#### STATE OF OREGON

### WATER RESOURCES DEPARTMENT

725 Summer St. N.E. Ste. A RECEIPT # 113953 SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) INVOICE # \_ RECEIVED FROM: BY: OTHER: (IDENTIFY) CASH: \$ 0407 COPIES \$ OTHER: (IDENTIFY) 0243 I/S Lease \_ 0244 Muni Water Mgmt, Plan 0245 Cons. Water 46111 **MISCELLANEOUS COPY & TAPE FEES** 0407 \$ 0410 **RESEARCH FEES** \$ MISC REVENUE: (IDENTIFY) 0408 \$ **DEPOSIT LIAB. (IDENTIFY)** TC162 \$ **EXTENSION OF TIME** 0240 WATER RIGHTS: 0201 SURFACE WATER 0202 \$ 150,00 0203 **GROUND WATER** 0204 0205 **TRANSFER** WELL CONSTRUCTION 0219 0218 WELL DRILL CONSTRUCTOR 0220 LANDOWNER'S PERMIT OTHER WELL CONST START FEE 0211 \$ 0210 MONITORING WELLS OTHER (IDENTIFY) \$ POWER LICENSE FEE (FW/WRD) 0233 \$ 0231 HYDRO LICENSE FEE (FW/WRD) \$ HYDRO APPLICATION TITLE FUND \_ OBJ. CODE **VENDOR#** \$ DESCRIPTION

RECEIPT: 113953

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## E-2

# **Standard Application Completeness Checklist**

Yes	Minimum Requirements (OAR 690-310-0040)(ORS 537.400)  This is the checklist used by WRD staff
	Application G-17960 County BAKER Priority Date 11-7-14
	Township 95 Range 39E Section 10 & 11  Amount 1.8545 Use IR of 28,0 ac 3 IS of 121.5 ac WM Dist. # 188
	Amount 1.8545 Use IR of 28,0 ac 9 IS of 121.5ac WM Dist. # 18
	Applicant Name STUART & MEGGAN HILLS
	Receipt No. 113953 Caseworker Assigned:   Barbe Kim   Kerri
,	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)  2 proposed wells  Proposed water use
•	Amount of water from each source in GPM, CFS, or AF [1.85 CFS -any combination]  Period of use indicated IR - May 1-0431; I5-May 1-0431 From 2 wells  If for supplemental irrigation primary acreage or underlying permit or certificate number listed  (Primary and Supplemental Irrigation counts as 2 uses) Cart 3 4446 & 8 3 2 36
	If for supplemental irrigation primary acreage or underlying permit or certificate number listed (Primary and Supplemental Irrigation counts as 2 uses) Cart 4446 & 83236
,	Water Management Section (Estimates if the water system has not been designed)
٨	Resource Protection Section (N/A for Groundwater)
1	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.")

Supplemental data sheets enclosed (if needed)				
Supplemental data sheets enclosed (if needed)  Form M (Municipal or Quasi-Municipal)				
☐ Spring Description Sheet (if source is a spring)	• •			
A completed <b>Land-Use Form</b> or receipt signed and dated be Please be certain that the Land-Use form lists all lands involve within the past 12 months.	by the appropriate planning department officials. blved and all uses proposed. Date of signature must			
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 acceptable.	nt survey description. A copy of the deed, land mation, or applicant may submit a lot book report			
The proposed source IS / IS NOT (circle one) restricted on NOTE: If it is withdrawn under ORS 538, then return applied accept the application and a negative IR will be issued.				
☐ The <b>map</b> 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 See 5 my≤  Por 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: Pul 9 2 200. 60 11-7-14  Base Fee \$\frac{150}{1}\$  1st CFS @ \$\frac{300}{300}	Permit Recording Fees \$ \( \frac{450}{50} \)  Rec Fee Total \$ \( \frac{450}{190} \)			
Exam Fee Total \$\frac{2050}{2050}\$	Ove Amount Returned \$_300_			
Reviewed by: Date:	11-7-14			

# 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.

Revised 2/1/2012		Ground Water/2	NOV 0 7 2014	WR	
_			RECEIVED BY OWR	D	
<b>~</b>		ditches, pipennes or numes (if well is	outside of the area of use)		
<u>X</u>	supplemental irrigation, o	`	. , ,	ion,	
<u>X</u> ]	-	<ul> <li>Quarter/Quarter and tax lot clearly id ter/Quarter and hatching to indicate an</li> </ul>		ion	
<b>X</b>	•	l east/west). Each well must be identified to the clearly identified to the clear	•	umber.	
X		d/or dam if applicable, by reference to			
X	Reference corner on map				
X	Township, Range, Section	n, Quarter/Quarter, Tax Lots			
X) X)	North Directional Symbol	•	·		
	• •	nan 4" = 1 mile (example: 1" = 400 ft,	1" = 1320 ft, etc.)		
X	Permanent quality and dra		8 av		
	Provide a ma	ap and check that each of the follow	ing items is included:		
<b>X</b> I	Fees - Amount enclosed: See the Department's Fee	\$ <u><b>2,200</b></u> Schedule at <u>www.oregon.gov/owrd</u> o	r call (503) 986-0900.		
	crossed by the proposed das depicted on the map.	ion of: (1) the property from which the litch, canal or other work, and (3) any	property on which the water is		
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/		Attachments:			
<b>Д</b>	SECTION 10: remarks				
X X	SECTION 10: remarks	trict			
X X	SECTION 8: project schedule				
X	SECTION 7: use of stored groundwater from the reservoir				
XI	SECTION 6: storage of groundwater in a reservoir				
	SECTION 5: water manage	gement			
X	SECTION 4: water use				
X X X X	SECTION 3: well develop	pment			
X	SECTION 2: property ow	vnership			
X	SECTION 1: applicant in	formation and signature			

G1-17960