STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 118964 INVOICE # SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) **APPLICATION** RECEIVED FROM: Mazzini PERMIT BY: TRANSFER CHECK:# CASH: OTHER: (IDENTIFY) TOTAL REC'D X 3980 1083 TREASURY 4170 WRD MISC CASH ACCT \$ 0407 COPIES \$ OTHER: (IDENTIFY) 0243 I/S Lease ___ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _ **4270 WRD OPERATING ACCT MISCELLANEOUS** 46111 \$ 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 0202 SURFACE WATER 0201 0203 **GROUND WATER** 1450.00 0204 0205 **TRANSFER** LICENSE FEE **EXAM FEE WELL CONSTRUCTION** 0219 \$ 0218 WELL DRILL CONSTRUCTOR 0220 \$ LANDOWNER'S PERMIT OTHER (IDENTIFY) 0437 WELL CONST. START FEE 0536 **TREASURY** 0211 WELL CONST START FEE CARD# 0210 MONITORING WELLS \$ CARD#

	OTHER	(IDENTIFY)		
0607	TREASURY	0467 HYDRO ACTIVITY	LIC NUMBER	
0233	POWER LICENSE FEE (FW/WRD)			\$
0231	HYDRO LICENSE FEE (FW/WRD) HYDRO APPLICATION			\$
				\$
	TREASURY	OTHER / RDX		

FUND _ TITLE OBJ. CODE VENDOR # \$ DESCRIPTION

RECEIPT:

DATED: 2.

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

Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff

Application 6-18192 County Jackson Priority Date 18- Feb-16						
Township 345 Range 1W Section 10						
Amount 80 gpm Use irrigation WM Dist. # 13						
Applicant Name Peter Mazzini						
Receipt No. 118964 — Caseworker Assigned: Barbe Kim						
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?						
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.")						

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W.	Supplemental data sheets enclosed (if neede	d)		1			
[n	☐ Form M (Municipal or Quasi-Municipal or Spring Description Sheet (if source in	•					
Ø	A completed Land-Use Form or receipt sig <i>Please be certain that the Land-Use form list be within the past 12 months.</i>						
	A Legal Description of all the properties involved where water is diverted, crossed, and used. The Legal description includes a metes and bounds or other government survey description. A copy of the deed, land sales contract or title insurance policy can provide this information, or applicant may submit a lot book report prepared by a title company. Copies of tax bills are not acceptable.						
	The proposed source IS IS NOT (circle of NOTE: If it is withdrawn under ORS 538, the accept the application and a negative IR with	hen return applic					
□ ⁄	The map must meet all the minimum requir	ements of OAR	690-310-0050.				
	Township, Range, Section Location of main canals, ditches, pip Place of use, ¼-¼'s and tax lot clear Even map scale not less than 4" = 1 n Location of each diversion point, we Multiple wells shall be uniquely labe Reference corner on map North Directional Symbol Number of acres per ¼-¼ if for irrigation to the prepared by a CWRE	ly identified mile (1"= 1320 ft ill or dam by refe eled, and identified ation, nursery, or	t.); examples: 1" = 100 ft. rence to a recognized pubed on well logs if existing agriculture	, 1" = 200 ft. blic land survey corner.			
	Fees: Base Fee 1 st CFS @ \$300 add'1 CFS @ \$300 ea AF up to 20 AF @ \$30 ea add'1 AF @ \$1 ea add'1 □pod/poa □use @ea _add'1 res @ \$125 ea	\$ <u>1150</u> \$ <u>3</u> 00 \$ \$ \$ \$	Permit Recording Fees Mitigation Fee Rec Fee Total Rec Fee Paid	\$ 450 \$ \$ 450 \$ 450			
	Exam Fee Total Exam Fee Paid	s 1450 s 1450	Total Fees Paid Amount Due	s 1900 s 1900 s			
Re	viewed by: Testa	Date:	18-Feb-16	· · · · · · · · · · · · · · · · · · ·			