

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **119457**

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

INVOICE # _____

RECEIVED FROM: Stan Tamiyasv APPLICATION **G-18284**
 BY: _____ PERMIT _____
 TRANSFER _____

CASH: CHECK:# **392** OTHER: (IDENTIFY) _____
 TOTAL REC'D \$ **1,900.00**

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

MISCELLANEOUS **4611**

0407 COPY & TAPE FEES \$ _____
 0410 RESEARCH FEES \$ _____
 0408 MISC REVENUE: (IDENTIFY) \$ _____
 TC162 DEPOSIT LIAB. (IDENTIFY) \$ _____
 0240 EXTENSION OF TIME \$ _____

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203 GROUND WATER	\$ 1,450.00	0204	\$ 450.00
0205 TRANSFER	\$ _____		

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
LANDOWNER'S PERMIT	\$ _____	0220	\$ _____
OTHER (IDENTIFY) _____			

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: **119457** DATED: **4/13/16** BY: *[Signature]*

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 G-18284 County Washington Priority Date 18-Apr-16
 Township 2N Range 2W Section 20
 Amount 3.5gpm Use Nursery WM Dist. # 20
 Applicant Name Stan Tamiyasu / Green Ridge Agronomy
 Receipt No. 119457 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.

- ~~NA~~ 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
 - ~~NA~~ 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)*
- ~~NA~~ Resource Protection Section *(N/A for Groundwater)*

- ~~NA~~ 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 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
 - Eyed 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	\$ <u>1150</u>	Permit Recording Fees	\$ <u>450</u>
1" CFS @ \$300	\$ <u>300</u>	Mitigation Fee	\$ _____
____ 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 _____ pod/poa _____ use @ _____ ea	\$ _____		
____ add'l res @ \$125 ea	\$ _____		
Exam Fee Total	\$ _____	Total Fees	\$ <u>1900</u>
Exam Fee Paid	\$ _____	Paid	\$ <u>1900</u>
		Amount Due	\$ <u>0</u>

Reviewed by:

Jeffery

Date:

18-Apr-10