

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **120127**

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

INVOICE # _____

RECEIVED FROM: C Austin Laurella	APPLICATION G-18317
BY: _____	PERMIT _____
CASH: <input type="checkbox"/>	TRANSFER _____
CHECK: # <input checked="" type="checkbox"/> 1094	TOTAL REC'D \$1,900.00
OTHER: (IDENTIFY) <input type="checkbox"/>	

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 4611	
0407 COPY & TAPE FEES	\$ _____
0410 RESEARCH FEES	\$ _____
0408 MISC REVENUE: (IDENTIFY) _____	\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$ _____
0240 EXTENSION OF TIME	\$ _____
WATER RIGHTS:	
0201 SURFACE WATER	EXAM FEE \$ _____ 0202 RECORD FEE \$ _____
0203 GROUND WATER	EXAM FEE \$ 1,450.00 0204 RECORD FEE \$ 450.00
0205 TRANSFER	EXAM FEE \$ _____
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____ 0219 LICENSE FEE \$ _____
LANDOWNER'S PERMIT	0220 LICENSE FEE \$ _____
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: **120127** DATED: **6-13-16** 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)

Yes No

This is the checklist used by WRD staff

Application G-18317 County Jackson Priority Date 6-13-16

Township 365 Range 1E Section 31

Amount 25 gpm Use NURSERY WM Dist. # 13

Applicant Name ~~XXXX~~ SLEEPY SHEPHERD FARMS LLC

Receipt No. 120127 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.

~~NA~~ 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)

RECEIVED BY OWRD

Proposed water use

JUN 13 2016

Amount of water from each source in GPM, CFS, or AF

Period of use indicated

SALEM, OR

~~NA~~ 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)

~~NA~~ Resource Protection Section (N/A for Groundwater)

~~NA~~ 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, ¼-¼'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 ¼-¼ 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>1,150</u>	Permit Recording Fees	\$ <u>450</u>
1 st CFS @ \$300	\$ <u>300</u>	Mitigation Fee	\$ _____
___ add'l CFS @ \$300 ea	\$ _____	Rec Fee Total	\$ <u>450</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>1450</u>	Total Fees	\$ <u>1900</u>
Exam Fee Paid	\$ <u>1450</u>	Paid	\$ <u>1900</u>
		Amount Due	\$ _____

Reviewed by: Scott CS

Date: 6-13-14