## STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT # 121206 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax)

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

| EIVED FR   | OM: Teane       | tte        | L 6         | parison     |         | ICATION<br>RMIT | ( <del>5</del> )- | 1837     |
|------------|-----------------|------------|-------------|-------------|---------|-----------------|-------------------|----------|
| Y:         |                 |            |             |             |         | NSFER           |                   |          |
| SH:        | CHECK:#         | OTHER: (II | DENTIFY)    |             | TOA     | NOFER           |                   |          |
| ]          | X 1013          |            |             |             | TOTAL   | REC'D           | \$   5            | 1000     |
| 1083       | TREASURY        | 4170       | WRD I       | MISC CASH A | ACCT    |                 |                   |          |
| 0407       | COPIES          | ,          |             |             |         |                 | \$                |          |
|            | _ OTHER:        | (IDENTIFY) |             |             |         | ····            | \$                |          |
| 0243 I/S I | _ease 024       |            |             |             |         | Vater           |                   |          |
|            |                 | 4270       | WRD         | PERATING A  | ACCT    |                 |                   |          |
|            | MISCELLANEOU    | JS         | (           | 1(11)       |         |                 |                   |          |
| 0407       | COPY & TAPE FE  | EES        |             |             |         |                 | \$                |          |
| 0410       | RESEARCH FEE    | S          |             |             |         |                 | \$                |          |
| 0408       | MISC REVENUE    | : (IDENTIF | Y)_         |             |         |                 | \$                |          |
| TC162      | DEPOSIT LIAB.   | (IDENTIFY) |             |             |         |                 | \$                |          |
| 0240       | EXTENSION OF    | TIME       |             |             |         |                 | \$                |          |
|            | WATER RIGHTS    | :          |             | EXAM FEE    |         |                 | REC               | ORD FEE  |
| 0201       | SURFACE WATE    | R          |             | \$          | 02      | 02              | \$                |          |
| 0203       | GROUND WATER    | R          |             | \$ 1450     | 02      | 04              | \$ U              | 50       |
| 0205       | TRANSFER        |            |             | \$          | 4       |                 |                   |          |
|            | WELL CONSTRU    | ICTION     |             | EXAM FEE    | -       |                 | LIC               | ENSE FEE |
| 0218       | WELL DRILL COI  |            | R           | \$          | 02      | 19              | \$                |          |
| 0210       | LANDOWNER'S     |            |             |             | 02      | 20              | \$                |          |
|            |                 |            | <b>5</b> 10 |             |         |                 |                   |          |
|            | OTHER           | (IDENTI    | FY)         |             |         |                 |                   |          |
| 0536       | TREASURY        | 0437       | WELL        | CONST. STA  | RT FEE  |                 |                   |          |
| 0211       | WELL CONST ST   | TART FEE   |             | \$          |         | CARD#           |                   |          |
| 0210       | MONITORING W    | ELLS       |             | \$          |         | CARD #          |                   |          |
|            | OTHER           | (IDENTI    | FY)         |             |         |                 |                   |          |
| 0607       | TREASURY        | 0467       | HYDR        | O ACTIVITY  | LIC NUI | MBER            |                   |          |
| 0233       | POWER LICENS    | E FEE (FW/ | WRD)        |             |         |                 | \$                |          |
| 0231       | HYDRO LICENSI   | E FEE (FWΛ | WRD)        |             |         |                 | \$                |          |
|            | _ HYDRO APPLICA | ATION      |             |             |         |                 | \$                |          |
|            | TREASURY        |            | OTHE        | R / RDX     |         |                 |                   |          |
| FUND       |                 | TITLE      |             |             |         |                 |                   |          |
|            | DE              |            |             |             |         |                 |                   |          |
|            |                 | VENDO      | . #         |             |         |                 | \$                |          |
| DESCRIP    | TION            |            |             |             |         |                 |                   |          |

