STATE OF OREGON

WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 119037 INVOICE # . SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) **APPLICATION** RECEIVED FROM: Pater Son PERMIT Sales Inc TRANSFER CHECK:# CASH: OTHER: (IDENTIFY) TOTAL REC'D X 8183 1083 TREASURY 4170 WRD MISC CASH ACCT \$ 0407 COPIES \$ (IDENTIFY) OTHER: 0243 I/S Lease 0244 Muni Water Mgmt. Plan ____ 0245 Cons. Water 4270 WRD OPERATING ACCT **MISCELLANEOUS** 0407 COPY & TAPE FEES @R-88185 = 11413 RESEARCH FEES 0410 0408 MISC REVENUE: (IDENTIF) DEPOSIT LIAB. (IDENTIFY C S. \$ 700.00 TC162 450.00 **EXTENSION OF TIME** 0240 RECORD FEE WATER RIGHTS: EXAM FEE \$ 900.00 0201 SURFACE WATER 0202 3.113 0204 0203 **GROUND WATER** 0205 TRANSFER LICENSE FEE EXAM FEE **WELL CONSTRUCTION** 0219 \$ WELL DRILL CONSTRUCTOR 0218 \$ 0220 LANDOWNER'S PERMIT (IDENTIFY) OTHER TREASURY 0437 WELL CONST. START FEE 0536 0211 WELL CONST START FEE CARD# CARD# 0210 MONITORING WELLS OTHER (IDENTIFY) TREASURY 0467 HYDRO ACTIVITY LIC NUMBER 0607 \$ 0233 POWER LICENSE FEE (FW/WRD) \$ 0231 HYDRO LICENSE FEE (FW/WRD) \$ HYDRO APPLICATION TREASURY QTHER / RDX **FUND**

RECEIVED **VENDOR**# OBJ. CODE **OVER THE COUNTER** DESCRIPTION

119037 RECEIPT:

DATED: 2.26 BY:

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

Application Number: R-88/85

Standard Reservoir Application Completeness Checklist Minimum Requirements This is the checklist used by WRD staff

County: Clack Township: 25 Range: 15 Section: 31
Amount: 33 af Use: Nwsgry WM Dist # 20
Applicant Name: La Herson Wursery Sales, INC
Receipt Number: 119037 Case Worker: Barbie
Applicant/Organization Name, Mailing Address, and Telephone Number.
All applicants or the applicant's authorized agent (include title or authority if for an organization or corporation), must sign the application in ink. Signature must be an original "wet" signature. Copies cannot be accepted.
Source of water.
The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.
Property ownership indicated.
If applicant does not own all the land, the affected landowner=s name and mailing address must be listed.
If applicant does not own all the land, 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.
Proposed use of stored water.
Amount of water from <i>each</i> source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)
Project schedule (If system is already completed, indicate "existing").
Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications

crossed, and used. The Legal description in survey description. A copy of the deed, land	I the properties involved where water is diverted, includes a metes and bounds, or other government and sales contract or title insurance policy can provide book report prepared by a title company. The fax bill.
officials. Please be certain that the Land-U	gned and dated by the appropriate planning department Use form lists all lands involved and all uses proposed. "2 months. Signature must be an original "wet"
A map prepared by a CWRE for a standard acre feet and having a dam height of more	I reservoir application proposing to store more than 9.2 than 10 feet
The map must meet all the minimum requi	rements of OAR 690-310-0050.
Township, Range, Section	
Location of main canals, ditches, pi	pelines or flumes (if POA/POD is outside of
POU)	de auto (deseit). I
Place of use, 1/4, 1/4=s and tax lot of Even man scale not less than 4" = 1	mile (example: $1'' = 100$ ft, $1'' = 200$ ft, etc.)
	ell or dam by reference to a recognized public
•	hall 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
O Other	infigution, harsery, or agriculture
	- 0
Fees: Amount of water requested _	33a+
	. •
Base Fee \$ 800	Total Exam Fees \$ 186 3 Permit Recording Fees \$ 450
1st CFS/AF 613	Permit Recording Fees \$ 450
Addtnl CFS/ AF @ =	Total Paid \$ 1863
Addtnl POD/POA @ =	Amount Due \$
Addtnl Use @=	Amount Returned \$
Reviewed by:	Date: 26 - Feb-16
`~ `	

S:\groups\wr\Customer Service Group\Checklists\Standard Reservoir Application Completeness Checklist.docx

Minimum Requirements Checklist

Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.140)

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	\(\beta\)	SECTION 7: the amou	ent of water to be stored		
Ø,	SECTION 2: source of water	及	SECTION 8: project se	chedule		
A	SECTION 3: dam height and composition	A	SECTION 9: property	ownership		
☆	SECTION 4: primary outlet works		SECTION 10: within a	a district NA		
	SECTION 5: emergency spillway	X	SECTION 11: map rec	quirements		
A	SECTION 6: the use of the impounded water	X	SECTION 12: signatur	re		
	Atta	chments	:			
			_			
M	Land Use Information Form with approval and signature (must be an original) or signed receipt					
Ø	Provide the legal description of: (1) the property on which the water is to stored, and (2) any property crossed by the proposed ditch, canal or other work					
每	Fees - Amount enclosed: $$800 + 613 + 450 = 1863°					
	See the Department's Fee Schedule at www.oregon.gov/owrd or call (503) 986-0900.					
	Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir					
	Provide a map and check that ea	ich of th	e following items is incl	uded:		
	Managed by Contignal Water Dial	eta Essano	iman 10/4			
	Map must be prepared by Certified Water Rights Examiner Permanent quality and drawn in ink					
Υ.	Permanent quality and drawn in ink			I Live to Incol V Land		
MMM	Even map scale not less than $4'' = 1$ mile (examples: $1'' = 400$ ft, $1'' = 1320$ ft,)			FEB 26 2016		
™	North Directional Symbol	T -4-		WATER RESOURCES DEPT		
Z (4)	Township, Range, Section, Quarter/Quarter, Tax Lots		SALEM, OREGON			
M M	Reference public-land survey corner on map			/ 1°-4		
,	Location of each dam if applicable, by reference north/south and east/west)	ce to a re	ecognized public-land sur	vey corner (distances		
Ø	Indicate the area of use by Quarter/Quarter and	tax lot	identified clearly			
M (Number of acres per Quarter/Quarter and hachuring to indicate area of use if for primary irrigation, supplemental irrigation, or nursery					
$ ag{}$	Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use) ALL SOLID SET					
	Other			ALL SOLID SEI		

^{*}Please note a secondary application is necessary if there will be out-of-reservoir uses associated with this application.