STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 118910 INVOICE # \_ SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) Properties LLC APPLICATION RECEIVED FROM: PERMIT BY: TRANSFER CHECK:# OTHER: (IDENTIFY) CASH: **図1044** TOTAL REC'D \$ 1,900.00 4170 WRD MISC CASH ACCT TREASURY 1083 \$ 0407 COPIES \$ OTHER: (IDENTIFY) 0245 Cons. Water 0243 I/S Lease \_ 0244 Muni Water Mgmt. Plan\_\_\_\_\_ **4270 WRD OPERATING ACCT MISCELLANEOUS** 46111 **COPY & TAPE FEES** 0407 \$ 0410 RESEARCH FEES \$ MISC REVENUE: (IDENTIFY) 0408 \$ DEPOSIT LIAB. (IDENTIFY) TC162 \$ **EXTENSION OF TIME** 0240 RECORD FEE WATER RIGHTS: EXAM FEE 0201 SURFACE WATER 0202 \$450.0c 0203 **GROUND WATER** \$1,450 ° 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** WELL CONST START FEE

0211 \$ CARD# MONITORING WELLS \$ CARD# 0210 OTHER (IDENTIFY)

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

OTHER / RDX TREASURY

FUND \_ TITLE \_\_\_\_\_ VENDOR # OBJ. CODE \_

\$ DESCRIPTION \_

118910 RECEIPT:

DATED: 2112/16 BY:

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

16-Feb-16						
Application G-18267 County Josephuse Priority Date 12-Feb-16						
Township 385 Range 5W Section 33						
Amount 30 gpm Use Irrigation & Nursery WM Dist. # 14						
Applicant Name Rogue River Trust						
Receipt No. 118910 Caseworker Assigned: Barbe Kim  Contact info: Applicant/Organization Name and Mailing Address						
Contact into: Applicant/Organization Name and Maining 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						
The affected fandowner's name and marinig address must be fisted						
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.")						

П	Supplemental data sheets enclosed (if needed)					
	☐ Form M (Municipal or Quasi-Municipal)					
	☐ Sprir	ng Description Sheet (if source i	s a spring)			
_/	/					
R	A completed <b>Land-Use Form</b> or receipt signed and dated by the appropriate planning department officials. Please be certain that the Land-Use form lists all lands involved and all uses proposed. Date of signature must be within the past 12 months.					
	A <b>Legal Description</b> 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. <u>Copies of tax bills are not acceptable.</u>					
	The proposed source <u>IS / IS NOT</u> (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.					
	The <b>map</b> must meet all the minimum requirements of OAR 690-310-0050.					
	17	nship, Range, Section				
	1/	Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)				
	1/	Place of use, <sup>1</sup> / <sub>4</sub> - <sup>1</sup> / <sub>4</sub> 's and tax lot clearly identified				
	Even map scale not less than $4'' = 1$ mile (1''= 1320 ft.); examples: $1'' = 100$ ft., $1'' = 200$ ft.					
	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					
	<b>☑</b> Num	Mumber 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					
	Eass					
Ц	Fees: Base Fee		\$ 11 50	Permit Recording Fees	8 450	
	1 <sup>st</sup> CFS @ <u>\$</u>	300	\$ 300	Mitigation Fee	\$	
		CFS @ <u>\$300 ea</u>	\$			
	-	to 20 AF @ \$30 ea	\$	Rec Fee Total	5 <u>450</u>	
	add'l A		\$	Rec Fee Paid	\$ <u>150</u>	
		□ pod/poa □ use @ <b>300</b> ea res @ <u>\$125 ea</u>	\$ <u>300</u> \$			
	Exam Fee T		\$ 1750	Total Fees	S2200	
	Exam Fee P	aid	S 1750	Paid	s 1900	
				Amount Due	5 300	
Rev	iewed by: _	Joffrey	Date: _	12- Feb-16		
		/ \				