STATE OF OREGON
WATER RESOURCES DEPARTMENT
725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # **119273**

INVOICE # _____

S-88256 = #930⁰⁰

R-88196 = # 830⁰⁰

RECEIVED FROM: Phillips Cattle Company

BY: Jeffrey F Phillips

APPLICATION	R-88196
PERMIT	
TRANSFER	

CASH: ☐   CHECK:# ☒ 1282   OTHER: (IDENTIFY) ☐ _____

TOTAL REC'D	$ 1760.⁰⁰

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   4611

0407	COPY & TAPE FEES	$
0410	RESEARCH FEES	$
0408	MISC REVENUE: (IDENTIFY) _____	$
TC162	DEPOSIT LIAB. (IDENTIFY) _____	$
0240	EXTENSION OF TIME	$

S-88256 = 480.00

WATER RIGHTS:

		EXAM FEE		RECORD FEE
0201	SURFACE WATER R-88196 =	$ 380.00	0202	$ 450.00 S-88256
0203	GROUND WATER	$	0204	$ 450.00 R-88196
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 _____ $ _____

RECEIPT: **119273**   DATED: 3/23/16   BY Carlos O. Turner

S-88256

E-2
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-88256**   County **Baker**   Priority Date **7-8-16**

Township **7 S**   Range **46 E**   Section **32**

Amount **0.1 df**   Use **IR**   WM Dist. # **8**

Applicant Name **Jeff Phillips**

Receipt No. **119273**   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)*

N/A ☑ 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.*

Based on previously accepted R-58/96

☑ **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. <u>Copies of tax bills are not acceptable.</u>

TBD

☑ 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

    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	$ 450	Permit Recording Fees	$ 450
1ˢᵗ CFS @ <u>$300</u>	$ _____	Mitigation Fee	$ _____
____ add'l CFS @ <u>$300 ea</u>	$ _____		
____ AF up to 20 AF @ <u>$30 ea</u>	$ 30	Rec Fee Total	$ 450
____ add'l AF @ <u>$1 ea</u>	$ _____	Rec Fee Paid	$ 450
____ add'l ☐pod/poa ☐use @ _____ ea	$ _____		
____ add'l res @ <u>$125 ea</u>	$ _____		
Exam Fee Total	$ 480	Total Fees	$ 930
Exam Fee Paid	$ 480	Paid	$ 930
		Amount Due	$ _____

Reviewed by: _GH CSG_   Date: _7/8/16_