

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **120404**

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

INVOICE # _____

RECEIVED FROM: Koinonia Enterprises Inc.	APPLICATION G-18337
BY: _____	PERMIT _____
	TRANSFER _____

CASH: ☐ CHECK: # **1515** OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ **2,500.00**

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:		EXAM FEE	RECORD FEE
0201 SURFACE WATER	\$	0202	\$
0203 GROUND WATER	\$ 2,050.00	0204	\$ 450.00
0205 TRANSFER	\$		
WELL CONSTRUCTION		EXAM FEE	LICENSE FEE
0218 WELL DRILL CONSTRUCTOR	\$	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 _____	\$ _____

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DATED: **7/5/16** 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)

G-2

Yes No

This is the checklist used by WRD staff

Application G-18337 County LANE Priority Date 7/5/2016Township 18S Range 1W Section 36Amount 12.84 AF Use Irrigation WM Dist. # 2Applicant Name Greg MasonReceipt No. 120404 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 IRR is not year round☒ 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 \$ 1,150

1st CFS @ \$300 \$ 300

add'l CFS @ \$300 ea \$ _____

AF up to 20 AF @ \$30 ea \$ _____

add'l AF @ \$1 ea \$ 300

1st add'l ☒ pod/poa 10146 @ 300 ea \$ 300

add'l res @ \$125 ea \$ _____

Exam Fee Total \$ 1750

Exam Fee Paid \$ 1750

Permit Recording Fees \$ 450

Mitigation Fee \$ _____

Rec Fee Total \$ 450

Rec Fee Paid \$ 450

Total Fees \$ 2200

Paid \$ 2500

Amount Due \$ -300 *over*

Reviewed by: CSH Scott

Date: _____