STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 INVOICE #_ (503) 986-0900 / (503) 986-0904 (fax) APPLICATION 5.88159 RECEIVED FROM: Mark unger Family PERMIT Farms Inc. TRANSFER CHECK:# OTHER: (IDENTIFY) CASH: TOTAL REC'D 1083 TREASURY 4170 WRD MISC CASH ACCT \$ COPIES 0407 \$ OTHER: (IDENTIFY) 0244 Muni Water Mgmt. Plan___ 0245 Cons. Water 0243 I/S Lease _ 4270 WRD OPERATING ACCT MISCELLANEOUS 0407 **COPY & TAPE FEES** \$ RESEARCH FEES 0410 \$ 0408 MISC REVENUE: (IDENTIFY) \$ TC162 DEPOSIT LIAB. (IDENTIFY) 0240 **EXTENSION OF TIME** RECORD FEE WATER RIGHTS: EXAM FEE SURFACE WATER \$450.00

0201	COMPACE WATER		41.0%1.	OLOL	
0203	GROUND WATER		\$	0204	\$
0205	TRANSFER		\$		
	WELL CONSTRUCTION		EXAM FEE		LICENSE FEE
0218	WELL DRILL CONSTRUCTOR LANDOWNER'S PERMIT		\$	0219	\$
				0220	
	OTHER (IDEN	NTIFY)			
0536	TREASURY 043	7 WELL	CONST. STA	RT FEE	
0211	WELL CONST START FEE		\$	CARD#	
0210	MONITORING WELLS		\$	CARD#	
	OTHER (IDEN	NTIFY)			
0607	TREASURY 046	7 HYDF	RO ACTIVITY	LIC NUMBER	
0233	POWER LICENSE FEE (F	W/WRD)		MANUAL PROPERTY.	\$
0231	HYDRO LICENSE FEE (FW/WRD)				\$
	HYDRO APPLICATION				\$

RECEIPT: 11840

FUND __

OBJ. CODE ____
DESCRIPTION

TREASURY

DATED: 12/24/15 BY: Man

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

OTHER / RDX

TITLE _

VENDOR #_

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

This is the checklist used by WRD staff

Application S-88159 County No Shungton Priority Date 24-Dec-15
Township 15 Range 3W Section 24
Amount 50.5 AF Use True at who WM Dist. # 10
Applicant Name Mark Unger / Unger Famuly Farms IN
Receipt No. 18409 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
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 # 40718 \$ 233 77
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 (<i>Primary and Supplemental Irrigation counts as 2 uses</i>)
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.")

□ Supplemen	tai data sneets enclosed (it neede	a)							
☐ Form	n M (Municipal or Quasi-Munici	ipal)	,	a .					
☐ Spri	ng Description Sheet (if source is	s a spring)	•	ı .					
Please be c be within th	ed Land-Use Form or receipt sign ertain that the Land-Use form list the past 12 months. Sescription of all the properties in	sts all lands invol	ved and all uses propose	d. Dațe of signature must					
description sales contra prepared by	includes a metes and bounds or out or title insurance policy can prove a title company. Copies of tax b	other government ovide this informalist are not accep	t survey description. A containant of a contain the second of the second	opy of the deed, land submit a lot book report					
NOTE: If it	ed source <u>IS / (S NOT</u> (circle of is withdrawn under ORS 538, the application and a negative IR will	ien return applic	withdrawn from further a ation and fees. If it is wit	ppropriation. thdrawn by other means,					
The map m	nust meet all the minimum require	ements of OAR (590-310-0050.						
Tow	nship, Range, Section								
· X	ation of main canals, ditches, pipe	elines or flumes	(if POA/POD is outside of	of POU)					
Z(/	ee of use, ¼-¼'s and tax lot clearl		(·,					
	n map scale not less than $4'' = 1$ r	=	.); examples: 1" = 100 ft.	. 1" = 200 ft.					
	ation of each diversion point, we	•	•						
y	tiple wells shall be uniquely labe	-		-					
Reference corner on map									
☑ Nor	North Directional Symbol								
Z Nun	Number of acres per ½-¼ if for irrigation, 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:	$\hat{y} = \hat{z} \cdot \hat{y} \cdot \hat{z} \hat{z}^{2}$	110		.1100					
Base Fee	* 200	\$ 45 °	Permit Recording Fees						
1 st CFS @ 3	·— ·	\$	Mitigation Fee	\$					
	CFS @ <u>\$300 ea</u> p to 20 AF @ <u>\$30 ea</u>	\$ \$ <u>u</u> oo	Rec Fee Total	\$ 450					
3 add'l		\$ 31	Rec Fee Paid	\$ <u>450</u>					
•	□ pod/poa □ use @ea	\$		* <u></u>					
	res @ <u>\$125 ea</u>	\$		*.*					
Exam Fee	Гotal	\$ 1081	Total Fees	\$ 1531					
Exam Fee l	Paid	\$ 1081	Paid Amount Due	\$ 1531 \$ 20					
Reviewed by:	Jether	Date: c	24-Dec-15						