

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **119429**

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

INVOICE # _____

RECEIVED FROM: <u>Val Griffith</u>	APPLICATION <u>S-88211</u>
BY: <u>Bernice M. Griffith</u>	PERMIT _____
	TRANSFER _____
CASH: <input type="checkbox"/> CHECK:# _____ OTHER: (IDENTIFY) _____	TOTAL REC'D <u>\$2,150.00</u>
<input type="checkbox"/> <input checked="" type="checkbox"/> <u>3155</u> <input type="checkbox"/>	

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			
0407 COPY & TAPE FEES <u>46111</u>	\$ _____		
0410 RESEARCH FEES	\$ _____		
0408 MISC REVENUE: (IDENTIFY) _____	\$ _____		
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$ _____		
0240 EXTENSION OF TIME	\$ _____		
WATER RIGHTS:			
0201 SURFACE WATER	<table border="1"><tr><td align="center">EXAM FEE</td></tr><tr><td>\$ <u>1,700.00</u></td></tr></table> 0202	EXAM FEE	\$ <u>1,700.00</u>
EXAM FEE			
\$ <u>1,700.00</u>			
0203 GROUND WATER	\$ _____ 0204		
0205 TRANSFER	\$ _____		
WELL CONSTRUCTION			
0218 WELL DRILL CONSTRUCTOR	<table border="1"><tr><td align="center">EXAM FEE</td></tr><tr><td>\$ _____</td></tr></table> 0219	EXAM FEE	\$ _____
EXAM FEE			
\$ _____			
LANDOWNER'S PERMIT	\$ _____ 0220		
OTHER (IDENTIFY) _____	\$ _____		

0536 TREASURY 0437 WELL CONST. START FEE
0211 WELL CONST START FEE \$ _____
0210 MONITORING WELLS \$ _____
OTHER (IDENTIFY) _____
CARD # _____
CARD # _____

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: **119429** DATED: 4/11/16 BY: M. Smith

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

Yes No

Application 5-88211 County Malheur Priority Date 18-Apr-16

Township 15S Range 47E Section 29 & 32

Amount 1.2 cfs Use Irrigation WM Dist. # 9

Applicant Name Val Griffith

Receipt No. 119429 Caseworker Assigned: Barbe Kim

- 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:

- 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 reser. or application: 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 needed)

Form M (Municipal or Quasi-Municipal)

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

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

Fees:

Base Fee

\$ 800

Permit Recording Fees

\$ 450

1" CFS @ \$300

\$ 300

Mitigation Fee

\$ _____

____ add'l CFS @ \$300 ea

\$ 300

Rec Fee Total

\$ 450

____ AF up to 20 AF @ \$30 ea

\$ _____

Rec Fee Paid

\$ 450

____ add'l AF @ \$1 ea

\$ _____

____ add'l POA use @ 300 ea

\$ 300

____ add'l res @ \$125 ea

\$ _____

Exam Fee Total

\$ 1700

Total Fees

\$ 2150

Exam Fee Paid

\$ 1700

Paid

\$ 2150

Amount Due

\$ 0

Reviewed by:

Jeffrey -

Date: 18-Apr-16