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

| E-2                                    | ~ Francisco - Fran |
|--|--|
| Yes (                                  | No Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff  |
| -                                      | plication $\frac{G-18378}{385}$ County $\frac{\sqrt{soptime}}{Section}$ Priority Date $\frac{9/8}{16}$   |
|  |  |
| Am                                     | plicant Name Demette Barrison WM Dist. # 14  |
| Ap                                     | plicant Name Desmette Garrison   |
| Red                                    | ceipt No. 121206 Caseworker Assigned: Barbe  |
| X                                      | Contact info: Applicant/Organization Name and Mailing Address  |
| 1                                      | Signature (in ink) of <i>all</i> applicants or the applicant's authorized agent (include title or authority if for an organization or corporation).  |
| X                                      | Property ownership: Does the applicant own all the land for the proposed project? 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.   |
| VA                                     | 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?   |
| pm2                                    | Permit or Certificate issued? Y / N Permit or Certificate #  |
| 'X                                     | For a GW Application: Well Development Tables completed and/or a well log report included (if existing)  |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Proposed water use   |
| ,                                      | <ul> <li>☑ Amount of water from each source in GPM, CFS, or AF</li> <li>☑ Period of use indicated</li> <li>☑ If for supplemental irrigation, primary acreage or underlying permit or certificate number listed (Primary and Supplemental Irrigation counts as 2 uses)</li> </ul>   |
| ø                                      | Water Management Section (Estimates if the water system has not been designed)   |
| NA                                     | Resource Protection Section (N/A for Groundwater)  |
| <b>V</b> ₽                             | 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.")

| JD s                                    | Supple   | emental data sheets enclosed (if needed  | i)                 |   |                                |  |  |  |  |  |
|---|--|--|--------------------|---|--------------------------------|--|--|--|--|--|
|   |  | Form M (Municipal or Quasi-Munici  | pal)               |   |                                |  |  |  |  |  |
| į                                       |  | Spring Description Sheet (if source is   | a spring)          |   |                                |  |  |  |  |  |
| $I \setminus F$                         | A completed <b>Land-Use Form</b> or receipt signed and dated by the appropriate planning department officials. <i>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.</i>  |  |                    |   |                                |  |  |  |  |  |
| \ d                                     | A <b>Legal Description</b> 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. |  |                    |   |                                |  |  |  |  |  |
| , \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | <i>NOTE</i>  | roposed source <u>IS / IS NOT</u> (circle o<br>: If it is withdrawn under ORS 538, th<br>the application and a negative IR wil | en return applica  | withdrawn from further a ation and fees. If it is win |                                |  |  |  |  |  |
| 7                                       | The m  | ap must meet all the minimum require   | ements of OAR 6    | 690-310-0050.   |                                |  |  |  |  |  |
|   | Ø  | 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 $4'' = 1$ r   |                    | .); examples: 1" = 100 ft.                            | , 1" = 200 ft.                 |  |  |  |  |  |
|   |  | Location of each diversion point, wel  |                    |   |                                |  |  |  |  |  |
|   |  | Multiple wells shall be uniquely labe  | led, and identifie | ed 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  |  |                    |   |                                |  |  |  |  |  |
| <b>□</b> ∕ 1                            | Fees:  |  |                    |   | _                              |  |  |  |  |  |
|   | Base I   | Fee  | \$ 1,150           | Permit Recording Fees                                 | s 450                          |  |  |  |  |  |
|   |  | S @ \$300  | \$ 300             | Mitigation Fee  | \$                             |  |  |  |  |  |
| _                                       | a  | dd'1 CFS @ \$300 ea  | \$                 |   | 11 -                           |  |  |  |  |  |
| -                                       |  | AF up to 20 AF @ <u>\$30 ea</u>  | \$                 | Rec Fee Total   | \$ <u>450</u><br>\$ <u>450</u> |  |  |  |  |  |
| -                                       | 1  | add'l AF @ <u>\$1 ea</u>   | \$                 | Rec Fee Paid  | \$ 450                         |  |  |  |  |  |
| -                                       |  | add'l □pod/poa □use @ea  | \$                 |   |                                |  |  |  |  |  |
| -                                       |  | add'l res @ <u>\$125 ea</u>  | \$                 |   |                                |  |  |  |  |  |
| ī                                       | Exam   | Fee Total  | , 1450             | Total Fees  | \$ 1900                        |  |  |  |  |  |
|   | - 1  | Fee Paid   | \$ 1450            | Paid  | \$                             |  |  |  |  |  |
|   | 1  | \  |                    | Amount Due  | \$                             |  |  |  |  |  |
|   |  |  |                    | 1 1   |                                |  |  |  |  |  |
| Revi                                    | ewed   | by CSG   | Date: _            | 9/8/16  |                                |  |  |  |  |  |