

WATER RESOURCES DEPARTMENT

RECEIPT # 121002

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

INVOICE # _____

RECEIVED FROM: David J Elbel

APPLICATION G-18373

BY:

PERMIT

TRANSFER

CASH:

CHECK: #

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

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

\$ 1450

0202

RECORD FEE

\$ 450

0203 GROUND WATER

\$ 1900.00

0204

\$ 1,900.00

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 _____

\$

RECEIPT: 121002

DATED: 8-23-16

BY: Felicia Brown

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-18373 County Josephine Priority Date 8-23-16
 Township 39S Range 8W Section 29
 Amount 10 gpm Use Nursery WM Dist. # 74
 Applicant Name David Ebel
 Receipt No. 121002 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

\$ 1,150

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 CSK

Date:

8-24-16