STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT# 114091

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

INVOICE # __

	A - 111			NETT CHARGE THE PROPERTY OF THE PARTY OF THE	
ECEIVED FR	IOM: Watt	new Bil	J ;	APPLICATIO	# S-88032
Y :	LACE	y Bird		PERMIT	
ASH:	CHECK#	OTHER: (IDENTIF)	0	TRANGFE	
	V514		FRANCE	TOTAL REC'E	\$1550.0
AND THE PROPERTY OF THE PROPER	ш за				
1083	TREASURY	4170 WRD	MISC CASH AC	CT	
0407	COPIES				\$
	OTHER:	(IDENTIFY)			\$
0243 I/S	Lease 02	44 Muni Water Mgmt	. Plan 0245	Cons. Water _	
		4270 WRD	OPERATING AC	CT	
	MISCELLANEO	us	46111		
0407	COPY & TAPE F	EES			\$
0410	RESEARCH FE			\$	
0408	MISC REVENUE			\$	
TC162	DEPOSIT LIAB.	DEPOSIT LIAB. (IDENTIFY)			\$
0240	EXTENSION OF	TIME			\$
	WATER RIGHTS	S :	EXAM FEE		RECORD FEE
0201	SURFACE WAT	ER	\$1160.00	0202	\$ 450.00
0203	GROUND WATE	:R	\$	0204	\$
0205	TRANSFER		\$		
	WELL CONSTR	LICTION	EXAM FEE		LICENSE FEE
0218	WELL DRILL CO		\$	0219	\$
OLIO	LANDOWNER'S			0220	\$
	OTHER	(IDENTIFY)			
		(102111111)			
0536	TREASURY	0437 WEL	L CONST. START	FEE	
0211	WELL CONST S	TART FEE	\$	CAR	0#
0210	MONITORING V	VELLS	\$	CAR	9
	_ OTHER	(IDENTIFY)			
0607	TREASURY	0467 HYD	RO ACTIVITY	IC NUMBER	
0233		SE FEE (FW/WRD)		and the second second	\$
0231		SE FEE (FW/WRD)			\$
	HYDRO APPLIC	ATION			\$
	TREASURY		ER / RDX		
ELIAID.		C. Spring			gugaran talah disebuah sakatan Sinsah Sila
		TITLE			
	DDE	VENDOR #			•
DESCRI	PTION				\$
			. / /		

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114091 DATED: 11/PA/14 BY: Exalude Rope - 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 5-88032 County Doug LAS Priority Date 11/24/14
Application 5-88032 County DougLAS Priority Date 11/24/14 Township 26 S Range 3W Section 9
Amount 0.01 cfs Use DOMESTIC EXPANDED WM Dist. # 15
Applicant Name MATHEW BIRD
Receipt No. 114091 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? Y/N
If No: The affected landowner's name and mailing address must be listed See 44 both Buth Buth
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.")

Supplemental data sheets enclosed (if neede	ed)								
☐ Form M (Municipal or Quasi-Munic	ipal)								
	☐ Spring Description Sheet (if source is a spring)								
2/ revd # 11-21									
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.	sis aii ianas invo	ivea ana an uses propose	ea. Date of signature must						
A Legal Description of all the properties in description includes a metes and bounds or sales contract or title insurance policy can prepared by a title company. Copies of tax be	other governmen rovide this inforr	t survey description. A contact on, or applicant may	opy of the deed, land						
The proposed source IS /IS NOT circle of	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 wi			,						
The map must meet all the minimum require	ements 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 clear	Place of use, 1/4-1/4's and tax lot clearly identified								
Even map scale not less than $4'' = 1$	mile (1"= 1320 f	t.); examples: 1" = 100 ft	., 1" = 200 ft.						
Location of each diversion point, we	ll or dam by refe	rence to a recognized pul	olic land survey corner.						
Multiple wells shall be uniquely labe	led, and identifie	ed on well logs if existing	ζ,						
Reference corner on map									
North Directional Symbol	North Directional Symbol								
Number of acres per 1/4-1/4 if for irrigation	ation, nursery, or	agriculture							
For a standard reservoir application t	o store ≥ 9.2 acr	e feet AND having a dan	n height ≥ 10 feet, map						
must be prepared by a CWRE									
Fees:	· Sua		\$ 450						
Base Fee 1 st CFS @ \$300	\$ 800	Permit Recording Fees	\$ 130						
1 CFS @ <u>\$300</u> add'1 CFS @ \$300 ea	\$ 300	Mitigation Fee	\$						
AF up to 20 AF @ \$30 ea	\$ \$	Rec Fee Total	\$ 450						
add'l AF @ \$1 ea	\$ \$	Rec Fee Paid	\$ 450						
add'l \(\superscript{pod/poa} \subseteq use \(\emptyreq \) ea	\$	1.00 1 00 1 1110	<i>y</i>						
add'l res @ \$125 ea	\$		•						
	11-								
Exam Fee Total	\$ 11 6 0								
Exam Fee Paid	\$ 1100		. 1550						
		Amount Returned-	\$						
C1 14 101									
Reviewed by: Volt - CS6	Date:								