

WATER RESOURCES DEPARTMENT

RECEIPT # 120621

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

INVOICE # _____

RECEIVED FROM: Wanek Ranch, LLC
BY: _____

APPLICATION	<u>G-18349</u>
PERMIT	
TRANSFER	

CASH: CHECK:# 1268 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 2,800.00

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
\$ _____	0202	\$ _____
\$ <u>2,350.00</u>	0204	\$ <u>450.00</u>
\$ _____		

WELL CONSTRUCTION

EXAM FEE		LICENSE FEE
\$ _____	0219	\$ _____
	0220	\$ _____

0201 SURFACE WATER
 0203 GROUND WATER
 0205 TRANSFER
 0218 WELL DRILL CONSTRUCTOR
 LANDOWNER'S PERMIT
 _____ 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 **RECEIVED**
 OBJ. CODE _____ VENDOR **OVER THE COUNTER**
 DESCRIPTION _____ \$ _____

RECEIPT: **120621** DATED: 7/22/16 BY: Carlos Turner

E-2

Standard Application Completeness Checklist

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

Yes No 3

This is the checklist used by WRD staff

Application G-18349 County Deschutes Priority Date 7/22/16

Township 22S Range 10E Section 22 & 27

Amount 1.875 acs Use IR WM Dist. # 11

Applicant Name WANER RANCH LLC

Receipt No. 120621 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.")

See T-12439
Instream lease

MA 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	\$ <u>1,150</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	\$ <u>450</u>
____ add'l AF @ \$1 ea	\$ _____		
<u>2</u> add'l <input checked="" type="checkbox"/> pod/poa <input type="checkbox"/> use @ <u>300</u> ea	\$ <u>600</u>		
____ add'l res @ \$125 ea	\$ _____		
Exam Fee Total	\$ <u>2350</u>	Total Fees	\$ <u>2800</u>
Exam Fee Paid	\$ <u>2350</u>	Paid	\$ <u>2800</u>
		Amount Due	\$ _____

Reviewed by: Scott CSG

Date: 7/22/16