STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT # 119677 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

INVOICE # _____

]	CHECK:# OTHER: (IDENTIF	100515	TRANSFER TOTAL REC'D	\$ 1000° a
1083	TREASURY 4170 WRI	MISC CASH A	CCT	
0407	COPIES OTHER: (IDENTIFY)			\$
0243 I/S L	ease 0244 Muni Water Mgm	t. Plan 024	45 Cons. Water	
	4270 WRI	OPERATING A	ACCT	
	MISCELLANEOUS	46111		
0407	COPY & TAPE FEES	10(11		\$
0410	RESEARCH FEES			\$
0408	MISC REVENUE: (IDENTIFY)		Val	\$
TC162	DEPOSIT LIAB. (IDENTIFY)			\$
0240	EXTENSION OF TIME			\$
	WATER RIGHTS:	EXAM FEE		RECORD FE
0201	SURFACE WATER	\$	0202	\$
0203	GROUND WATER	\$1000	0204	\$
0205	TRANSFER	\$	~	
	WELL CONSTRUCTION	EXAM FEE		LICENSE FE
0218	WELL DRILL CONSTRUCTOR	\$	0219	\$
	LANDOWNER'S PERMIT		0220	\$
	OTHER (IDENTIFY)			
0536	TREASURY 0437 WEL	L CONST. STA	RT FEE	
0211	WELL CONST START FEE	\$	CARD #	
0210	MONITORING WELLS	\$	CARD #	,
	OTHER (IDENTIFY)			
0607	TREASURY 0467 HYD	RO ACTIVITY	LIC NUMBER	
0233	POWER LICENSE FEE (FW/WRD)			\$
0231	HYDRO LICENSE FEE (FW/WRD)			\$
	HYDRO APPLICATION			\$
	TREASURY OTH	ER / RDX		
FUND	TITLE			
OBJ. COD	E VENDOR #			
DESCRIPT	TION			\$

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STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT # 119678

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

INVOICE # _____

		(503) 98	36-0900 / (50	3) 986-0904 (fa	X)		
RECEIVED FRO	() i() :MC	am	wew!	cheel	APPI	LICATION(G-18292
BY:					PI	ERMIT	
				4.0	TRA	ANSFER	
CASH: C	CHECK:#	OTHER: (ID					1000
		X 195	54070	<u> 2526</u>	TOTAL	REC'D	\$1000'co
1083	TREASURY	4170	WRDM	ISC CASH	ACCT		
		7170	11110 111	OO OAOII A	1001		\$
0407	COPIES	(15 EL (ELE) (1					\$
	_ OTHER:	(IDENTIFY)					Ψ
0243 I/S L	.ease 024	44 Muni Wate	er Mgmt. Pla	n 02	245 Cons. \	Water	
	9	4270	WRD O	PERATING	ACCT		
	MISCELLANEOU	JS		46111			
0407	COPY & TAPE F	EES		46111			\$
0410	RESEARCH FEE	S					\$
0408	MISC REVENUE	: (IDENTIFY	r)				\$
TC162	DEPOSIT LIAB.	(IDENTIFY)					\$
0240	EXTENSION OF	TIME					\$
	WATER RIGHTS	:		EXAM FEE			RECORD FEE
0201	SURFACE WATE	R		\$	02	202	\$
0203	GROUND WATE	R		\$450.0	5 02	204	\$550.00
0205	TRANSFER			\$			
	WELL CONSTRU	JCTION		EXAM FEE			LICENSE FEE
0218	WELL DRILL CO	NSTRUCTOR	R	\$	02	219	\$
	LANDOWNER'S	PERMIT			02	220	\$
	OTHER	(IDENTIF	=Y)				
		(
0536	TREASURY	0437	WELL C	ONST. STA	RT FEE	•	
0211	WELL CONST S	TART FEE		\$		CARD #	
0210	MONITORING W	ELLS		\$		CARD#	
	OTHER	(IDENTIF	=Y)				
0607	TREASURY	0467	HYDBO	ACTIVITY	LIC NU	MRER	
0233	POWER LICENS			ACTIVITY	210 110	WIDER.	\$
0233	HYDRO LICENS	`	,				\$
0231		,	VND)	L			\$
	_ HYDRO APPLICA	ATION					Ψ
-	TREASURY		OTHER	/ RDX		-	
FUND		TITLE _					
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STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT # 119679

