

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **119938**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: Harrell Hereford  
BY: Ranch Inc.

APPLICATION	G-18301
PERMIT	
TRANSFER	

CASH:  CHECK:#  419 OTHER: (IDENTIFY)

TOTAL REC'D \$ 4,300.00

**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**

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

**WATER RIGHTS:**

0201 SURFACE WATER	\$	0202	\$
0203 GROUND WATER	\$ <u>3850.00</u>	0204	\$ <u>450.00</u>
0205 TRANSFER	\$		

**WELL CONSTRUCTION**

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 (FW/WRD)		\$
0231 HYDRO LICENSE FEE (FW/WRD)		\$
HYDRO APPLICATION		\$

**TREASURY OTHER / RDX**

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

RECEIPT: **119938** DATED: 5/26/16 BY: Carlos O. Turner

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

# Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Yes No

Application G-18301 County BAKETE Priority Date 5-26-2016

Township 9S Range 40E Section 1/12

Amount 6.5 cfs Use Suppl Irr WM Dist. # 0

Applicant Name Bob HARRELL

Receipt No. 119930 Caseworker Assigned:  Barbe  Kim  Lisa

Contact info: Applicant/Organization Name and Mailing Address

Signature (in ink) of all 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? 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.

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 IS

Amount of water from each source in GPM, CFS, or AF single source / 3 wells

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.")

- 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
- For a standard reservoir application to store  $\geq 9.2$  acre feet AND having a dam height  $\geq 10$  feet, map must be prepared by a CWRE

**Fees:**

Base Fee		\$ 1150	Permit Recording Fees	\$ _____
1 <sup>st</sup> CFS @ \$300	2100	\$ 630	Mitigation Fee	\$ _____
___ add'l CFS @ \$300 ea		\$ _____	Rec Fee Total	\$ _____
___ AF up to 20 AF @ \$30 ea	3 wells	\$ 600	Rec Fee Paid	\$ _____
___ 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	450	\$ _____	Total Fees	\$ _____
Exam Fee Paid		\$ _____	Paid	\$ _____
			Amount Due	\$ _____

*Signature*  
4300

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_