This is the checklist used by WRD staff - Priority Date 16- Sept- 15 Range 3W Section 2 Amount 2.6/cfs 1'se Irrigation Applicant Name LEE HOLDINGS LLC Receipt No. 11737 Caseworker Assigned: 

Barbe ☐ Kerni Contact 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? The affected landowner's name and mailing address must be listed  $\lambda$  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  $\beta$  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 of 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.")

Standard Application Completeness Checklist

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

17-2

Supplemental data sheets enclosed (if needed	1)		
☐ Form M (Municipal or Quasi-Munici☐ Spring Description Sheet (if source is			
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 description includes a metes and bounds or of sales contract or title insurance policy can propertie by a title company. Copies of tax by the proposed source IS/18 NOT (circle of NOTE: If it is withdrawn under OK\$ 538, the accept the application and a negative IR with	other government ovide this informalls are not acception.  The provided of the contraction of the contractio	t survey description. A conation, or applicant may sotable.  withdrawn from further a	opy of the deed, land aubmit a lot book report appropriation.
The map must meet all the minimum require	ements of OAR (	690-310-0050.	
Township, Range, Section  Location of main canals, ditches, pip  Place of use, 14-14's and tax lot clearl  Even map scale not less than 4" = 1 i  Location of each diversion point, we  Multiple wells shall be uniquely labe  Reference corner on map  North Directional Symbol  Number of acres per 14-14 if for irrigation to the prepared by a CWRE	y identified nile (1"= 1320 fi ll or dam by refe led, and identific ntion, nursery, or	t.); examples: 1" = 100 ft. rence to a recognized pub ed on well logs if existing agriculture	., 1" = 200 ft. olic land survey corner. t.
☐ Fees:  Base Fee 1' CFS @ \$300  2 add TCFS @ \$300 ea  AF up to 20 AF @ \$30 ea  add TAF @ \$1 ea add TEpod/poa Tuse @ ea add Tres @ \$125 ea	5   150 5 300 5 600 5 5 5 300 5 5	Permit Recording Fees Mitigation Fee Rec Fee Total Rec Fee Paid	5 450 5 450 5
Exam Fee Total Exam Fee Paid	5 2350	Amount Returned	S2800
Reviewed hy JEPPREY	Date	110	

## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT # 117378

725 Summer St. N.E. Ste. A

SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) INVOICE # \_\_\_\_\_

EIVED FRO	om: Third	Mnight	tarms,	APPLICATION	G-18141
	In.	3		PERMIT	
	215016.#	OTUED (IDENTIE)		TRANSFER	
:н: с ]	N225	OTHER: (IDENTIFY)		TOTAL REC'D	\$ 2,800.
1083	TREASURY	4170 WRD N	MISC CASH AC	ст	
0407	COPIES				\$
	_ OTHER:	(IDENTIFY)			\$
0243 <u>j</u> /S L	ease 024	4 Muni Water Mgmt. Pl	an 0245	Cons. Water	
		4270 WRD 0	PERATING A	CCT	
	MISCELLANEOL		46111		<b>c</b>
0407	COPY & TAPE FE	ES			\$
0410	RESEARCH FEE	S			\$
0408	MISC REVENUE	(IDENTIFY)		·	
TC162	DEPOSIT LIAB.	(IDENTIFY)			\$
0240	EXTENSION OF	TIME			Ф
	WATER RIGHTS	1	EXAM FEE		RECORD FEE
0201	SURFACE WATE	R	\$	0202	\$
0203	GROUND WATER	₹	\$ 2,350.	0204	\$ 450.00
0205	TRANSFER		\$	-	
	WELL CONSTRU	ICTION	EXAM FEE		LICENSE FEE
0218	WELL DRILL CO		\$	0219	\$
0210	LANDOWNER'S		·	0220	\$
	OTHER	(IDENTIFY)			
0536	TREASURY	0437 WELL	CONST. STAF	IT FEE	
0211	WELL CONST ST		\$	CARD	1
0210	MONITORING W		\$	CARD	**
	OTHER				
0607	TREASURY	0467 HYDR	O ACTIVITY	LIC NUMBER	
0233	POWER LICENS	E FEE (FW/WRD)			\$
0231	HYDRO LICENS	E FEE (FW/WRD)			\$
	_ HYDRO APPLICA	ATION			\$
	TREASURY	OTHE	R/RDX		
FUND		TITLE			
OBJ COL	DE .	VENDOR #			
000.000	TION				\$
DECODID					