E-2	Standard Application Completeness	s Checklist
Yes No	Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff	
$\smile$		
Application	17996 County Malheur Priorit	y Date <u>11-FEB-15</u>
Township 14	$15$ Range $39w$ Section $13\pm14$	-
Amount,	15 Range 39W Section 13 214 30 CFS Use Sup Irv, Domestic, Stock,	Encl WM Dist. #
Applicant Name	Wilkes Ranch Orejon Limited	
Receipt No. <u>11</u>	Wilkes Ranch Oregon Limited 4884 — Caseworker Assigned:  Barbe X	Kim 🛛 Kerri
Contact info	o: Applicant/Organization Name and Mailing Address	
• -	n ink) of <i>all</i> applicants or the applicant's authorized agent (include n or corporation).	title or authority if for an
Property ow	nership: Does the applicant own all the land for the proposed proje	ect? $(\mathbf{Y}) / \mathbf{N}$
If No:		
D The	affected landowner's name and mailing address must be listed	
₽ A sig	gned statement declaring the existence of either written authorizations to be a statement declaring the proposed ditch canal or other work must be been stated as a statement of the proposed ditch canal or other work must be a statement of the proposed ditch canad ditc	on or an easement permitting be submitted.
	pplication: Source of water must be indicated.	
Prif the	e source is stored water, is the stored water component filled out an voir or include a non-expired agreement for stored water? (ORS 53)	d does the applicant own the
NOT will l	<b>E:</b> A surface water application cannot be filed at the same time as a before the use of the stored water under the PROPOSED Reservoir application water under the PROPOSED Reservoir application application water under the PROPOSED Reser	Reservoir or Alt Reservoir if it
.10<	r stored water not under contract, is the source authorized under a p	
Perm	nit or Certificate issued? <u>Y / N</u> Permit or Certific	cate #
For a GW A	application: Well Development Tables completed and/or a well log	g report included (if existing)
Proposed wa	ater use	
Amo	ount of water from each source in GPM, CFS, or AF	
	od of use indicated	and Charles and the state of
	r supplemental irrigation, primary acreage or underlying permit or on mary and Supplemental Irrigation counts as 2 uses)	
1		RECEIVED BY OWRD
	agement Section (Estimates if the water system has not been design	FEB 1 1 2015
Resource Pr	rotection Section (N/A for Groundwater)	
For all stand	dard reservoir applications: Preliminary plans and specifications in and surface area for each reservoir.	SALEM, OR ncluding dam height, width,
$\mathbf{X}$	dule (If system is already completed, indicate "existing.")	

 $\mathbf{p}^{\mathbf{k}}$  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. <u>Copies of tax bills are not acceptable</u>.

The proposed source **IS NOT** (Arcle 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.

**EX** 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 <sup>1</sup>/<sub>4</sub>-<sup>1</sup>/<sub>4</sub> if for irrigation, nursery, or agriculture

For a standard reservoir application to store  $\geq 9.2$  acre feet AND having a dam height  $\geq 10$  feet, map must be prepared by a CWRE

Fees: P \$ 1150 Permit Recording Fees \$\_\_\_\_\_ **Base Fee** 1<sup>st</sup> CFS @ \$300 \$ 300 Mitigation Fee \$ 9 add'l CFS @ \$300 ea \$ 2700 \_\_\_\_\_ AF up to 20 AF @ \$30 ea Rec Fee Total \$\_\_\_\_\_ Rec Fee Paid \_\_\_\_ add'l AF @ <u>\$1 ea</u> \$ 3 add'l  $\Box$  pod/poa 🖄 use @ 300 ea \$ 900 add'l res @ \$125 ea \$ \$ 505C Exam Fee Total \$ 4050 Exam Fee Paid \$ 5500 Amount Returned Seffrey Date: 11- Feb-15 Reviewed by: -

CEIPT #	wa 114884	TER RESOU 725 Sum SALEM	E OF OREGON JRCES DEPAR Imer St. N.E. Ste. A 0, OR 97301-4172 0 / (503) 986-0904 (fa	INVOICE #	
CEIVED FROM: WILLS Ranch oregin				APPLICATION	6-17996
Y: LTO.			PERMIT		
SH: C	CHECK:#	OTHER: (IDENTI		TRANSFER	
	X2001			TOTAL REC'D	\$5,500.0
1083	TREASURY	4170 WR	D MISC CASH	ACCT	
0407	COPIES				\$
<u></u>	_ OTHER:	(IDENTIFY)			\$
0243 I/S L	.ease 024	4 Muni Water Mgr	nt. Plan 02	45 Cons. Water	
		4270 WF	D OPERATING	ACCT	
	MISCELLANEOU	S	$(\gamma (\gamma \gamma))$		-
0407	COPY & TAPE FE	ES	4611	N Contraction	\$
0410	RESEARCH FEES	5			\$
0408	MISC REVENUE:	(IDENTIFY)			\$
TC162	DEPOSIT LIAB. (	IDENTIFY)			\$
0240	EXTENSION OF 1	TIME			\$
	WATER RIGHTS:		EXAM FEE		RECORD FEE
0201	SURFACE WATER	7	\$	0202	\$
0203	GROUND WATER	1	\$ 5,050	0204	\$450,00
0205	TRANSFER		\$		
	WELL CONSTRU	CTION	EXAM FEE		
0218	WELL DRILL CON	STRUCTOR	\$	0219	\$
	LANDOWNER'S F			0220	\$
	OTHER	(IDENTIFY)			
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0210	MONITORING WE	ELLS	\$	CARD #	
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0607	TREASURY	0467 HY	DRO ACTIVITY	LIC NUMBER	
0233	POWER LICENSE				\$
0231	HYDRO LICENSE	, ,			\$
	_ HYDRO APPLICA	TION			\$
	TREASURY	OT	HER / RDX		
FUND _		TITLE			
OBJ. COL	DE	VENDOR #			
					\$

RECEIPT: 1114884 DATED: 2/11/15 BY: Main Auformation - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

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