

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **120235**

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

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

RECEIVED FROM: Glennnda M Weber  
BY: \_\_\_\_\_

APPLICATION	<u>S-88248</u>
PERMIT	
TRANSFER	

CASH:  CHECK:# OTHER: (IDENTIFY)

6478

TOTAL REC'D \$ 1,670.00

**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>		<u>46111</u>	
0407 COPY & TAPE FEES	\$		
0410 RESEARCH FEES	\$		
0408 MISC REVENUE: (IDENTIFY)	\$		
TC162 DEPOSIT LIAB. (IDENTIFY)	\$		
0240 EXTENSION OF TIME	\$		
<b>WATER RIGHTS:</b>			
0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203 GROUND WATER	\$ <u>1,220.00</u>	0204	\$ <u>450.00</u>
0205 TRANSFER	\$		\$
<b>WELL CONSTRUCTION</b>			
0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
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 (FWWRD)		\$
0231 HYDRO LICENSE FEE (FWWRD)		\$
HYDRO APPLICATION		\$

**TREASURY OTHER / RDX**

FUND	TITLE	
OBJ. CODE	VENDOR #	
DESCRIPTION		\$

**RECEIVED  
OVER THE COUNTER**

RECEIPT: **120235**

DATED: 6-22-16 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 S-86248 County Polk Priority Date 6-22-16

Township 8S Range SW Section 3

Amount 190 AF Use Nursem WM Dist. # 16

Applicant Name Glennda Howard Trust & CWH - LLC

Receipt No. 120235 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) R-15173  
*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, 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  $\geq 9.2$  acre feet AND having a dam height  $\geq 10$  feet, map must be prepared by a CWRE

**Fees:**

Base Fee	\$ <u>450</u>	Permit Recording Fees	\$ _____
1 <sup>st</sup> CFS @ \$300	\$ _____	Mitigation Fee	\$ _____
____ add'l CFS @ \$300 ea	\$ _____	Rec Fee Total	\$ <u>450</u>
<u>20</u> AF up to 20 AF @ \$30 ea	\$ <u>600</u>	Rec Fee Paid	\$ <u>450</u>
<u>170</u> add'l AF @ \$1 ea	\$ <u>170</u>		
____ add'l <input type="checkbox"/> pod/poa <input type="checkbox"/> use @ _____ ea	\$ _____		
____ add'l res @ \$125 ea	\$ _____		
Exam Fee Total	\$ <u>1220</u>	Total Fees	\$ <u>1670</u>
Exam Fee Paid	\$ <u>1220</u>	Paid	\$ _____
		Amount Due	\$ _____

Reviewed by: Scott CSEA

Date: 6/22/16