

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **119749**

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

INVOICE # _____

RECEIVED FROM: Lena S. Richardson
BY: William H. Richardson

APPLICATION	<u>2-88229</u>
PERMIT	
TRANSFER	

CASH: CHECK # 1527 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1,550.00

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		
0407 COPY & TAPE FEES	<u>46111</u>	\$
0410 RESEARCH FEES		\$
0408 MISC REVENUE: (IDENTIFY)		\$
TC162 DEPOSIT LIAB. (IDENTIFY)		\$
0240 EXTENSION OF TIME		\$

WATER RIGHTS:		EXAM FEE		RECORD FEE
0201 SURFACE WATER		\$ <u>1,100.00</u>	0202	\$ <u>450.00</u>
0203 GROUND WATER		\$	0204	\$
0205 TRANSFER		\$		
WELL CONSTRUCTION		EXAM FEE		LICENSE FEE
0218 WELL DRILL CONSTRUCTOR		\$	0219	\$
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 (FWWRD)		\$
0231 HYDRO LICENSE FEE (FWWRD)		\$
HYDRO APPLICATION		\$

TREASURY OTHER / RDX

FUND _____	TITLE _____	
OBJ. CODE _____	VENDOR # _____	
DESCRIPTION _____		\$

RECEIPT: **119749** DATED: 5/9/16 BY: Carlos O. Turner

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E-2

Standard Application Completeness Checklist

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

This is the checklist used by WRD staff

Yes No

Application S-88229- County Jackson Priority Date 5/9/16

Township 34S Range 1W Section 15
Amount 1.8 AF Use 1R WM Dist. # 13

Applicant Name William H & Lena S. Richardson

Receipt No. 119749 Caseworker Assigned: [X] Barbe [] Kim [] Lisa

- [X] Contact info: Applicant/Organization Name and Mailing Address
[X] Signature (in ink) of all applicants or the applicant's authorized agent (include title or authority if for an organization or corporation).

- [X] 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.

- [X] 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 #

[X] For a GW Application: Well Development Tables completed and/or a well log report included (if existing)

- [X] 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)

- [X] Water Management Section (Estimates if the water system has not been designed)
[X] Resource Protection Section (N/A for Groundwater)

- [X] For all standard reservoir applications: Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir.
[X] 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 *ON SEPERATE COUNTY MAP*

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>450</u>	Permit Recording Fees	\$ <u>450</u>
1 st CFS @ \$300	\$ _____	Mitigation Fee	\$ _____
___ add'l CFS @ \$300 ea	\$ <u>60</u>	Rec Fee Total	\$ <u>450</u>
<u>2</u> AF up to 20 AF @ \$30 ea	\$ _____	Rec Fee Paid	\$ <u>450</u>
___ add'l AF @ \$1 ea	\$ _____		
___ add'l <input type="checkbox"/> pod/poa <input type="checkbox"/> use @ _____ ea	\$ _____		
___ add'l res @ \$125 ea	\$ _____		
Exam Fee Total	\$ <u>510</u>	Total Fees	\$ <u>960</u>
Exam Fee Paid	\$ <u>510</u>	Paid	\$ <u>1550</u>
		Amount Due	\$ <u>-590</u>

Reviewed by: Scott CSG

Date: 5/11/16