## STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT # 119746

725 Summer St. N.E. Ste. A

SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax)

INVOICE # \_\_\_

EIVED FRO	DM: Well-S	Springs	Ranch	APPLICATION	G-1829
				PERMIT	1
н: (	CHECK:#	OTHER: (IDENT	TFY)	TRANSFER	L
]	X 145			TOTAL REC'D	\$1,900.
1083	TREASURY	4170 W	RD MISC CASH	ACCT	
0407	COPIES				\$
	_ OTHER:	(IDENTIFY)			\$
0243 I/S L	024	14 Muni Water Mo	gmt. Plan 0:	245 Cons. Water	
		4270 W	RD OPERATING	ACCT	
	MISCELLANEOL	JS	461	11	
0407	COPY & TAPE FI	EES	, ,	-	\$
0410	RESEARCH FEE	S			\$
0408	MISC REVENUE	: (IDENTIFY)			\$
TC162	DEPOSIT LIAB.	(IDENTIFY)			\$
0240	EXTENSION OF	TIME			\$
	WATER RIGHTS	:	EXAM FEE		RECORD F
0201	SURFACE WATE	:R	\$	0202	\$
0203	GROUND WATE	R	\$1,450	0204	\$450.
0205	TRANSFER		\$	•	
	WELL CONSTRU	JCTION	EXAM FEE		LICENSE F
0218	WELL DRILL CO		\$	0219	\$
	LANDOWNER'S			0220	\$
	OTHER	(IDENTIFY)			
		(IDEITH 1)			
0536	TREASURY	0437 W	ELL CONST. STA	ART FEE	
0211	WELL CONST ST	TART FEE	\$	CARD#	
0210	MONITORING W	ELLS	\$	CARD #	
	OTHER	(IDENTIFY)			
0607	TREASURY	0467 HY	DRO ACTIVITY	LIC NUMBER	
0233	POWER LICENS				\$
0231	HYDRO LICENS	•	•		\$
	HYDRO APPLICA				\$
	_				
	TREASURY	01	HER / RDX		
FUND		TITLE			
OBJ. COD	DE	VENDOR # _			
	TION				\$

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

## E-2

## **Standard Application Completeness Checklist**

	•	t used by WRD staff	37.400)	C-17-2016			
Application $\beta - 18298$	County U	MATILLA	Priority Date	5-9-16			
Township / S Rang	e <u>33</u> e	Section 6					
Amount 0.2875 cfs <sub>Use</sub>	FLAMMAA	IPR		WM Dist. #			
Applicant Name Well -	Springs	Ranch F	Brithers	hip -			
Receipt No. 119746		Assigned:   Barb		Lisa			
				1			
Contact info: Applicant/Organization Name and Mailing Address							
Signature (in ink) of <i>all</i> application or corporation).	ints or the applican	t's authorized agent	(include title or	authority if for an			
Property ownership: Does the a	applicant own all th	ne land for the propos	sed project? _	Ŷ/ N			
If No:							
☐ The affected landowner	's name and mailir	ng address must be lis	sted				
☐ A signed statement decl access to land crossed b	-						
For a SW Application: Source	of water must be i	ndicated.					
☐ 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 u	nder contract, is th	e source authorized u	ınder a permit, o	certificate, or decree?			
Permit or Certificate iss	ued? <u>Y / N</u>	Permit o	r 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 a Period of use indicated  If for supplemental irrige (Primary and Supplemental)	gation, primary acre	eage or underlying pe	ermit or certifica	ate number listed			
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.")							

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 Please be certain that the Land-Use form lists all lands invibe within the past 12 months.	
A Legal Description of all the properties involved where we description includes a metes and bounds or other governments ales contract or title insurance policy can provide this information prepared by a title company. Copies of tax bills are not account to the proposed source IS / IS NOT (circle one) restricted on NOTE: If it is withdrawn under ORS 538, then return applied.	ent survey description. A copy of the deed, land rmation, or applicant may submit a lot book report eptable.  or withdrawn from further appropriation.
accept the application and a negative IR will be issued.	
The map must meet all the minimum requirements of OAF	R 690-310-0050.
Township, Range, Section  Location of main canals, ditches, pipelines or flume  Place of use, ¼-¼'s and tax lot clearly identified  Even map scale not less than 4" = 1 mile (1"= 1320  Location of each diversion point, well or dam by removed Multiple wells shall be uniquely labeled, and identify  Reference corner on map  North Directional Symbol  Number of acres per ¼-¼ if for irrigation, nursery, of the prepared by a CWRE	ft.); examples: 1" = 100 ft., 1" = 200 ft. ference to a recognized public land survey corner. fied on well logs if existing.
☐ Fees:  Base Fee  1 <sup>st</sup> CFS @ \$300 add'1 CFS @ \$300 ea AF up to 20 AF @ \$30 ea add'1 AF @ \$1 ea add'1 □ pod/poa ☐ use @ 3 ea add'1 res @ \$125 ea   Exam Fee Total  Exam Fee Paid     1/5   5     3   0     3   0     4   5     5   1     6   1     7   5     7   7     8   1     9   1     1   1     1   1     1   1     1   1	Permit Recording Fees \$ \frac{450}{\text{So}}\$  Mitigation Fee \$ \frac{450}{\text{Fo}}\$  Rec Fee Total \$ \frac{450}{\text{Fo}}\$  Rec Fee Paid \$ \frac{1900}{\text{So}}\$  Total Fees \$ \frac{1900}{\text{So}}\$  Amount Due \$ \frac{1900}{\text{So}}\$
Reviewed by: Scott (SG) Date	5 12/13