

WATER RESOURCES DEPARTMENT

RECEIPT # 120028

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

INVOICE # _____

RECEIVED FROM: High Desert Flycare
BY: Allan J. Hudson, O.D.

APPLICATION # <u>88238</u>
PERMIT
TRANSFER

CASH: CHECK: # 2785 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1,503.00

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 46111

0407 COPY & TAPE FEES \$ _____
 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>1,053.00</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 (FW/WRD) \$ _____
 0231 HYDRO LICENSE FEE (FW/WRD) \$ _____
 _____ HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

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

RECEIPT: 120028 DATED: 6-3-16 BY: Carlos O. Turner

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-88238 County DOUGLAS Priority Date 6/3/16

Township 23S Range 7W Section 19 & 20

Amount 22.3 AF Use IR WM Dist. # 15

Applicant Name ATTERAGE LCC (MONJA HUDSON)

Receipt No. 120028 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

- 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.

Handwritten note: For water contract for the water

- 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?
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.")

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 ≥ 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	\$ _____
1 st CFS @ \$300	\$ _____	Mitigation Fee	\$ _____
____ add'l CFS @ \$300 ea	\$ _____		
<u>20</u> AF up to 20 AF @ \$30 ea	\$ <u>600</u>	Rec Fee Total	\$ <u>450</u>
____ add'l AF @ \$1 ea	\$ <u>3</u>	Rec Fee Paid	\$ <u>450</u>
____ add'l <input type="checkbox"/> pod/poa <input type="checkbox"/> use @ _____ ea	\$ _____		
____ add'l res @ \$125 ea	\$ _____		
Exam Fee Total	\$ <u>1053</u>	Total Fees	\$ <u>1503</u>
Exam Fee Paid	\$ <u>1053</u>	Paid	\$ <u>1503</u>
		Amount Due	\$ _____

Reviewed by: Scott C. S. C.

Date: 6/6/16