Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

This is the checklist used by WRD staff

Application 5-88099 County Douglas Priority Date 18	3-June-15
Township 285 Range 7W Section 14415	
Amount 249 AF Use Irrigation	WM Dist. #
Applicant Name Azalea Rojo, LLC c/o Agis Capital	
Receipt No. 116280 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 authorization or corporation).	thority if for an
Property ownership: Does the applicant own all the land for the proposed project?	Y /N
The affected landowner's name and mailing address must be listed A signed statement declaring the existence of either written authorization or an eaceess 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 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 will be for the use of the stored water under the PROPOSED Reservoir application,	or Alt Reservoir if it
If for stored water not under contract, is the source authorized under a permit, cer Permit or Certificate issued? (Y) / N Permit or Certificate # 8	
For a GW Application: Well Development Tables completed and/or a well log report in	cluded (if existing)
Proposed water use Amount of water from <i>each</i> 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 of crest width and surface area for each reservoir.	dam height, width.
Project schedule (If system is already completed, indicate "existing.")	

	Supplemental data sheets enclosed (if neede	d)		
1	☐ Form M (Municipal or Quasi-Munici	•		
	☐ Spring Description Sheet (if source is ☐ Letter from Destrice			
de la	A completed Land-Use Form or receipt sig Please be certain that the Land-Use form list be within the past 12 months.	ned and dated by		
, \$	A Legal Description of all the properties in description includes a metes and bounds or sales contract or title insurance policy can proper prepared by a title company. Copies of tax h	other governmen rovide this inform	t survey description. A conation, or applicant may s	py of the deed, land
A	The proposed source IS / NOT circle of NOTE: If it is withdrawn under ORS 538, it succept the application and a negative IR with	one) restricted or tien return applic	withdrawn from further a	
Ū ^X	The map must meet all the minimum requir	ements of OAR	690-310-0050.	
	Township, Range, Section			
	Location of main canals, ditches, pip		(if POA/POD is outside o	of POU)
	Place of use, ¼-¼'s and tax lot clear	•		•
	Even map scale not less than $4'' = 1$		•	
	Location of <i>each</i> diversion point, we Multiple wells shall be uniquely laborated as the manual of t	•		•
	Reference corner on map			
	North Directional Symbol			
	Number of acres per 14-14 if for irrig	ation, nursery, or	agriculture	
	For a standard reservoir application must be prepared by a CWRE	to store ≥ 9.2 acr	re feet AND having a dan	n height ≥ 10 feet, map
	Fees:			
	Base Fee	5 450	Permit Recording Fees	5 450
	1' CFS @ <u>\$300</u>	5 8	Mitigation Fee	5
	add'TCFS @ <u>\$300 ea</u> 2.0 AF up to 20 AF @ <u>\$30 ea</u>	5 600	Rec Fee Total	5 450
	229add I AF @ <u>\$1 ea</u>	5 229	Rec Fee Paid	5 450
	add'1			
	Exam Fee Total	5 1279		
	Exam Fee Paid	5 1279		
			Amount Returned	s 1729
Re	viewed by: Jeffras	Date:	19-JUNE-15	

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 116280

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

INVOICE # _____

ECEIVED FROM: Ag IS Management			APPLICATION	5-88099	
LUL		PERMIT	8		
			TRANSFER		
]	M 1036	OTHER: (IDENTIFY)		TOTAL REC'D	\$1729.00
1083	TREASURY	4170 WRD	MISC CASH A	ACCT	
0407	COPIES				\$
	OTHER:	(IDENTIFY)			\$
0243 I/S L	_ease 024	4 Muni Water Mgmt.	Plan 02	45 Cons. Water	
		4270 WRD	OPERATING	ACCT	
	MISCELLANEOU	S		46111	
0407	COPY & TAPE FE	ES		10111	\$
0410	RESEARCH FEES	3 .			\$
0408	MISC REVENUE:	(IDENTIFY)			\$
TC162	DEPOSIT LIAB. (IDENTIFY)			\$
0240	EXTENSION OF T	IME			\$
	WATER RIGHTS:		EXAM FEE		RECORD FEE
0201	SURFACE WATER	2	\$1,279.0	6 0202	\$450.00
0203	GROUND WATER		\$	0204	\$
0205	TRANSFER	'	\$		
0203		OTION	EXAM FEE	Tea.	LICENSE FEE
2010	WELL CONSTRU		\$	0219	\$
0218	WELL DRILL CON		Φ	0220	\$
	LANDOWNER'S F	'EHMII		0220	Ψ
	OTHER	(IDENTIFY)			
0536	TREASURY	0437 WELI	CONST. STA	AT FEE	
0211	WELL CONST ST	ART FEE	\$	CARD	*
0210	MONITORING WE	ELLS	\$	CARD	*
	OTHER	(IDENTIFY)			
0607	TREASURY	0467 HYDF	O ACTIVITY	LIC NUMBER	
0233	POWER LICENSE	FEE (FW/WRD)	:		\$
0231	HYDRO LICENSE	FEE (FW/WRD)			\$
	HYDRO APPLICA	TION			\$
	TREASURY	OTHE	R / RDX		
FUND				The second secon	
			-		
OBJ. COL	DE	_ VENDOR #			φ.
	TION				\$

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