STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT # 120406 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

		No. 52	District	PERMIT	G-1833
		140, 52		TRANSFER	
SH: (OTHER: (IDENTIFY)	MANOFER	1
	×126378			TOTAL REC'D	\$1,900,0
1083	TREASURY	4170 WRD	MISC CASH A	ССТ	
0407	COPIES				\$
		IDENTIFY)			\$
0243 I/S L	ease 0244	I Muni Water Mgmt.	Plan 024	5 Cons. Water	
		4270 WRD	OPERATING A	ACCT	
	MISCELLANEOUS	3	46111		
0407	COPY & TAPE FEI	ES			\$
0410	RESEARCH FEES	,			\$
0408	MISC REVENUE:	(IDENTIFY)			\$
TC162	DEPOSIT LIAB. (I	DENTIFY)			\$
0240	EXTENSION OF T	IME			\$
	WATER RIGHTS:		EXAM FEE	7	RECORD FE
0201	SURFACE WATER	ł	\$	0202	\$
0203	GROUND WATER		\$1,450.9		\$ 450.5
0205	TRANSFER		\$ 1,430.	7 3231	
0200	WELL CONSTRUC	OTION	EXAM FEE	-	LICENSE FE
0218	WELL DRILL CON		\$	0219	\$
0216			Ψ	0220	\$
	LANDOWNER'S P			5225	
	OTHER	(IDENTIFY)			
0536	TREASURY	0437 WEL	L CONST. STAI	RT FEE	
0211	WELL CONST STA	ART FEE	\$	CARD#	
0210	MONITORING WE	LLS	\$	CARD #	
	OTHER	(IDENTIFY)			
0607	TREASURY	0467 HYDI	RO ACTIVITY	LIC NUMBER	
0233	POWER LICENSE	FEE (FW/WRD)			\$
0231	HYDRO LICENSE	FEE (FW/WRD)			\$
	HYDRO APPLICAT	ΓΙΟΝ			\$
	TREASURY	OTH	ER / RDX	****	
-					
OB LCOD)E	_ VENDOR #			\$
OD0. OOL					1 %:

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

E-2

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-18334 County LANE Priority Date 7-5-16								
Township 125 Range 4ω Section 2δ								
Amount $22 gpn$ Use R WM Dist. # 2								
Applicant Name KALAPUYA HIGH SCHOOL / STEFAN AUMACK								
Receipt No. 120 406 Caseworker Assigned: Barbe Kim Kisa								
Contact info: Applicant/Organization Name and Mailing Address								
Signature (in ink) of <i>all</i> 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? 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 and surface area for each reservoir.								
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.")								

M	Supplemental data sheets enclosed (if neede	d)								
	☐ Form M (Municipal or Quasi-Munici☐ Spring Description Sheet (if source is	=								
d	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 in description includes a metes and bounds or sales contract or title insurance policy can prepared by a title company. Copies of tax b	other governmen rovide this inform	t survey description. A conation, or applicant may s	opy of the deed, land						
,	The proposed source <u>IS / IS NOT</u> (circle on NOTE: If it is withdrawn under ORS 538, the accept the application and a negative IR with	hen return applic	withdrawn from further a ation and fees. If it is wit	thdrawn by other me	eans, L					
X	The map must meet all the minimum require	rements of OAR	690-310-0050.	Š						
	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 collier. 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									
Ø₹.	Fees: Base Fee 1 st CFS @ \$300add'1 CFS @ \$300 eaAF up to 20 AF @ \$30 eaadd'1 AF @ \$1 eaadd'1 □ pod/poa □ use @ea _add'1 res @ \$125 ea Exam Fee Total Exam Fee Paid	\$\frac{1,150}{300}\$\$ \$\frac{300}{5}\$\$ \$\frac{5}{450}\$\$ \$\frac{1450}{1450}\$\$	Permit Recording Fees Mitigation Fee Rec Fee Total Rec Fee Paid Total Fees Paid	\$ <u>450</u> \$ \$ <u>450</u> \$ <u>450</u> \$ <u>1900</u> \$ <u>1900</u>						
Ras	riewed by: Stoth CSA		Amount Due $7 - 6 - 10$	\$						