

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **119327**

725 Summer St. N.E. Ste. A  
SALEM, OR 97301-4172  
(503) 986-0900 / (503) 986-0904 (fax)

INVOICE # \_\_\_\_\_

RECEIVED FROM: **CARMAN LOVELL**  
BY: \_\_\_\_\_

APPLICATION	<b>G-18277</b>
PERMIT	
TRANSFER	

CASH:  CHECK:# **517** OTHER: (IDENTIFY)

TOTAL REC'D \$ **2,500.00**

**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**

<b>MISCELLANEOUS</b>			
0407	COPY & TAPE FEES	<b>46111</b>	\$
0410	RESEARCH FEES		\$
0408	MISC REVENUE: (IDENTIFY)		\$
TC162	DEPOSIT LIAB. (IDENTIFY)		\$
0240	EXTENSION OF TIME		\$
<b>WATER RIGHTS:</b>			
0201	SURFACE WATER		\$
0203	GROUND WATER		\$
0205	TRANSFER		\$
<b>WELL CONSTRUCTION</b>			
0218	WELL DRILL CONSTRUCTOR		\$
	LANDOWNER'S PERMIT		\$
	OTHER (IDENTIFY)		\$

<b>EXAM FEE</b>
\$
\$ <b>2050.00</b>
\$
<b>EXAM FEE</b>
\$

<b>RECORD FEE</b>
\$
\$ <b>450.00</b>

<b>LICENSE FEE</b>
\$
\$

**0536 TREASURY 0437 WELL CONST. START FEE**

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: **119327** DATED: **3/31/16** BY: **S. Phillips**

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# Standard Application Completeness Checklist

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

This is the checklist used by WRD staff

Yes  No

Application G-18077 County Malheur Priority Date 7-Apr-16

Township 19S Range 43E Section 29

Amount 250 gpm Use Irrig. of 64.0 AC WM Dist. # 9

Applicant Name David L. Woolfolk / Carman S. Lovell

Receipt No. 119327 Caseworker Assigned:  Barbe  Kim  Lisa

- Contact info: Applicant/Organization Name and Mailing Address
- Signature (in ink) of all 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:

- ~~N/A~~  The affected landowner's name and mailing address must be listed
- ~~N/A~~  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.

- ~~N/A~~  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) - Completed & Well log attached.

- Proposed water use
  - Amount of water from each source in GPM, CFS, or AF 192 AC FT 250 gpm Irrig of 64.0 AC
  - Period of use indicated 3/1 to 11/1
  - If for supplemental irrigation, primary acreage or underlying permit or certificate number listed (Primary and Supplemental Irrigation counts as 2 uses)

Need to Clarify instantaneous Rate

- Water Management Section (Estimates if the water system has not been designed)
- ~~N/A~~  Resource Protection Section (N/A for Groundwater)
- ~~N/A~~  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.")

- N/A  Supplemental data sheets enclosed (if needed)
- N/A  Form M (Municipal or Quasi-Municipal)
- N/A  Spring Description Sheet (if source is a spring)

A completed **Land-Use Form** 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 **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 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 **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 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. 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

*NOTE: map/Listing & Appl Acres Differ. Case worker will need to clarify as part of their appl review. OR... Have applicant clarify if Return.*

N/A  For a standard reservoir application to store  $\geq 9.2$  acre feet AND having a dam height  $\geq 10$  feet, map must be prepared by a CWRE

**Fees:**

*Since 64.0 ac, assuming 1/80th would = 0.8 cfs max allowance*

Base Fee	\$ <u>1150.00</u>	Permit Recording Fees	\$ <u>450.00</u>
1 <sup>st</sup> CFS @ \$300	\$ <u>300.00</u>	Mitigation Fee	\$ _____
N/A add'l CFS @ \$300 ea	\$ _____	Rec Fee Total	\$ _____
_____ AF up to 20 AF @ \$30 ea	\$ _____	Rec Fee Paid	\$ _____
_____ add'l AF @ \$1 ea	\$ _____		
_____ add'l <input type="checkbox"/> pod/poa <input type="checkbox"/> use @ _____ ea	\$ _____		
_____ add'l res @ \$125 ea	\$ _____		
Exam Fee Total	\$ <u>1,450.00</u>	Total Fees	\$ <u>1,900.00</u>
Exam Fee Paid	\$ _____	Paid	\$ <u>2,500.00</u>
		Amount Due	\$ <u>\$600.00</u>

Reviewed by: 

Date: 3-31-16