STATE OF OREGON WATER RESOURCES DEPARTMENT

CEIPT#	119855	SALEN	nmer St. N.E. Ste. A M, OR 97301-4172 00 / (503) 986-0904 (fax	INVOICE #	
CEIVED FRO			thes U.C.	APPLICATION PERMIT TRANSFER	G-18300
зн: с]	1130	OTHER: (IDENT	IFY)	TOTAL REC'D	\$ 2,800.00
1083	TREASURY	4170 WF	RD MISC CASH A	CCT	
0407	COPIES _ OTHER: (I	DENTIFY)			\$
0243 I/S Le	ease 0244	Muni Water Mg	mt. Plan 024	45 Cons. Water	<u>.</u>
		4270 WF	RD OPERATING	ACCT	
0407 0410 0408	MISCELLANEOUS COPY & TAPE FEE RESEARCH FEES MISC REVENUE:	:S	46111		\$ \$
TC162 0240	DEPOSIT LIAB. (IE				\$ \$ RECORD FEE
0201 0203 0205	WATER RIGHTS: SURFACE WATER GROUND WATER TRANSFER		\$ \$2,350.5	0202	\$ \$450.00
0218	WELL CONSTRUCT WELL DRILL CONSTRUCT LANDOWNER'S PER OTHER	STRUCTOR	\$	0219 0220	\$
0536	TREASURY	0427 WE	LL CONST. STA	DT EEE	
0211 0210	WELL CONST STA MONITORING WEI OTHER	RT FEE	\$	CARD #	
0607	TREASURY	0467 HY	DRO ACTIVITY	LIC NUMBER	
0233 0231	POWER LICENSE HYDRO LICENSE HYDRO APPLICAT	FEE (FW/WRD)	T T		\$ \$
	TREASURY	ОТ	HER / RDX		
	E	TITLE			
	TION				\$

RECEIPT:

119855

DATED: 5/19/16 BY: Carlos O. Turner

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) This is the checklist used by WRD staff

Yes	No
1 03	110

Application G-18300 County Crock Priority Date 5/23/16
Township 155 Range 15e Section 10
Application G-18300 County Crook Priority Date 5/23/16 Township 155 Range 150 Section 10 Amount 700 gpm Use Industrial Commercial WM Dist. # 11
Applicant Name LEGACY RANCHES LLC -
Receipt No. 19855 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.")

NA	Supplemental data sheets enclosed (if needed	1)			
	☐ Form M (Municipal or Quasi-Municipal	pal)			
1	☐ Spring Description Sheet (if source is	a spring)			
The second second	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.				
X	The proposed source IS (IS NOT) (circle of NOTE: If it is withdrawn under ORS 538, the accept the application and a negative IR will	en return applica			
A	The map must meet all the minimum require	ements of OAR 6	590-310-0050.		
\	Township, Range, Section				
	Location of main canals, ditches, pipe	elines or flumes ((if POA/POD is outside of	of POU)	
	Place of use, ¼-¼'s and tax lot clearly	y identified			
	Even map scale not less than 4" = 1 n	nile (1"= 1320 ft	.); examples: $1'' = 100 \text{ ft.}$	1'' = 200 ft.	
	Location of <i>each</i> diversion point, well	•		-	
	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	tion nursery or	agriculture		
	For a standard reservoir application to must be prepared by a CWRE	-	-	n height ≥ 10 feet, map	
ıΔſ	Foos				
7	Fees: \Base Fee	\$ 1,150	Permit Recording Fees	\$	
	1 st CFS @ <u>\$300</u>	\$ 300	Mitigation Fee	\$	
	add'1 CFS @ \$300 ea	\$ 300	Dec Coe Total	\$ 450	
	AF up to 20 AF @ \$30 ea add'l AF @ \$1 ea	\$ \$	Rec Fee Total Rec Fee Paid	\$ 450	
	add'1	\$ 600	Rec I ce I ala	Ψ <u></u>	
	add'l res @ \$125 ea	\$			
	E E . Was I	* 2350	T-4-LT-	· 2800	
	Exam Fee Total Exam Fee Paid	\$ <u>2350</u> \$ 2350	Total Fees Paid	\$ <u>2800</u> \$ 2800	
	Dadii i ce i aid	Ψ	Amount Due	\$	
			[i		
Re	viewed by: Cott (GG)	Date:	5/19/16		

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: applicant information and signature		
\boxtimes	SECTION 2: property ownership		
\boxtimes	SECTION 3: well development		
\boxtimes	SECTION 4: water use		
\boxtimes	SECTION 5: water management		
	SECTION 6: storage of groundwater in a reservoir	RECEIVED BY OWRD	
	SECTION 7: use of stored groundwater from the reservoir	MAY 1 6 2010	
\boxtimes	SECTION 8: project schedule	MAY 1 6 2016	
	SECTION 9: within a district	SALEM, OR	
	SECTION 10: remarks	O ILLEM, O.	
	Attachments:		
\boxtimes	Land Use Information Form with approval and signature (must be an original) or signed receipt		
	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.		
\boxtimes	Fees - Amount enclosed: \$2,800.00 See the Department's Fee Schedule at www.oregon.gov/owrd or call (503) 986-0900.		
	Provide a map and check that each of the following ite	ems is included:	
\boxtimes	Permanent quality and drawn in ink		
\boxtimes	Even map scale not less than $4'' = 1$ mile (example: $1'' = 400$ ft, $1'' = 1320$ ft, etc.)		
\boxtimes	North Directional Symbol		
\boxtimes	Township, Range, Section, Quarter/Quarter, Tax Lots		
\boxtimes	Reference corner on map		
\boxtimes	Location of each well, and/or dam if applicable, by reference to a reco (distances north/south and east/west). Each well must be identified by		
\boxtimes	Indicate the area of use by Quarter/Quarter and tax lot clearly identified	ed	
	Number of acres per Quarter/Quarter and hatching to indicate area of supplemental irrigation, or nursery	use if for primary irrigation,	
	Location of main canals, ditches, pipelines or flumes (if well is outsid	e of the area of use)	
\boxtimes	Other Piping location to be determined upon defining new owner/tena	_	

G-16300

Revised 2/1/2012

(For staff use only)



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.wrd.state.or.us

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

	SECTION 1:	
	SECTION 2:	
	SECTION 3:	
	SECTION 4:	RECEIVED BY OWRD
	SECTION 5:	MAV 1 0 0010
	SECTION 6:	MAY 1 6 2016
	SECTION 7:	SALEM, OR
	SECTION 8:	
	SECTION 9:	
	Land Use Information Form	
	Provide the legal description of: (1) the property from which the water is to property crossed by the proposed ditch, canal or other work, and (3) any p is to be used as depicted on the map.	o be diverted, (2) any
	Fees	
MAP		
	Permanent quality and drawn in ink	
	Even map scale not less than $4" = 1$ mile (example: $1" = 400$ ft, $1" = 1320$	ft, etc.)
	North Directional Symbol	
	Township, Range, Section, Quarter/Quarter, Tax Lots	
	Reference corner on map	
	Location of each well, and/or dam if applicable, by reference to a recognize corner (distances north/south and east/west). Each well must be identified number.	
	Indicate the area of use by Quarter/Quarter and tax lot clearly identified	
	Number of acres per Quarter/Quarter and hatching to indicate area of use supplemental irrigation, or nursery	if for primary irrigation,
	Location of main canals, ditches, pipelines or flumes (if well is outside of	the area of use)
	Other	