

WATER RESOURCES DEPARTMENT

RECEIPT # 120277

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

INVOICE # _____

RECEIVED FROM: **Southern Amalgamated
Development**

BY: _____

CASH: ☐CHECK: # **656601794**OTHER: (IDENTIFY) ☐APPLICATION **G-18322**

PERMIT

TRANSFER

TOTAL REC'D \$ **1,900.00****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:

0201 SURFACE WATER \$

0203 GROUND WATER \$ **1,450.00**

0205 TRANSFER \$

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR \$

LANDOWNER'S PERMIT

OTHER (IDENTIFY) _____

EXAM FEE

\$

\$ **1,450.00**

\$

EXAM FEE

\$

RECORD FEE

\$

\$ **450.00****LICENSE FEE**

\$

\$

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE \$

0210 MONITORING WELLS \$

OTHER (IDENTIFY) _____

CARD #

CARD #

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 _____ \$

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DATED: **6/24/14** 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-18322 County Josephine Priority Date 6/28/16
 Township 38 S Range 5 W Section 36
 Amount 30 gpm Use Nursery WM Dist. # 14
 Applicant Name Southern Amalgamated Development / Mom Jones
 Receipt No. 120277 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

☒ 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>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 ☐ pod/poa ☐ 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: _____ Date: _____