

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **121096** 725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172 INVOICE # _____
(503) 986-0900 / (503) 986-0904 (fax)

RECEIVED FROM: Martin Farms	APPLICATION G-18377
BY: _____	PERMIT _____
CASH: ☐ CHECK: # 9009 OTHER: (IDENTIFY) ☐	TRANSFER _____
TOTAL REC'D \$ 4900.00	

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	\$ _____
0203 GROUND WATER	\$ 4450.00
0205 TRANSFER	\$ _____
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	\$ _____
LANDOWNER'S PERMIT	\$ _____
OTHER (IDENTIFY) _____	\$ _____

0536 TREASURY	0437 WELL CONST. START FEE
0211 WELL CONST START FEE	\$ _____
0210 MONITORING WELLS	\$ _____
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: **121096** DATED: **8-29-10** BY: **Felicitia Blauer**
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 G-18377 County Sherman Priority Date 8-29-16
 Township 2N Range 16E Section 1, 2, 11 & 12 2N 17E 6, 7 & 8
 Amount 7.0 cfs Use IR & Supp WM Dist. # 3
 Applicant Name WILLIAM, DOUGLAS & THOMSON MARTIN
 Receipt No. 121096 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)

See note from MARRIOTT

☒ 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 ON MAP
 (Primary and Supplemental Irrigation counts as 2 uses) *REMOVED*

☒ 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

1st CFS @ \$300 \$ 300

6 add'l CFS @ \$300 ea \$ 1800

___ AF up to 20 AF @ \$30 ea \$ ___

___ add'l AF @ \$1 ea \$ ___

3 + 1 add'l ☒ pod/poa ☒ use @ 300 ea \$ 1200

___ add'l res @ \$125 ea \$ ___

Exam Fee Total \$ 4450

Exam Fee Paid \$ 4450

Permit Recording Fees \$ 450

Mitigation Fee \$ ___

Rec Fee Total \$ 450

Rec Fee Paid \$ 450

Total Fees \$ 4900

Paid \$ 4900

Amount Due \$ ___

Reviewed by: Scott CSH

Date: 8/30/16