#### STATE OF OREGON

#### WATER RESOURCES DEPARTMENT

RECEIPT# 113670

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 3) 986-0900 / (503) 986-0904 (fax)

INVOICE # \_\_

0407		(IDENTIFY)  44 Muni Water Mgmt  4270 WRI  US  EES  ES  : (IDENTIFY)  (IDENTIFY)  TIME  :	Plan 024 OPERATING	I5 Cons. Water _	\$ \$ \$ \$
0243 I/S Lea: 0407 0410 0408 TC162 0240	MISCELLANEOU COPY & TAPE FI RESEARCH FEE MISC REVENUE DEPOSIT LIAB. EXTENSION OF WATER RIGHTS	4270 WRIE  JS  EES  S  (IDENTIFY)  (IDENTIFY)  TIME  :	OPERATING A		\$     \$    \$     \$     \$     \$     \$     \$     \$     \$     \$     \$     \$    \$     \$     \$     \$     \$     \$     \$     \$     \$     \$     \$    \$    \$     \$     \$     \$     \$     \$     \$     \$     \$     \$     \$
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0408 TC162 0240	MISC REVENUE DEPOSIT LIAB. EXTENSION OF WATER RIGHTS	: (IDENTIFY) (IDENTIFY) TIME :		***	\$ \$ \$
TC162 0240 0201	DEPOSIT LIAB. EXTENSION OF WATER RIGHTS	(IDENTIFY) TIME	PAVET		\$
0240	EXTENSION OF WATER RIGHTS	TIME :	NAVER		\$
0201	WATER RIGHTS	:	E AV EUR		
			EVALUEER	NASA	RECORD FEE
	SURFACE WATE				\$
0203			\$	0202	\$ 450.00
	GROUND WATE	н	\$ 1450.0	0204	· 120.00
0205	TRANSFER		\$		LICENSE FEE
	WELL CONSTRU	JCTION	EXAM FEE	and the second	
0218	WELL DRILL CO		\$	0219	\$  \$
	LANDOWNER'S	PERMIT		0220	Ψ
	OTHER	(IDENTIFY)			
0536	REASURY	0437 WEL	Medical Control	T FEE.	
0211	WELL CONST ST	TART FEE	\$	CAR	94
0210	MONITORING W	ELLS	\$	CAR	<b>M</b>
	OTHER	(IDENTIFY)			
0607 1	REASIN'	9467 HYD	es convey	LIC NUMBER	
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0231		E FEE (FW/WRD)			\$
	HYDRO APPLICA	, ,	_		\$
	REASURY	OTH	ER/ROX		
Summer to the summer of the State of		TITI C			
		TITLE			
OBJ. CODE DESCRIPTION		VENDOR #			\$

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

Application G- 17939 County Josephine Priority Date 10-10-14
Township 365 Range 6W Section 14
Amount 0.06 cfs Use Nursley 5.7 Ac. WM Dist. # 14
Applicant Name Green lost Industries
Approxime
Receipt No. 13670 Caseworker Assigned: Barbe
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 authority if for an organization or corporation).
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.
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)
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.")

