

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **121024**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: <b>Neil Taylor Ranch</b>	APPLICATION <b>G-18374</b>
BY: _____	PERMIT _____
CASH: <input type="checkbox"/> CHECK:# <b>X1152</b> OTHER: (IDENTIFY) <input type="checkbox"/>	TRANSFER _____
TOTAL REC'D \$ <b>2800.00</b>	

<b>1083 TREASURY</b>	<b>4170 WRD MISC CASH ACCT</b>
0407 COPIES	\$ _____
OTHER: (IDENTIFY) _____	\$ _____
0243 I/S Lease _____	0244 Muni Water Mgmt. Plan _____
0245 Cons. Water _____	

<b>4270 WRD OPERATING ACCT</b>	
<b>MISCELLANEOUS</b>	
0407 COPY & TAPE FEES	\$ _____
0410 RESEARCH FEES	\$ _____
0408 MISC REVENUE: (IDENTIFY) _____	\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$ _____
0240 EXTENSION OF TIME	\$ _____
<b>WATER RIGHTS:</b>	
0201 SURFACE WATER	EXAM FEE \$ _____ 0202
0203 GROUND WATER	EXAM FEE \$ <b>2650</b> 0204
0205 TRANSFER	EXAM FEE \$ _____
<b>WELL CONSTRUCTION</b>	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____ 0219
LANDOWNER'S PERMIT	EXAM FEE \$ _____ 0220
OTHER (IDENTIFY) _____	

<b>0536 TREASURY</b>	<b>0437 WELL CONST. START FEE</b>
0211 WELL CONST START FEE	\$ _____
0210 MONITORING WELLS	\$ _____
OTHER (IDENTIFY) _____	CARD # _____
	CARD # _____

<b>0607 TREASURY</b>	<b>0467 HYDRO ACTIVITY</b>	LIC NUMBER
0233 POWER LICENSE FEE (FW/WRD)		\$ _____
0231 HYDRO LICENSE FEE (FW/WRD)		\$ _____
HYDRO APPLICATION		\$ _____

<b>TREASURY</b>	<b>OTHER / RDX</b>
FUND _____	TITLE _____
OBJ. CODE _____	VENDOR # _____
DESCRIPTION _____	\$ _____

RECEIPT: **121024** DATED: **8/24/16** BY: **Felicia Brown**

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)  
 This is the checklist used by WRD staff

Yes  No  G file

RECEIVED BY OWRD

Application G-18374 County WAKE Priority Date 8/24/16 AUG 24 2016  
 Township 36 S Range 24 E Section 11, 13 #44 SALEM, OR  
 Amount 1060.6 gpm Use Supp IR WM Dist. # 12  
 Applicant Name Taylor Westside Ranch  
 Receipt No. 121024 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.

~~NA~~ 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 # \_\_\_\_\_

cut off M

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)

~~NA~~ Resource Protection Section (N/A for Groundwater)

~~NA~~ 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.")

AUG 24 2016

SALEM, OR

- 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

*Need to specify acreage per 1/4 1/4*

**Fees:**

Base Fee	\$ <u>1,150</u>	Permit Recording Fees	\$ <u>450</u>
1 <sup>st</sup> CFS @ \$300	\$ <u>300</u>	Mitigation Fee	\$ _____
<u>3</u> add'l CFS @ \$300 ea	\$ <u>900</u>	Rec Fee Total	\$ <u>450</u>
___ AF up to 20 AF @ \$30 ea	\$ _____	Rec Fee Paid	\$ <u>150</u>
___ add'l AF @ \$1 ea	\$ _____		
<u>1</u> add'l <input type="checkbox"/> pod/poa <input checked="" type="checkbox"/> use @ <u>300</u> ea	\$ <u>300</u>		
___ add'l res @ \$125 ea	\$ _____		
Exam Fee Total	\$ <u>2650</u>	Total Fees	\$ <u>3100</u>
Exam Fee Paid	\$ <u>2650</u>	Paid	\$ <u>2800</u>
		Amount Due	\$ <u>300</u>

Reviewed by: Scott CSU

Date: 7/21/16