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

INVOICE # ______

			0 / (503) 986-0904 (fax)		
RECEIVED FRO	DM: Willi	am moi	Michael	APPLICATION	G18292
BY:				PERMIT	
			M A	TRANSFER	
CASH: C	CHECK:#	OTHER: (IDENTIF		TOTAL PROID	SU75 00
		X19540	10055	TOTAL REC'D	\$475.00
1083	TREASURY	4170 WR	D MISC CASH AC	CCT	
0407	COPIES				\$
0.107		(IDENTIFY)			\$
00421/61	_		at Blog 0045	Cons Motor	
U243 I/S L	ease 024		nt. Plan 0245		
			D OPERATING A		
	MISCELLANEOU		4611	l	•
0407	COPY & TAPE F				\$
0410	RESEARCH FEE				\$
0408	MISC REVENUE	,			\$
TC162	DEPOSIT LIAB.				\$
0240	EXTENSION OF	TIME			
	WATER RIGHTS	:	EXAM FEE]	RECORD FEE
0201	SURFACE WATE	R	\$	0202	\$
0203	GROUND WATER	3	\$	0204	\$ 475.00
0205	TRANSFER		\$	7	
	WELL CONSTRU	ICTION	EXAM FEE	7	LICENSE FEE
0218	WELL DRILL CO	NSTRUCTOR	\$	0219	\$
	LANDOWNER'S	PERMIT		0220	\$
	OTHER	(IDENTIFY)			
0536	TREASURY	0437 WE	LL CONST. STAR	TFEE	
0211	WELL CONST ST	ART FEE	\$	CARD#	
0210	MONITORING W	ELLS	\$	CARD#	
	OTHER	(IDENTIFY)			
0607	TREASURY	0467 HYD	DRO ACTIVITY	LIC NUMBER	
0233	POWER LICENS	E FEE (FW/WRD)			\$
0231	HYDRO LICENSI	• •			\$
5251	HYDRO APPLICA	,	-		\$
	-				
	TREASURY	OTI	IER / RDX		-
FUND		TITLE			
OBJ. COD	E	VENDOR #	19		
DESCRIPT	TION				\$
				—	
1	19679	=	5/2/16 BY	arloss). Tumer
ECEIPT:	T 101 1	DATED:	0/2/16 BY:\	14. mol	

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Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537,400)

Yes No

This is the checklist used by WRD staff

Application 6-18292 County DESCHUTES Priority Date 5-2-16					
Township 215 Range $10E$ Section 01					
Amount 0.0275 cfs Use NURSERY WM Dist. # 1/					
Applicant Name WILLIAM MC MICHAEL					
Receipt No. 119677 78, 79 Caseworker Assigned: Kim Lisa					
Contact info: Applicant/Organization Name and Mailing Address					
Signature (in ink) of <i>all</i> 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? 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 reservoir applications: Preliminary plans and specifications including dam height, width, orest 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)							
r	☐ Spring Description Sheet (if source is	s a spring)						
	RECEIPT A completed Land-Use Form or receipt sig Please be certain that the Land-Use form lis 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.							
Þ	The map must meet all the minimum requirements of OAR 690-310-0050.							
`	☐ Township, Range, Section							
	☐ Location of main canals, ditches, pip	elines or flumes	(if POA/POD is outside of	of POU)				
	☐ Place of use, ¼-¼'s and tax lot clearl	y identified						
	\square Even map scale not less than 4" = 1 r	nile (1"= 1320 ft	.); examples: 1" = 100 ft.	1'' = 200 ft.				
	☐ Location of <i>each</i> diversion point, we							
	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 irriga	•		1 11 10 10 6 11				
	☐ 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:	s 1150		. 450				
	Base Fee	¥ <u></u>	Permit Recording Fees	\$ 575				
	1 st CFS @ \$300 add'1 CFS @ \$300 ea	\$ <u>300</u> \$	Mitigation Fee	\$ _ 7 / 3				
	AF up to 20 AF @ \$30 ea	\$ \$	Rec Fee Total	\$1025				
	add'l AF @ <u>\$1 ea</u>	\$	Rec Fee Paid	\$ 1025 \$ 1025				
	add'l □pod/poa □use @ea	\$						
	add'l res @ <u>\$125 ea</u>	\$						
	Exam Fee Total	\$ 1450	Total Fees	s 2475				
	Exam Fee Paid	\$ 1450	Paid	\$ 2475				
			Amount Due	\$				
Rev	viewed by: CSG	Date: _	5/2/16					