STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT# 118233

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

INVOICE #_

RECEIVED FROM: Publo Mountain Land APPLICATION G-18169								
BY:	Comp	any, LLC	-	PERMIT				
CASH: C	HECK:#	OTHER: (IDENTIFY	1	TRANSFER				
	2097		·	TOTAL REC'D	\$ 4,960.00			
1083			MISC CASH AC					
0407	COPIES				\$			
0407		(IDENTIFY)			\$			
0243 I/S Le	_		Plan 0245	Cons. Water				
			I-Zeranika M					
	MISCELLANEC	ous	46111					
0407	COPY & TAPE	FEES	10111		\$			
0410	RESEARCH FE	ES			\$			
0408	MISC REVENU	E: (IDENTIFY)	400		\$			
TC162	DEPOSIT LIAB	. (IDENTIFY)			\$			
0240	EXTENSION O	FTIME			\$			
	WATER RIGHT	S:	EXAM FEE		RECORD FEE			
0201	SURFACE WAT	TER	\$	0202	\$			
0203	GROUND WAT	ER	\$4,450.00	0204	\$450.00			
0205	TRANSFER		\$					
	WELL CONSTI	RUCTION	EXAM FEE		LICENSE FEE			
0218	WELL DRILL C	ONSTRUCTOR	\$	0219	\$			
	LANDOWNER'S	S PERMIT	50.4VIII 6	0220	\$			
	OTHER	(IDENTIFY)		11				
0530	THEASURY	CART WELL	COMBT STATE	' FEE				
0211	WELL CONST		\$					
0211	MONITORING		\$	CARD				
0210			[Ψ	ก็แน่งสำครสำครสำคร				
	OTHER	(IDENTIFY)						
0507	THEASURY	0467 HYD	HO ACTIVITY I	IC NUMBER				
0233	POWER LICEN	ISE FEE (FW/WRD)			\$			
0231	HYDRO LICEN	SE FEE (FW/WRD)			\$			
	HYDRO APPLIC	CATION			\$			
	TREASURY	GTA	SR/ROX					
FUND		TITLE						
	-	VENDOR #						
OBJ. COD		VENDOR #	HECE	IVED	(S)			
DESCRIPT	I ION		OVER THE	COUNT				
	40000				7/1			
RECEIPT: 1	.18233	DATED: 12	17115 BY:	Wan	1 shell			

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

E-2 Standard Application Completeness Checklist
Yes (No) Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff
Test (10)
Application G-18169 County Hours Priority Date 7-Dec-15
Township 395 Range 355 Section 3,4,9,10
Amount 7.2 cfs' Use Trygation WM Dist. # 10
Applicant Name Duane Grant, tueblo Mountain Land Congany, Lu
Receipt No. 18233 Caseworker Assigned: Barbe Kim Kerri
Contact info: Applicant/Organization Name and Mailing Address
V
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 #
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
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.")

Ц	Suppl	emental data sheets enclosed (if neede	a)					
		Form M (Municipal or Quasi-Munic	ipal)					
			-					
\	_	Spring 2 southern Silver (it southern)	, a sprg)					
₽	Please	npleted Land-Use Form or receipt sig e be certain that the Land-Use form list thin the past 12 months.						
V	descri sales o prepar	gal Description of all the properties in ption includes a metes and bounds or contract or title insurance policy can pred by a title company. Copies of tax b	other government rovide this inform ills are not accep	survey description. A conation, or applicant may stable.	opy of the deed, land submit a lot book report			
<u>+</u>	The proposed source IS/IS NOT (circle one) restricted or withdrawn from further appropriation. NOTE: If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.							
4	The n	nap must meet all the minimum requir	ements of OAR 6	590-310-0050.				
- \	Ø	Fownship, Range, Section						
١		Location of main canals, ditches, pip	elines or flumes ((if POA/POD is outside o	of POU)			
	` '	Place of use, ¼-¼'s and tax lot clearly		(5.2. 52 15 68.65.40				
		Even map scale not less than $4'' = 1$	•): examples: 1" - 100 ft	1" - 200 ft			
		<i>,</i> .	•	•				
	М	Location of <i>each</i> diversion point, we	•		•			
		Multiple wells shall be uniquely labe	alea, and identifie	d on well logs if existing	•			
		Reference corner on map						
		North Directional Symbol						
	V	Number of acres per 1/4-1/4 if for irriga	ation, nursery, or	agriculture				
	For a standard reservoir application to store ≥ 9.2 acre feet AND having a dam height ≥ 10 feet, map must be prepared by a CWRE							
	Fees:		. 1150		. 117			
	Base		\$ <u>1150</u>	Permit Recording Fees				
		FS @ <u>\$300</u>	\$ <u>300</u>	Mitigation Fee	\$			
		add'l CFS @ \$300 ea	\$ 2100	Des Fra Tetal	\$ 450			
		AF up to 20 AF @ \$30 ea	\$	Rec Fee Total	\$ 700 \$ 457)			
		add'l AF @ <u>\$1 ea</u> add'l <u>Mpod/foa</u> <u>Muse</u> @ <u>300 ea</u>	\$	Rec Fee Paid	\$ <u> </u>			
		add'l res @ \$125 ea	\$					
	Exam	r Fee Total	\$ <u>4450</u>	Total Fees	\$ 4900			
		Fee Paid	\$ 4450	Paid	\$ 4900			
				Amount Due	\$ 8			
Re	viewed	Iby: Jelling	Date: _	8-Dec-15				
		`						

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.

\boxtimes	SECTION 1: applicant information and signature						
\boxtimes	SECTION 2: property ownership						
\boxtimes	SECTION 3: well development						
\boxtimes	SECTION 4: water use						
\boxtimes	SECTION 5: water management						
\boxtimes	SECTION 6: storage of groundwater in a reservoir						
\boxtimes	SECTION 7: use of stored groundwater from the reservoir						
\boxtimes	SECTION 8: project schedule						
\boxtimes	SECTION 9: within a district						
\boxtimes	SECTION 10: remarks						
	Attachments:						
\boxtimes	Land Use Information Form with approval and signature (must be an original) or sign	ed receipt					
\boxtimes	d, (2) any property water is to be used rance policy.						
\boxtimes	Fees - Amount enclosed: \$4900 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:						
\boxtimes	Permanent quality and drawn in ink						
\boxtimes	Even map scale not less than $4'' = 1$ mile (example: $1'' = 400$ ft, $1'' = 1320$ ft, etc.)	RECEIVE					
\boxtimes	North Directional Symbol	DEC OF 2015					
\boxtimes	Township, Range, Section, Quarter/Quarter, Tax Lots	DEC 07 2015					
\boxtimes	Reference corner on map	OWRD					
\boxtimes	ation of each well, and/or dam if applicable, by reference to a recognized public land survey corner tances north/south and east/west). Each well must be identified by a unique name and/or number.						
\boxtimes	Indicate the area of use by Quarter/Quarter and tax lot clearly identified	e by Quarter/Quarter and tax lot clearly identified					
\boxtimes	Number of acres per Quarter/Quarter and hatching to indicate area of use if for primar supplemental irrigation, or nursery	of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, ental irrigation, or nursery					
\boxtimes	Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use)						
	Other						

Revised 2/1/2012

WR