

WATER RESOURCES DEPARTMENT

RECEIPT # 120438

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

INVOICE # _____

RECEIVED FROM: MC FARMS, INC.
BY: _____

APPLICATION	G-18336
PERMIT	
TRANSFER	

CASH: CHECK:# OTHER: (IDENTIFY)

4070 _____

TOTAL REC'D \$ 2,050.00

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				
0407	COPY & TAPE FEES	\$		
0410	RESEARCH FEES	\$		
0408	MISC REVENUE: (IDENTIFY)	\$		
TC162	DEPOSIT LIAB. (IDENTIFY)	\$		
0240	EXTENSION OF TIME	\$		
WATER RIGHTS:				
0201	SURFACE WATER	\$	0202	\$
0203	GROUND WATER	\$ 2,050.00	0204	\$
0205	TRANSFER	\$		
WELL CONSTRUCTION				
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 _____

RECEIVED
OVER THE COUNTER \$ _____

RECEIPT: **120438** DATED: 7/8/16 BY: HYGREN

Standard Application Completeness Checklist

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

This is the checklist used by WRD staff

Yes No

Application G-18336 County Marion Priority Date 8-Jul-14

Township 4S Range 2W Section 30 & 31

Amount 1.65 cfs Use Irrigation WM Dist. # 16

Applicant Name Mike and Carrie Davidson Trustees, Davidson Living Trust

Receipt No. 120438 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, 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 ≥ 9.2 acre feet AND having a dam height ≥ 10 feet, map must be prepared by a CWRE

Fees:

Base Fee	\$ <u>1150</u>	Permit Recording Fees	\$ <u>450</u>
1 st CFS @ \$300	\$ <u>300</u>	Mitigation Fee	\$ _____
<u>1</u> add'l CFS @ \$300 ea	\$ <u>300</u>	Rec Fee Total	\$ <u>450</u>
AF up to 20 AF @ \$30 ea	\$ _____	Rec Fee Paid	\$ _____
add'l AF @ \$1 ea	\$ _____		
<u>1</u> add'l <input checked="" type="checkbox"/> pod/poa <input type="checkbox"/> use @ <u>300</u> ea	\$ <u>300</u>		
add'l res @ \$125 ea	\$ _____		
Exam Fee Total	\$ <u>2050</u>	Total Fees	\$ <u>2500</u>
Exam Fee Paid	\$ _____	Paid	\$ <u>2050</u>
		Amount Due	\$ <u>450</u> (Per. Rec)

Reviewed by: Jeffrey

Date: 8-July-16