STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 116899

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

INVOICE	#	

(503) 986-0900 / (503) 986-0904 (fax)					
RECEIVED FF BY:	ROM: G.K	ent Helling G. Helling	22	APPLICAT PERMIT	7 18106
CASH:	CHECK:# ₹36	OTHER: (IDENTIF	Y)	TOTAL REG	
1001	- Tel-X-11-1	/ 4170 WRI	VIIGO CAS	H ACCT	•
0407	COPIES	7170 77210		II AUU!	\$
0407	OTHER:	(IDENTIFY)	•		\$
0243 1/9		0244 Muni Water Mgm	Plan	0245 Cone Water	
02431/3		4270 WRI	AND COMMISSION COMES IN TRANSPORT WHEN INCOMES THE PROPERTY OF		
	MISCELLANE	:Oue	- •		
0407	COPY & TAPE	E FEES '	46111		\$
0410	RESEARCH F		101		\$
0408	MISC REVEN	UE: (IDENTIFY)			\$
TC162	DEPOSIT LIA	B. (IDENTIFY)			\$
0240	EXTENSION	OF TIME			\$
	WATER RIGH	TS:	EXAM!	PEE	RECORD FEE
0201	SURFACE W/	ATER	\$	0202	\$
0203	GROUND WA	TER	\$145	0204	\$ 450.00
0205	TRANSFER		\$		
	WELL CONS	TRUCTION	EXAM	PEE	LICENSE FEE
0218	WELL DRILL	CONSTRUCTOR	\$	0219	\$
	LANDOWNER	R'S PERMIT		0220	\$
	OTHER	(IDENTIFY)			
ne oc	TREASUR	ATT WE	· ANIGE S		
		/ 0437 WEI			1
0211	WELL CONST	_	\$		10.1
0210	MONITORING	WELLS	\$	Anadoria.	RP (
	_ OTHER	(IDENTIFY)			
0507	TREASUR	' 0487 HYD	HOAFINI	Y LIC NUMBER	
0233	POWER LICE	NSE FEE (FW/WRD)			\$
0231	HYDRO LICE	NSE FEE (FW/WRD)			\$
	HYDRO APPL	LICATION			\$
	TREASUR	/ on	ET/TEX		
FUND		TITLE			
_		VENDOR #			
	IPTION				\$
DEGOM					

RECEIPT: 116899

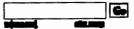
DATED: 8-6-15 BY BUILDINGO

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

Yes No Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040) (ORS 537,400) This is the checklist used by WRD staff	
Application 6-18128 County Uma tella Priority Date W-Aug-15	-
Township 15 Range 33E Section 5	
Amount 224. 4 pm Use Irrigation WM Dist. # 5.	_
Amount 204. 4 gpm Use Irrigation WM Dist. # 5. Applicant Name G- Kent Itethinga	
Receipt No. 116899 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 #	
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 needed	d)		
Form M (Municipal or Quasi-Municipal or Spring Description Sheet (if source is	pal)		
A completed Land-Use Form or receipt sign Please be certain that the Land-Use form list be within the past 12 months. A Legal Description of all the properties in the proper	ts all lands invol	ved and all uses proposed	l. Date of signature must
description includes a metes and bounds or cosales contract or title insurance policy can prepared by a title company. Copies of tax be	other government ovide this inform	survey description. A co lation, or applicant may s	py of the deed, land
The proposed source IS / IS NOT (orcle o NOTE: If it is withdrawn under OR\$ 538, th accept the application and a negative IR will	ien return applica	withdrawn from further a ution and fees. If it is wit	ppropriation. hdrawn by other means,
The map must meet all the minimum require	ements of OAR 6	90-310-0050.	
Township, Range, Section Location of main canals, ditches, pipe Place of use, ¼-¼'s and tax lot clearly Even map scale not less than 4" = 1 may be Location of cach diversion point, we Multiple wells shall be uniquely laber Reference corner on map North Directional Symbol Number of acres per ¼-¼ if for irrigation to the prepared by a CWRE	ly identified mile (1"= 1320 ft ll or dam by refer eled, and identifie ation, nursery, or	.); examples: 1" = 100 ft. rence to a recognized pub d on well logs if existing agriculture	, 1" = 200 ft. die land survey corner.
Base Fee 1' CFS @ \$300 add'1 CFS @ \$300 ea AF up to 20 AF @ \$30 ea _add'1 AF @ \$1 ea _add'1 pod/poa use @ ea _add'1 res @ \$125 ea Exam Fee Total Exam Fee Paid	5 1150 5 300 5 5 5 5 5 7 5 1450 5 1450	Permit Recording Fees Mitigation Fee Rec Fee Total Rec Fee Paid	5 450 5 450
		Amount Returned	5 1900
Parished by Jeffers	Date		





