STATE OF OREGON

WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 112919 INVOICE # _ SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) RECEIVED FROM: Incaravako BY: OTHER: (IDENTIFY) CASH: \$3 TOTAL HEC'D \$ 0407 **COPIES** \$ (IDENTIFY) OTHER: 0243 I/S Lease 0244 Muni Water Mgmt. Plan 0245 Cons. Water **MISCELLANEOUS COPY & TAPE FEES** 0407 \$ 0410 RESEARCH FEES \$ 0408 MISC REVENUE: (IDENTIFY) \$ TC162 **DEPOSIT LIAB. (IDENTIFY)** \$ **EXTENSION OF TIME** 0240 ECONO FEE **WATER RIGHTS:** SURFACE WATER 0202 0201 0203 **GROUND WATER** 0204 TRANSFER 0205 **WELL CONSTRUCTION** \$ 0219 WELL DRILL CONSTRUCTOR 0218 \$ 0220 LANDOWNER'S PERMIT OTHER 0536 TREASURY 0437 VELL CONST. START FEE 0211 WELL CONST START FEE \$ CARD I MONITORING WELLS \$ CARD # 0210 (IDENTIFY) 0807 TREASURY 8467 HYDRO ACTIVITY LIC NUMBER

023	3 POWER LICENSE FEE (FW/WRD)				
023	, ,	\$			
_	HYDRO APPLICATION	\$	_		
TREASURY OTHER / RDX					
FUN	ND TITLE				

DESCRIPTION _____

VENDOR #

\$

RECEIPT: 112919

OBJ. CODE

DATED: #13/14 BY: 4449

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 RECEIPT # 112919 INVOICE # _ SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) APPLICATION RECEIVED FROM: Incarparate BY: OTHER: (IDENTIFY) CASH: \$3 TOTAL REC'D 1083 TREASU \$ 0407 **COPIES** \$ OTHER: (IDENTIFY) 0243 I/S Lease 0244 Muni Water Mgmt. Plan_ 0245 Cons. Water **MISCELLANEOUS** \$ 0407 **COPY & TAPE FEES** \$ 0410 **RESEARCH FEES** \$ 0408 MISC REVENUE: (IDENTIFY) \$ TC162 **DEPOSIT LIAB. (IDENTIFY)** \$ EXTENSION OF TIME 0240 RECORD FEE **WATER RIGHTS:** EXAM FEE SURFACE WATER 0202 0201 \$450.00 0203 **GROUND WATER** 0204 **TRANSFER** 0205 LICENSE FEE **WELL CONSTRUCTION** \$ 0219 WELL DRILL CONSTRUCTOR 0218 \$ 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) 0536 TREASURY 0437 WELL CONST. START FEE 0211 WELL CONST START FEE \$ CARD # MONITORING WELLS \$ 0210 OTHER (IDENTIFY) TREASURY 0467 HYDRO ACTIVITY 0607

0233	POWER LICENSE FEE (FW/WHD)		Ψ
0231	HYDRO LICENSE FEE (FW/WRD)		\$
	HYDRO APPLICATION		\$
-	TREASURY OTHER	/ RDX	
FUND	TITLE		

\$

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E-2 Sta	Andard Application Comple Minimum Requirements (OAR 690-310-0040)(ORS This is the checklist used by WRD staf	537.400)
Application 9-1 Township 125	$\frac{1898}{\text{Range}} \frac{\text{County}}{5W} \frac{\text{Linn}}{\text{Section}} \frac{73}{5}$	Priority Date 7-31-2014
Amount 3.57 (1600 gpm) Applicant Name W	S Use Irrigation of.	35 Ac-Primary 149.5 Ac-SWM Dist. # 02
Receipt No. $+125$	•	ary Kim Jeana
	cant/Organization Name and Mailing Address all applicants or the applicant's authorized agent oration).	at (include title or authority if for an
If No:	Does the applicant own all the land for the prop	
A signed state	landowner's name and mailing address must be ement declaring the existence of either written and d crossed by the proposed ditch canal or other wo	uthorization or an easement permitting
. I	on: Source of water must be indicated. is stored water, is the stored water component fill nelude a non-expired agreement for stored water	lled out and does the applicant own the ? (ORS 537,400)
NOTE: A surj will be for the	face water application cannot be filed at the same e use of the stored water under the PROPOSED Re water not under contract, is the source authorized	time as a Reservoir or Alt Reservoir if it eservoir application, Exp. Secondary (E2).
Permit or Cer	rtificate issued? Y/N Permit	or Certificate #
Proposed water use Amount of w Period of use If for supplem (Primary and	on: Well Development Tables completed and/or Well (95 provided for a completed and/or Father from each source in GPM, CFS, or AF— e indicated Ward Oct- mental irrigation, primary acreage or underlying d Supplemental Irrigation counts as 2 uses)	ra well log report included (if existing) Red 2 Wells 800 gpm ea. well (1600) permit or certificate number listed = 32 total ER-Primary & Supple

Water Management Section (Estimates if the water system has not been designed)

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Return

JUL 3 1 2014

SALEM, OR

Resource Protection Section (N/A for Groundwater)

VA	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.")
IA-	Supplemental data sheet's enclosed (if needed)
111	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 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, 1/41/25 and tax fot 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.
	Reference corner on map
	North Directional Symbol Number of acres per ¹ / ₄ - ¹ / ₄ if for irrigation, nursery, or agriculture
MIN	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 3.57 45 / Z Wells / Primary & Suppl FR
	Fees:
	Addtnl CFS/AF 300 = \$ 900 Mitigation Fee \$
_	Other = \$ Amount Paid \$ 1250.00 (Remainder of theck.)
	Exam Fee Total \$2950 Amount Returned \$
Re	eviewed by: Date: 6-30-2814 \$100 much

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.

$ \mathcal{L} $					
	SECTION 1: applicant information and signature				
\mathbf{Z}_{f}	SECTION 2: property ownership				
IJ/	SECTION 3: well development				
4	SECTION 4: water use				
切	SECTION 5: water management	RECEIVED BY OWRD			
4	SECTION 6: storage of groundwater in a reservoir	HECEIVED BY OWNE			
	SECTION 7: use of stored groundwater from the reservoir	JUN 3 0 2014			
J /	SECTION 8: project schedule				
功/	SECTION 9: within a district	SALEM, OR			
Image: Control of the	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				
1	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 sal	es contract or title insurance policy.			
	Fees - Amount enclosed: \$ 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 follow	vina items is included:			
	Permanent quality and drawn in ink				
	Even map scale not less than $4'' = 1$ mile (example: $1'' = 400$ ft.	RECEIVED	BY OWRD		
		, 1 1520 11, 010.)			
	North Directional Symbol Township Penga Section Operator/Operator Tax Late	JUL 3 1	2014		
0/ 12]/	Township, Range, Section, Quarter/Quarter, Tax Lots	SALEM,	OD		
	Reference corner on map		, ON		
	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.				
\Box /	Indicate the area of use by Quarter/Quarter and tax lot clearly is	dentified			
D D	Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery				
Δ	Location of main canals, ditches, pipelines or flumes (if well is	outside of the area of use)			
豆	Other				
Revis	sed 2/1/2012 Gr-7890 Ground Water/2	WR			