

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **119592**

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

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

RECEIVED FROM: <b>Rocking Triangle Construction Inc.</b>	APPLICATION <b>G-18287</b>
BY: _____	PERMIT _____
	TRANSFER _____
CASH: <input type="checkbox"/> CHECK # <input checked="" type="checkbox"/> <b>1182</b> OTHER: (IDENTIFY) <input type="checkbox"/>	TOTAL REC'D \$ <b>1960.00</b>

<b>1083 TREASURY 4170 WRD MISC CASH ACCT</b>
0407 COPIES \$ _____
OTHER: (IDENTIFY) \$ _____
0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

<b>4270 WRD OPERATING ACCT</b>	
<b>MISCELLANEOUS</b> <span style="float:right">46111</span>	
0407 COPY & TAPE FEES	\$ _____
0410 RESEARCH FEES	\$ _____
0408 MISC REVENUE: (IDENTIFY)	\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY)	\$ _____
0240 EXTENSION OF TIME	\$ _____
<b>WATER RIGHTS:</b>	<b>EXAM FEE</b>
0201 SURFACE WATER	\$ <b>1510.00</b> 0202
0203 GROUND WATER	\$ <b>1450.00</b> 0204
0205 TRANSFER	\$ _____
<b>WELL CONSTRUCTION</b>	<b>EXAM FEE</b>
0218 WELL DRILL CONSTRUCTOR	\$ _____ 0219
LANDOWNER'S PERMIT	\$ _____ 0220
OTHER (IDENTIFY)	

<b>0536 TREASURY 0437 WELL CONST. START FEE</b>	
0211 WELL CONST START FEE	\$ _____
0210 MONITORING WELLS	\$ _____
OTHER (IDENTIFY)	

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

<b>TREASURY</b>	<b>OTHER / RDX</b>
FUND _____	TITLE _____
OBJ. CODE _____	VENDOR # _____
DESCRIPTION _____	\$ _____

RECEIPT: **119592** DATED: **4/25/16** BY: **Carlos O. Turner**

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)

Yes No

This is the checklist used by WRD staff

Application G-18287 County Jackson Priority Date 4/25/16

Township 39S Range 3W Section 10

Amount 0.80 AF Use IR WM Dist. # 13

Applicant Name Todd Porshing

Receipt No. 119592 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:

- 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
  - 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.")

APR 25 2016

SALEM, OR

- 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  $\geq 9.2$  acre feet AND having a dam height  $\geq 10$  feet, map must be prepared by a CWRE

Fees:

Base Fee	\$ <u>1150</u>	Permit Recording Fees	\$ <u>450</u>
1 <sup>st</sup> 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	\$ <u>1450</u>	Total Fees	\$ <u>1900</u>
Exam Fee Paid	\$ <u>1450</u>	Paid	\$ <u>1900</u>
		Amount Due	\$ _____

Reviewed by: Scott C. [Signature] Date: 4/26/16