Suppl	emental data sheets enclosed (if need	ed)				
	Form M (Municipal or Quasi-Municipal or Quasi-Munic	cipal)				
	Spring Description Sheet (if source	is a spring)		*		
Please	e be certain that the Land-Use form t	gned and dated b	y the appropriate plannin lived and all uses propos	ng department officials. ed. Date of signature mus		
descri sales o	ption includes a metes and bounds or contract or title insurance policy can p	other governmer provide this infor	nt survey description. A comation, or applicant may	copy of the deed, land		
NOTE	E: If it is withdrawn under ORS 538, i	then return applic	withdrawn from further cation and fees. If it is w	appropriation. ithdrawn by other means,		
The n	nap must meet all the minimum requi	rements of OAR	690-310-0050.			
\ø	Township, Range, Section					
		pelines or flumes	(if POA/POD is outside	of POU)		
			( 5 52 54 5			
Even map scale not less than 4" = 1 mile (1"= 1320 ft.); examples: 1" = 100 ft., 1" = 200 ft.						
Ø	North Directional Symbol					
K	Number of acres per 1/4-1/4 if for irrig	gation, nursery, or	r agriculture			
NZA				m height ≥ 10 feet, map		
Foos			_			
	Fee	\$ 1,150	Permit Recording Fees	\$ 450		
4		\$ 300 -	Mitigation Fee	\$		
a	add'l CFS @ <u>\$300 ea</u>	\$	-			
	•	\$	Rec Fee Total	\$ <u>450</u>		
	<del></del>	\$	Rec Fee Paid	\$ <u>450</u>		
		\$				
	add 1 res @ \$125 ea	\$	Ar Kiga			
Exam	Fee Total	\$ 1450 -	- A (170			
		\$ 1450	_			
		-	Amount Returned	\$		
iewed	by: Coff - CSE	Date:	10-10-14			
	A complease with A Leg description of the property of the prop	□ Form M (Municipal or Quasi-Municipal Spring Description Sheet (if source Spring Description Sheet (if source A completed Land-Use Form or receipt single Please be certain that the Land-Use form the be within the past 12 months.  A Legal Description of all the properties in description includes a metes and bounds or sales contract or title insurance policy can apprepared by a title company. Copies of tax of the proposed source IS / IS NOT (circle NOTE: If it is withdrawn under ORS 538, the accept the application and a negative IR we have the application and a negative IR we have the application of main canals, ditches, ping I Place of use, 1/4-1/4's and tax lot clear in Even map scale not less than 4" = 1 in Location of each diversion point, we have the map with the properties of the propert	Form M (Municipal or Quasi-Municipal)   Spring Description Sheet (if source is a spring)   A completed Land-Use Form or receipt signed and dated be   Please be certain that the Land-Use form tists all lands involve within the past 12 months.   A Legal Description of all the properties involved where we description includes a metes and bounds or other government sales contract or title insurance policy can provide this information prepared by a title company. Copies of tax bills are not accessory.   Copies of tax bills are not accessory.   The proposed source   IS / IS NOT   Circle one) restricted or   NOTE: If it is withdrawn under ORS 538, then return applicate the application and a negative IR will be issued.	□ Form M (Municipal or Quasi-Municipal) □ Spring Description Sheet (if source is a spring)  A completed Land-Use Form of eccipt signed and dated by the appropriate planning Please be certain that the Land-Use form lists all lands involved and all uses propose be within the past 12 months.  A Legal Description of all the properties involved where water is diverted, crossed, description includes a metes and bounds or other government survey description. A ceales contract or title insurance policy can provide this information, or applicant may 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 NOTE: If it is withdrawn under ORS 538, then return application and fees. If it is waccept 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 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		

# 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.

	CECTION 1 - 1'' C'	RECEIVED BY OWRD				
$   \sqrt{} $	SECTION 1: applicant information and signature					
Ø	SECTION 2: property ownership	OCT 1 0 2014				
Ø	SECTION 3: well development	CALEN OF				
Ø,	SECTION 4: water use	SALEM, OR				
☑´	SECTION 5: water management					
34	SECTION 6: storage of groundwater in a reservoir					
NA.	SECTION 7: use of stored groundwater from the reservoir					
Ø	SECTION 8: project schedule					
N 60	SECTION 9: within a district					
	SECTION 10: remarks					
	Attachments:					
Ø	Land Use Information Form with approval and signature (must be an original) or s	igned receipt				
Ø	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.					
Ø	Fees - Amount enclosed: \$1900 See the Department's Fee Schedule at <a href="https://www.oregon.gov/owrd">www.oregon.gov/owrd</a> or call (503) 986-096	00.				
	Provide a map and check that each of the following items is includ	ed:				
<b>d</b>	Permanent quality and drawn in ink					
Ø	Even map scale not less than $4" = 1$ mile (example: $1" = 400$ ft, $1" = 1320$ ft, etc.)					
V	North Directional Symbol					
V	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 publi (distances north/south and east/west). Each well must be identified by a unique nar	•				
	Indicate the area of use by Quarter/Quarter and tax lot clearly identified					
Ø	Number of acres per Quarter/Quarter and hatching to indicate area of use if for prin supplemental irrigation, or nursery	mary irrigation,				
Image: Control of the	Location of main canals, ditches, pipelines or flumes (if well is outside of the area	of use)				
	Other					
	_					