STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 119697 INVOICE # SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) APPLICATION RECEIVED FROM: PERMIT ukerru Farms BY: Nursen TRANSFER OTHER: (IDENTIFY) CASH: CHECK:# TOTAL REC'D 4170 WRD MISC CASH ACCT TREASURY 1083 \$ 0407 COPIES \$ _ OTHER: (IDENTIFY) 0243 I/S Lease ___ 0244 Muni Water Mgmt. Plan___ 0245 Cons. Water 4270 WRD OPERATING ACCT MISCELLANEOUS **COPY & TAPE FEES** 0407 \$ 0410 RESEARCH FEES \$ MISC REVENUE: (IDENTIFY) 0408 \$ TC162 DEPOSIT LIAB. (IDENTIFY) \$ EXTENSION OF TIME 0240 RECORD FEE WATER RIGHTS: EXAM FEE 0202 SURFACE WATER 0201 0204 **GROUND WATER** \$2050 0203 2,050.6 0205 TRANSFER LICENSE FEE **EXAM FEE WELL CONSTRUCTION** \$ 0219 WELL DRILL CONSTRUCTOR 0218 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) 0437 WELL CONST. START FEE 0536 TREASURY WELL CONST START FEE CARD# \$ 0211 CARD # 0210 MONITORING WELLS \$ OTHER (IDENTIFY) TREASURY 0467 HYDRO ACTIVITY LIC NUMBER 0607 \$ POWER LICENSE FEE (FW/WRD) 0233 \$ HYDRO LICENSE FEE (FW/WRD) 0231 \$ HYDRO APPLICATE

RECEIPT: 119697

OBJ. CODE ____
DESCRIPTION

DATED 5-3-110

VENDOR#

_ TOVER THE COUNTER

BY: Carlos O Turn

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

E-2

Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

Yes	No
i es	INC

This is the checklist used by WRD staff

Application G-18294 County MARION Priority Date 5/3/16
Township 65 Range 3ω Section $13 \neq 24$
Amount 0.45 ds Use NURSERY WM Dist. # 6
Applicant Name ROBERT W GABRIEL TRUST ROBERT GABRIEL TRU
Receipt No. 11969 Caseworker Assigned: Barbe 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, crest width and surface area for each reservoir.
Project schedule (If system is already completed, indicate "existing.")

ш	Supplemental data sheets enclosed (if needed	u)					
	☐ Form M (Municipal or Quasi-Munici	-					
1	☐ Spring Description Sheet (if source is	s 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.						
1	A Legal Description of all the properties in description includes a metes and bounds or a sales contract or title insurance policy can prepared by a title company. Copies of tax b	other government rovide this inforn	t survey description. A conation, or applicant may s	opy of the deed, land			
	The proposed source <u>IS / IS NOT</u> (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.						
et	The map must meet all the minimum require	ements of OAR 6	590-310-0050.				
	Township, Range, Section Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU) Place of use, ¼-¼'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 ¼-¼ 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 1 st CFS @ \$300add'1 CFS @ \$300 eaAF up to 20 AF @ \$30 eaadd'1 AF @ \$1 ea _2 add'1 ⊠pod/poa □use @ea _add'1 res @ \$125 ea	\$\frac{1156}{300}\$\$ \$\\\\$\\\\$\\\\\$\\\\\\$\\\\\\\\\\\\\\	Permit Recording Fees Mitigation Fee Rec Fee Total Rec Fee Paid	\$ 450 \$ \$ 450			
	Exam Fee Total Exam Fee Paid	\$ 2056 \$ 2050	Total Fees Paid Amount Due	\$ 2500 \$ 2050 \$ 450			
Rev	viewed by: Zort CS6	Date: _	5/3/16				

Minimum Requirements Checklist Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.615)

Include this checklist with the application

Check that each of the following items is included. The application will be returned if all required items are not included. If you have questions, please call the Water Rights Customer Service Group at (503) 986-0900.

\boxtimes	SECTION 1: app	ECTION 1: applicant information and signature ECTION 2: property ownership						
\boxtimes	SECTION 2: pro							
\boxtimes	SECTION 3: well development							
\boxtimes	SECTION 4: was	SECTION 4: water use						
\boxtimes	SECTION 5: was	ΓΙΟΝ 5: water management						
	SECTION 6: stor	CTION 6: storage of groundwater in a reservoir CTION 7: use of stored groundwater from the reservoir						
	SECTION 7: use							
\boxtimes	SECTION 8: pro	CCTION 8: project schedule CCTION 9: within a district						
	SECTION 9: wit							
\boxtimes	SECTION 10: re	SECTION 10: remarks						
		Attachments:						
\boxtimes	Land Use Inform	Use Information Form with approval and signature (must be an original) or signed receipt						
\boxtimes	Provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map. Example: A copy of the deed, land sales contract or title insurance policy. Fees - Amount enclosed: \$2,050 See the Department's Fee Schedule at www.oregon.gov/owrd or call (503) 986-0900.							
\boxtimes								
	Prov	ride a map and check that each of the following iten	ns is included:					
\boxtimes		y and drawn in ink						
\boxtimes	Even map scale r	not less than $4" = 1$ mile (example: $1" = 400$ ft, $1" = 13$	(20 ft, etc.) RECEIVED					
\boxtimes	North Directiona	·						
\boxtimes	Township, Range	e, Section, Quarter/Quarter, Tax Lots	MAY 0 3 2016					
\boxtimes	Reference corner	on map	WATER RESOURCES DEPT					
\boxtimes		Location of each well, and/or dam if applicable, by reference to a recognized public land survey corner (distances north/south and east/west). Each well must be identified by a unique name and/or number.						
\boxtimes	Indicate the area	cate the area of use by Quarter/Quarter and tax lot clearly identified						
\boxtimes		Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery						
\boxtimes	Location of main	canals, ditches, pipelines or flumes (if well is outside	of the area of use)					
\boxtimes	Other None							
Rev	vised 2/1/2012	Ground Water/2	WR					

G-18294