STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 118836

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

INVOICE # _

			(503) 986-0900 /	/ (503) 986-0904 (fax)		
EC	EIVED FROM	II OM	APPLICATION	6-18262		
Y:			PERMIT			
		IFOK #	OTHER (IDENTIE)	^	TRANSFER	
		X 701	OTHER: (IDENTIFY		TOTAL REC'D	\$2260.00
	1083	TREASURY	4170 WRD	MISC CASH A	CCT	
	0407	COPIES		<u> </u>	<u> </u>	\$
			(IDENTIFY)			\$
			•	DI 004	5.0	
	0243 I/S Lea	ase	0244 Muni Water Mgmt.			
				OPERATING A	CCI	
		MISCELLANE		4611	./	\$
	0407	COPY & TAPE				\$
	0410	RESEARCH F				\$
	0408		JE: (IDENTIFY)			\$
	TC162		B. (IDENTIFY)			\$
	0240	EXTENSION (OF TIME			~~~
		WATER RIGH	TS:	EXAM FEE		RECORD FEE
	0201	SURFACE WA	TER	\$	0202	\$
	0203	GROUND WA	TER	\$1,810.00	0204	\$450.00
	0205	TRANSFER		\$	7	
		WELL CONST	RUCTION	EXAM FEE		LICENSE FEE
	0218	WELL DRILL	CONSTRUCTOR	\$	0219	\$
		LANDOWNER	'S PERMIT		0220	\$
		OTHER	(IDENTIFY)			
	0536	TREASURY	' 0437 WEL	L CONST. STAF	RT FEE	
	0211	WELL CONST	START FEE	\$	CARD#	
0210		MONITORING WELLS		\$	CARD#	
		OTHER	(IDENTIFY)	A. A		
	0607	TREASURY	0467 HYD	BO ACTIVITY	LIC NUMBER	
	0233		NSE FEE (FW/WRD)			\$
	0233		NSE FEE (FW/WRD)			\$
	0231			L		\$
		HYDRO APPL				L
		TREASURY	ОТН	ER / RDX		
	FUND		TITLE			
	OBJ. CODE		VENDOR #			
DESCRIPTION						\$
					A .	<u> </u>
	_				111 - 1	/\

118836 RECEIPT:

DATED: 2-4-16 BY: Markand

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 6-18262 County Seckson Priority Date 8-Feb-16								
Township 385 Range 4W Section 24								
Amount 35 gpm Use Nursery WM Dist. # 141								
Applicant Name Jacqui Snydet								
Receipt No. 118836 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? YN								
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.")								

		Supplemental data sheets enclosed (if needs	ed)						
		☐ Form M (Municipal or Quasi-Munic	cipal)						
	☐ Spring Description Sheet (if source is a spring)								
	4	A completed Land-Use Form or receipt sign Please be certain that the Land-Use form libe within the past 12 months.	gned and dated b	by the appropriate planning olved and all uses propos	g department officials. ed. Date of signature must				
	/ ľ	wind the past 12 months.							
_		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 (orcle 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.								
	d	The map must meet all the minimum requirements of OAR 690-310-0050.							
	/								
		Township, Range, Section							
		Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)							
		Place of use, ¹ / ₄ - ¹ / ₄ 's and tax lot clearly identified Even man scale not less than 4" = 1 mile (1"= 1320 ft); examples: 1" = 100 ft 1" = 200 ft							
		Even map scale not less than 4" = 1 mile (1"= 1320 ft.); examples: 1" = 100 ft., 1" = 200 ft. Location of each diversion point, well or dam by reference to a recognized public land survey corner.							
		Location of <i>each</i> diversion point, well or dam by reference to a recognized public land survey corner. Multiple wells shall be uniquely labeled, and identified on well logs if existing.							
		Reference corner on map							
		North Directional Symbol							
		Number of acres per 1/4-1/4 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							
		_							
	Ц	Fees: Base Fee	\$ 1150	Domnit December Tree	e I I				
		1 st CFS @ <u>\$300</u>	\$ 300	Permit Recording Fees Mitigation Fee	\$ <u>760</u> \$				
		add'l CFS @ \$300 ea	\$	Transparion 100	W monorcommunication				
		2 AF up to 20 AF @ \$30 ea	\$ <u>Le</u> D_	Rec Fee Total	\$ 450				
		add'l AF @ <u>\$1 ea</u>	\$	Rec Fee Paid	\$ 450				
		add'l □ pod/poa □ use @ 300ea	\$ 300						
		add'l res @ <u>\$125 ea</u>	\$						
		Exam Fee Total	\$ 181D	Total Fees	\$ 2260				
		Exam Fee Paid	\$ 1810	Paid	S 5500				
				Amount Due	\$				
]	Rev	riewed by: Jeffr &	Date: _	8-Feb-16	2				