

WATER RESOURCES DEPARTMENT

RECEIPT # **120585**725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

RECEIVED FROM:

BY:

The Carolyn Ann Good Living Trust; Carolyn Good TTE

APPLICATION

G-18345

PERMIT

TRANSFER

CASH:

CHECK: #

OTHER: (IDENTIFY)

☐☒121☐

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**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

\$

0202

RECORD FEE

\$

0203 GROUND WATER

\$ 2,050.00

0204

\$

0205 TRANSFER

\$

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR

EXAM FEE

\$

0219

LICENSE FEE

\$

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:

120585

DATED:

7/20/16

BY:

HP Graw

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

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **120586**

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

INVOICE # _____

RECEIVED FROM: The Carolyn Ann Good Living Trust; Carolyn Good TTR
BY: _____

APPLICATION	G-18345
PERMIT	
TRANSFER	

CASH: ☐ CHECK # 122 OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ 300.00

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	EXAM FEE \$	0202 \$
0203 GROUND WATER	\$ <u>300.00</u>	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 _____

RECEIVED

\$ _____

OVER THE COUNTER

RECEIPT: **120586**

DATED: 7/20/16 BY: HPGraw

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)

Yes No

This is the checklist used by WRD staff

Application G-18345 County CLATSOP Priority Date 7/20/16
 Township SS Range 3E Section 1
 Amount 0.089 cfs Use Nursery & Pond maint WM Dist. # 20
 Applicant Name Gwynn Good
 Receipt No. 120585 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, 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	Permit Recording Fees	\$ 450
1 st CFS @ \$300	\$ 300	Mitigation Fee	\$
add'l CFS @ \$300 ea	\$		
AF up to 20 AF @ \$30 ea	\$	Rec Fee Total	\$ 450
add'l AF @ \$1 ea	\$	Rec Fee Paid	\$
3 add'l ☒ pod/poa ☒ use @ 300 ea	\$ 900		
add'l res @ \$125 ea	\$		
Exam Fee Total	\$ 2350	Total Fees	\$ 2800
Exam Fee Paid	\$ 2350	Paid	\$ 2350
		Amount Due	\$ 450

Reviewed by:

Scott CSG

Date:

7/20/16