

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **120805** 725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172 INVOICE # _____
(503) 986-0900 / (503) 986-0904 (fax)

RECEIVED FROM: **Band B Global Holdings LLC** APPLICATION **G-18358**
BY: _____ PERMIT _____
TRANSFER _____

CASH: ☐ CHECK # **1027** OTHER: (IDENTIFY) ☐ TOTAL REC'D **\$ 1,900.00**

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	<u>\$ 1,450.00</u>	0204	<u>\$ 450.00</u>
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: **120805** DATED: **8-4-16** BY **Carlos O Turner**

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

E-2**Standard Application Completeness Checklist**

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

Yes ☒ No ☐

This is the checklist used by WRD staff

Application 6-18350 County Josephine Priority Date 8-4-16Township 39S Range 07W Section 20Amount 60 gpm Use NURSERY WM Dist. # 14Applicant Name B* B Global Holdings / Michael BlazeovichReceipt No. 120805 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~~ ^{TBD} (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

\$ 1450

Permit Recording Fees

\$ 450

1st CFS @ \$300

\$ 300

Mitigation Fee

\$ _____

____ add'l CFS @ \$300 ea

\$ _____

Rec Fee Total

\$ 450

____ AF up to 20 AF @ \$30 ea

\$ _____

Rec Fee Paid

\$ 450

____ add'l AF @ \$1 ea

\$ _____

____ add'l ☐ pod/poa ☐ use @ _____ ea

\$ _____

____ add'l res @ \$125 ea

\$ _____

Exam Fee Total

\$ 1450

Total Fees

\$ 1900

Exam Fee Paid

\$ 1450

Paid

\$ 1900

Amount Due

\$ _____

Reviewed by: Scott CSG

Date: _____