STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 117880

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

INVOICE # ___

ECEIVED FRO Y: CASH: (OM: M (LLe CHECK:#	OTHER: (IDENTIF	n 	PERMIT TRANSFER TOTAL REC'D	\$ 1,900.00
1083		4170 WRD	MISC CASH	ACCT	
0407	COPIES _ OTHER:	(IDENTIFY)			\$ \$
0243 I/S L	_ease 0	244 Muni Water Mgmt	. Plan 0	245 Cons. Water	_
100		4270 WRC	OPERATING	ACCT	
0407 0410 0408 TC162 0240 0201 0203 0205	DEPOSIT LIAB EXTENSION O WATER RIGHT SURFACE WA' GROUND WAT TRANSFER WELL CONST	FEES EES EES EE: (IDENTIFY) . (IDENTIFY) F TIME ES: FER ER RUCTION ONSTRUCTOR	EXAM FEE \$ \$ 1450 \$ EXAM FEE	0202	\$ \$ \$ \$ RECORD FEE \$ \$ \$ \$ LICENSE FEE \$ \$
	OTHER	(IDENTIFY)			
0536 0211 0210	TREASURY WELL CONST MONITORING OTHER	START FEE WELLS	\$ \$	CARD	
0607 0233 0231	POWER LICEN	0467 HYD ISE FEE (FW/WRD) ISE FEE (FW/WRD) CATION	RO ACTIVITY	LIC NUMBER	\$ \$
	TREASURY	ОТН	ER/RDX		
	DE	TITLE VENDOR #			
DESCRIP	TION				\$

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

E-2

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

Yes	No
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This is the checklist used by WRD staff

Application G-18155 County Deschutes Priority Date 2-Nov-15				
Township 155 Range $10E$ Section 32				
Amount 0.0125 Use Nursery WM Dist. # 1				
Applicant Name Robert Blake III -				
Receipt No. 117880 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? Y / N				
$igwedge_{If No:}$				
☐ 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 #				
For a GW Application: Well Development Tables completed and/or a well log report included (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 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 neede	d)					
☐ Form M (Municipal or Quasi-Municipal or Quasi-Mu	The Form M (Municipal or Quasi-Municipal)					
☐ Spring Description Sheet (if source is	•					
Spring Department shoot (it seemed it	<i>a</i> spg)		•			
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 sales contract or title insurance policy can prepared by a title company. Copies of tax be	other governmen rovide this inforr	t survey description. A conation, or applicant may	opy of the deed, land			
The proposed source ISOIS NOT (errcle of NOTE: If it is withdrawn under ORS 538, the accept the application and a negative IR with	ien return applic					
The map must meet all the minimum requir	ements of OAR	690-310-0050.				
			t*			
Township, Range, Section						
Location of main canals, ditches, pip		(if POA/POD is outside of	of POU)			
Place of use, ¼-¼'s and tax lot clear	-					
Even map scale not less than 4" = 1 i	mile $(1"=1320 \text{ f})$	t.); examples: $1'' = 100 \text{ ft}$	1'' = 200 ft.			
Location of <i>each</i> diversion point, we						
Multiple wells shall be uniquely labe	led, and identific	ed on well logs if existing	ζ,			
Reference corner on map						
North Directional Symbol						
Number of acres per 1/4-1/4 if for irrigation	ation, nursery, or	agriculture				
For a standard reservoir application to store ≥ 9.2 acre feet AND having a dam height ≥ 10 feet, map houst be prepared by a CWRE						
`						
☐ Fees:						
Base Fee	\$ 1150	Permit Recording Fees	s 450			
1 st CFS @ <u>\$300</u>	\$_ \$	Mitigation Fee	\$			
add'1 CFS @ \$300 ea	\$					
AF up to 20 AF @ \$30 ea	\$	Rec Fee Total	\$ <u>450</u>			
add'l AF @ <u>\$1 ea</u>	\$	Rec Fee Paid	\$ 450			
add'l □pod/poa □use @ ea	\$					
add'l res @ <u>\$125 ea</u>	\$					
Exam Fee Total	\$ 1150	Total Fees	60212			
Exam Fee Total Exam Fee Paid	\$ (15)	Paid	\$ 190 D			
Exam ree raid	3 1120	Amount Due				
		Amount Duc	Ψ			
Reviewed by:	Date:	2-Nov-13				

Minimum Requirements Checklist Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.615)

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.

ß	SECTION 1: applicant information and signature						
白	SECTION 2: property ownership						
	SECTION 3: well development						
\Box							
己	SECTION 5: water management						
M 4							
NA							
	SECTION 8: project schedule						
DA-	• •						
	SECTION 10: remarks						
	A44N						
	Attachments:	. 1 4					
	Land Use Information Form with approval and signature (must be an original) or sign	•					
9	Provide the legal description of: (1) the property from which the water is to be diverted crossed by the proposed ditch, canal or other work, and (3) any property on which the as depicted on the map.						
	Fees - Amount enclosed: \$ /900 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:						
	Permanent quality and drawn in ink	DEOCUED BY OWEN					
	Even map scale not less than $4" = 1$ mile (example: $1" = 400$ ft, $1" = 1320$ ft, etc.)	RECEIVED BY OWRD					
	North Directional Symbol	NOV. 02 2015					
	Township, Range, Section, Quarter/Quarter, Tax Lots	11011 02 2013					
	Reference corner on map	SALEM, OR					
<u>-</u>	Location of each well, and/or dam if applicable, by reference to a recognized public land survey corner (distances north/south and east/west). Each well must be identified by a unique name and/or number.						
Image: Control of the	Indicate the area of use by Quarter/Quarter and tax lot clearly identified						
己	Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation,						
ik	supplemental irrigation, or nursery						
DK.	Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use)						
	Other						
Revi	sed 2/1/2012 Ground Water/2	WR					

G-18155