

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **120407**

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

INVOICE # _____

RECEIVED FROM: John G. Sullivan
BY: Carol M. Sullivan

APPLICATION	S-88255
PERMIT	
TRANSFER	

CASH: CHECK:# **8245** OTHER: (IDENTIFY)

TOTAL REC'D \$ **1,618.00**

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	EXAM FEE \$ 1,116.00	0202 RECORD FEE \$ 450.00
0203	GROUND WATER	\$	0204 \$
0205	TRANSFER	\$	
WELL CONSTRUCTION			
0218	WELL DRILL CONSTRUCTOR	EXAM FEE \$	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: **120407** DATED: **7-5-16** BY: Carlos O. Turner

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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-88255 County LANE Priority Date 7/5/16

Township 16 S Range 2 E Section 34 & 35

Amount 138 AF Use IR WM Dist. # 2

Applicant Name JOHN OR CAROL SULLIVAN

Receipt No. 120407 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 # _____

~~N/A~~ 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)*

~~N/A~~ 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.")

~~NA~~ 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 ^{TBD} (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

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

Reviewed by: _____ Date: _____