STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 117019

117019

RECEIPT:

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

INVOICE # (503) 986-0900 / (503) 986-0904 (fax) APPLICATION 5-88120 RECEIVED FROM: William PERMIT BY: TRANSFER CASH: CHECK# OTHER: (IDENTIFY) V1248 180.00 **TOTAL REC'D** 1083 TREASURY 4170 WRD MISC CASH ACCT \$ 0407 **COPIES** OTHER: (IDENTIFY) 0244 Muni Water Mgmt. Plan ____ 0245 Cons. Water _ 0243 I/S Lease __ 4270 WRD OPERATING ACCT MISCELLANEOUS 46111 0407 **COPY & TAPE FEES** \$ 0410 RESEARCH FEES \$ 0408 MISC REVENUE: (IDENTIFY) \$ TC162 DEPOSIT LIAB. (IDENTIFY) EXTENSION OF TIME 0240 RECORD FEE WATER RIGHTS: **EXAM FEE** 730.** SURFACE WATER 0201 0202 0203 GROUND WATER \$ 0204 0205 TRANSFER LICENSE FEE **EXAM FEE WELL CONSTRUCTION** \$ 0219 WELL DRILL CONSTRUCTOR 0218 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) 0437 WELL CONST. START FEE 0536 TREASURY 0211 WELL CONST START FEE CARD # \$ CARD# 0210 MONITORING WELLS OTHER (IDENTIFY) TREASURY 0467 HYDRO ACTIVITY LIC NUMBER 0607 POWER LICENSE FEE (FW/WRD) 0233 \$ HYDRO LICENSE FEE (FW/WRD) 0231 HYDRO APPLICATION TREASURY OTHER / RDX TITLE FUND VENDOR # OBJ. CODE \$ DESCRIPTION

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

Standard Application Completeness Checklist 15-2 Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff Application 5-88120 enl Priority Date 19- Aug Township 355 Section 210 Range 7 1'se Irrigation WM Dist. # Applicant Name William Hay + Receipt No. 11709 Caseworker Assigned: Darbe ☐ Kim ☐ Kerri Coptact info: Applicant/Organization Name and Mailing Address Signature (in ink) of all 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 SWApplication: 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) N 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)

crest width and surface area for each reservoir.

Resource Protection Section (N/A for Groundwater)

Water Management Section (Estimates if the water system has not been designed)

Project schedule (If system is already completed, indicate "existing.")

For all standard reservoir applications: Preliminary plans and specifications including dam height, width,

MEASupplemental data sheets enclosed (if needed	1)			
☐ Form M (Municipal or Quasi-Municip				
☐ Spring Description Sheet (if source is	a spring)			
A completed Land-Use Form or receipt sign Please be certain that the Land-Use form list be within the past 12 months.				181
Legal Description of all the properties invidescription includes a metes and bounds or of sales contract or title insurance policy can properly by a title company. Copies of tax bit	ther governmen ovide this inform	nt survey description. A commation, or applicant may	opy of the deed, land	
The proposed source IS / SOT toircle of NOTE: If it is withdrawn under ORS 538, the accept the application and a negative IR will	en return applic	withdrawn from further action and fees. If it is wi	appropriation. ithdrawn by other mean	Ň,
The map must meet all the minimum require	ements of OAR	690-310-0050.		
Township, Range, Section Location of main canals, ditches, pips Place of use, 44-44's and tax lot clearly Even map scale not less than 4" = 1 m Location of each diversion point, well Multiple wells shall be uniquely labe Reference corner on map North Directional Symbol Number of acres per 4-44 if for irrigation to must be prepared by a CWRE	y identified mile (1"= 1320 t ll or dam by refe led, and identifi ntion, nursery, o	ft.); examples: 1" = 100 fi erence to a recognized pu ed on well logs if existing r agriculture	t., 1" = 200 ft. blie land survey corner. g.	
Fees: Base Fee 1' CFS @ \$300 add CFS @ \$300 ea add TAF @ \$1 eaadd TAF @ \$1 eaadd Tes @ \$125 ea	\$ 450 \$ \$ 210 \$ \$ \$	Permit Recording Fees Mitigation Fee Rec Fee Total Rec Fee Paid	5 450 5 450 5 450	
Exam Fee Total Exam Fee Paid	5660 5660	Amount Returned	1180 \$1110 \$70 over	sayment
Reviewed by: Jeffray	Date:	19-Aug-15		