

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 # **113842**

INVOICE # _____

RECEIVED FROM: Salem Nursery LLC

6-17953

CASH: CHECK: # X1185 OTHER: (IDENTIFY) _____

\$ 1450.00

0407 COPIES \$ _____
OTHER: (IDENTIFY) \$ _____
0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

MISCELLANEOUS
0407 COPY & TAPE FEES 46/11 \$ _____
0410 RESEARCH FEES \$ _____
0408 MISC REVENUE: (IDENTIFY) _____ \$ _____
TC182 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____
0240 EXTENSION OF TIME \$ _____
WATER RIGHTS:
0201 SURFACE WATER \$ _____ 0202 \$ _____
0203 GROUND WATER \$ 1450.00 0204 \$ _____
0205 TRANSFER \$ _____
WELL CONSTRUCTION
0218 WELL DRILL CONSTRUCTOR \$ _____ 0219 \$ _____
LANDOWNER'S PERMIT 0220 \$ _____
OTHER (IDENTIFY) _____

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

0233 POWER LICENSE FEE (FW/WRD) \$ _____
0231 HYDRO LICENSE FEE (FW/WRD) \$ _____
HYDRO APPLICATION \$ _____

**RECEIVED
OVER THE COUNTER**

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

RECEIPT: **113842** DATED: 10/30/14 BY: Chungate

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Ball 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-17953 County MARION Priority Date 10/30/14

Township 4S Range 1W Section 12

Amount 0.30 cfs Use IR WM Dist. # 16

Applicant Name Salem Nursery, LLC

Receipt No. 113842 Caseworker Assigned: [X] Barbe [] Kim [] Kerri

[X] Contact info: Applicant/Organization Name and Mailing Address

[X] Signature (in ink) of all applicants or the applicant's authorized agent (include title or authority if for an organization or corporation).

[X] 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 #

[X] For a GW Application: Well Development Tables completed and/or a well log report included (if existing)

[] Proposed water use

- [X] Amount of water from each source in GPM, CFS, or AF
[X] Period of use indicated

[N/A] If for supplemental irrigation, primary acreage or underlying permit or certificate number listed (Primary and Supplemental Irrigation counts as 2 uses)

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

[N/A] Resource Protection Section (N/A for Groundwater)

[N/A] For all standard reservoir applications: Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir.

[X] Project schedule (If system is already completed, indicate "existing.")

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, 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>1,150</u>	Permit Recording Fees	\$ <u>450</u>
1 st CFS @ \$300	\$ <u>300</u>	Mitigation Fee	\$ _____
___ add'l CFS @ \$300 ea	\$ _____	Rec Fee Total	\$ <u>450</u>
___ AF up to 20 AF @ \$30 ea	\$ _____	Rec Fee Paid	\$ _____
___ add'l AF @ \$1 ea	\$ _____		
___ add'l <input type="checkbox"/> pod/poa <input type="checkbox"/> use @ _____ ea	\$ _____		
___ add'l res @ \$125 ea	\$ _____		
Exam Fee Total	\$ <u>1450</u>		
Exam Fee Paid	\$ <u>1450</u>		

Amount Returned \$ _____

Reviewed by: Scott - CSG

Date: 10/30/14

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: \$1,450
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 _____

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OCT 30 2014

WATER RESOURCES DEPT
SALEM, OREGON

6-17953