910 2863</u>
Other	= \$ _____	Amount Returned	\$ <u>40 113</u> <i>Due</i>
Exam Fee Total	\$ <u>1910</u>		
	<u>1613</u>		
	<u>1913</u>		

Reviewed by: *[Signature]*

Date: 5/23/14

MAY 23 2014

SALEM, OR

Dear Customer Service Group :

This application has received our assistance here in Watermaster District 2.

by Michael Mattick Phone # 541-682-3620
(Name)

Please let us know if there is anything else that might be needed.

Assistance was provided in the preparation of the:

- Application
- Map
- Other

MISSING CONTRACT DATA SHEET
PLEASE REF. TO GERRARD OUR MAP.

2063
- 1950

113

113 Data

2063
- 450

1613

Dear Customer Service Group :

This application has received our assistance here in Watermaster District 2.

by Michael Mattick Phone # 541-682-3620
(Name)

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- Application
- Map
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RECEIVED BY OWRD

MAY 27 2014

SALEM, OR



FAXED

5-87990