Water Resources Department

Apply for a Permit to Appropriate Ground Water and/or Store Ground Water

Today's Date: Wednesday, July 29, 2015

		Last Calculated Cost Values
Base Application Fee for use of Ground, Surface and optionally Stored Water.	\$1,150.00	\$1,150.00
Number of proposed cubic feet per second (cfs) to be appropriated. (1 cfs = 448.83 gallons per minute)	0.5	\$300.00
Number of proposed Use's for the appropriated water. (i.e. Irrigation, Supplemental Irrigation, Pond Maintenance, Industrial, Commercial, etc) *	1	
Number of proposed Ground Water points of appropriation. (i.e. number of wells) (include all injection wells, if applicable) **	1	
Number of Acre Feet to be stored in a reservoir/pond from Ground Water.	0	
Number of Acre Feet to be appropriated from reservoir/pond (Only Applies to reservoir/pond constructed under Ground Water Application)	0	
Number of reservoirs.	0	
Permit Recording Fee. ***	Calculate	\$450.00
* the 1st Water Use is included in the base cost. ** the 1st Ground Water point of appropriation is included in the base cost. *** the Permit Recording Fee is not required when the application is submitted but, must be paid before a permit will be issued. It is fully refundable if a permit is not issued. If the recording fee is not paid prior to issuance of the Final Order, permit issuance will be delayed.	Reset	
Estimated cost of Permit Application		\$1,900.00

Return to Fee Calculator Options page

OWRD Fee Schedule

Fee Calculator Version B20130709

SALEM, OR

AUG 0 6 2015

HECEINED BL OMBD



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.

$oldsymbol{\boxtimes}$	SECTION 1: applicant information and signature			
X	SECTION 2: property ownership			
	SECTION 3: well development	RECEIVED BY OWRD		
\mathbf{X}	SECTION 4: water use	AUC o a norm		
otin	SECTION 5: water management	AUG 0 6 2015		
∏ <i>∤</i> ∤≱	SECTION 6: storage of groundwater in a reservoir	SALEM, OR		
□ \(\begin{array}{c} \begin{array}{c} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SECTION 7: use of stored groundwater from the reservoir	or the lift, of t		
X	SECTION 8: project schedule			
<u> </u>	SECTION 9: within a district			
∇	SECTION 10: remarks			
	Attachments:			
X	Land Use Information Form with approval and signature (must be an original) or signed receipt			
X	Provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map.			
abla	Fees - Amount enclosed: \$\frac{1900}{200}\$ See the Department's Fee Schedule at www.oregon.gov/owrd or call (503) 986-0900.			
	Provide a map and check that each of the following items is	included:		
X	Permanent quality and drawn in ink			
Z	Even map scale not less than $4" = 1$ mile (example: $1" = 400$ ft, $1" = 1320$ f	t, etc.)		
Z Z Z X	North Directional Symbol			
	Township, Range, Section, Quarter/Quarter, Tax Lots			
X X	Reference corner on map			
X	Location of each well, and/or dam if applicable, by reference to a recognize (distances north/south and east/west). Each well must be identified by a unit			
⊠ X \$	Indicate the area of use by Quarter/Quarter and tax lot clearly identified			
X	Number of acres per Quarter/Quarter and hatching to indicate area of use if supplemental irrigation, or nursery	for primary irrigation,		
Ш № H	Location of main canals, ditches, pipelines or flumes (if well is outside of the	ne area of use)		
	Other Attachment of Complete lega description	1 property		
	description	/		

Ground Water/2

WR

Revised 2/1/2012 G-18128