STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT# 114717

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

INVOICE # _____

(503) 986-0900 / (503) 986-0904 (fax)									
ECEIVED FR Y:		dler Far Joseph Sch		APPLICATION PERMIT	* 2-8804P				
	_	•		TRANSFE	A T				
ASH:	CHECK# 255	OTHER: (IDENTIFY)	COST COST COST COST COST COST COST COST	TOTAL REC'	\$1170.00				
1083	TREASURY	4170 WRD	MISC CASH AC	er	-				
0407	COPIES				\$				
	OTHER:	(IDENTIFY)			\$				
0243 1/8	Lease0	244 Muni Water Mgmt.	Plan 0245	Cons. Water _					
2		4270 WRD	OPERATING AC	CT					
	MISCELLANEC	ous	46111						
0407	COPY & TAPE	FEES	,		\$				
0410	RESEARCH FE	ES			\$				
0408	MISC REVENU	E: (IDENTIFY)			\$				
TC162	DEPOSIT LIAB	. (IDENTIFY)			\$				
0240	EXTENSION O	FTIME			\$				
	WATER RIGHT	S:	EXAM FEE		RECORD FEE				
0201	SURFACE WAT	ER	\$ 720.00	0202	\$450.00				
0203	GROUND WAT	ER	\$	0204	\$				
0205	TRANSFER		\$	1					
	WELL CONST	RUCTION	EXAM FEE		LICENSE FEE				
0218	WELL DRILL C		\$	0219	\$				
	LANDOWNER'S			0220	\$				
		(IDENTIFY)							
		0437 WELI		G13770457	- T				
0211	WELL CONST		\$	CAR					
0210	MONITORING		\$	CAR	***				
		(IDENTIFY)							
-	Dr al 10000 ingle 10 de la company	0467 HYDE	RO ACTIVITY I	LIC NUMBER	116				
0233		ISE FEE (FW/WRD)	-		\$				
0231	HYDRO LICEN	SE FEE (FW/WRD)							
	HYDRO APPLI	CATION	REC	CEIVED	\$				
	TREASURY	OTHE	Maren Th	1011	MEN				
FUND		TITLE			and the same of th				
OBJ. CO	DE	VENDOR #							
	PTION	-	·		\$				

Distribution – White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff

1-18-181 () 1-18-							
Application S-88046 County Marion Priority Date 8-15-14 Township 65 Range 1W Section 22							
Amount 9 AF Use Irrigation WM Dist. # 16							
Applicant Name Schiedler Farm LC Leon Schiedler							
Receipt No. 113093 Caseworker Assigned: Mary Kim Jeana 114717							
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							
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 3/1 − 10/3 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)							

A/A	For all standard reservoir applications: Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir.						
又	Project schedule (If system	is already completed, inc	dicate "existing.")				
AHY	Supplemental data sheets er	nclosed (if needed)					
(0)	☐ Form M (Municipal						
	☐ Spring Description S	Sheet (if source is a sprir	ig)				
×	A completed Land-Use Fo Please be certain that the L be within the past 12 month	and-Use form lists all la					
	description includes a mete sales contract or title insura prepared by a title company	s and bounds or other go mee policy can provide t	overnment survey descri his information, or appl	ption. A copy of	the deed, land		
×	The proposed source IS (NOTE: If it is withdrawn u accept the application and	nder ORS 538, then retu	rn application and fees	m further approp . If it is withdraw	riation. In by other means,		
Ŋ	The map must meet all the	minimum requirements	of OAR 690-310-0050				
,	Township, Range, S						
	1	mals, ditches, pipelines o	or flumes (if POA/POD	is outside of FOU			
		and tax lot clearly ident					
	1	less than $4'' = 1$ mile (1)		I' = 100 ft 1 =	200 ft.		
	Multiple wells shall Reference corner or	•		-	id survey corner.		
	North Directional S						
	For a standard reser	er ¼-¼ if for irrigation, n		aving a dam heig	ht > 10 feet, man		
	must be prepared b	y a CWRE			1		
×	Fees: Base Fee 1° CFS or AF 9	5 450 5 270	Permit Recording Fe	ees 8 <u>450</u>	r-		
	Addtnl CFS/AF	= S	Mitigation Fee	S			
	Addtnl Use/POD/POA		A Dati	s 1170			
	Addtnl Reservoir Other		Amount Paid Total Due	5 11	'70		
	OtherExam Fe	ee Total S 720	Amount Returned	5	9		
R	Reviewed by: Sarah Jme	Henderson	Date: 8-15	-14			
	Inc		1/28/1	5			