

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **121229**

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

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

RECEIVED FROM: **Nathan A. Newsom**

|             |                |
|-------------|----------------|
| APPLICATION | <b>S-88283</b> |
| PERMIT      |                |
| TRANSFER    |                |

BY: \_\_\_\_\_

CASH: **1024811218**

CHECK: # **8** ↑ OTHER: (IDENTIFY) \_\_\_\_\_

☐
☒
☐

TOTAL REC'D \$ **1,020.00**

**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**

|                                      |                           |                                  |
|--------------------------------------|---------------------------|----------------------------------|
| <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 \$ <b>570.00</b> | 0202 RECORD FEE \$ <b>450.00</b> |
| 0203 GROUND WATER                    | \$                        | 0204 \$                          |
| 0205 TRANSFER                        | \$                        |                                  |
| <b>WELL CONSTRUCTION</b>             |                           |                                  |
| 0218 WELL DRILL CONSTRUCTOR          | EXAM FEE \$               | 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: **121229**

DATED: **9-8-16**

BY: **Felicia Brown**

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

**E-2**

Yes No

# Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application S-88283 County LINN Priority Date 9-8-16

Township 9S Range 1E Section 19

Amount 4 AF Use 1R WM Dist. # 2

Applicant Name Nathan Newsom

Receipt No. 121229 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 crest width and surface area for each reservoir. **RECEIVED BY OWRD**

☒ Project schedule (If system is already completed, indicate "existing.")

SEP 08 2016

- ☒ 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  $\geq 9.2$  acre feet AND having a dam height  $\geq 10$  feet, map must be prepared by a CWRE

*NET LOCATION OF 2 ACRES - NO WANDERING WITHIN AREA. KS*

☐ **Fees:**

|                                                                                     |               |                       |                |
|-------------------------------------------------------------------------------------|---------------|-----------------------|----------------|
| Base Fee                                                                            | \$ <u>450</u> | Permit Recording Fees | \$ <u>450</u>  |
| 1 <sup>st</sup> CFS @ \$300                                                         | \$ _____      | Mitigation Fee        | \$ _____       |
| ____ add'l CFS @ \$300 ea                                                           | \$ _____      |                       |                |
| <u>4</u> AF up to 20 AF @ \$30 ea                                                   | \$ <u>120</u> | Rec Fee Total         | \$ <u>450</u>  |
| ____ add'l AF @ \$1 ea                                                              | \$ _____      | Rec Fee Paid          | \$ <u>450</u>  |
| ____ add'l <input type="checkbox"/> pod/poa <input type="checkbox"/> use @ _____ ea | \$ _____      |                       |                |
| ____ add'l res @ \$125 ea                                                           | \$ _____      |                       |                |
| Exam Fee Total                                                                      | \$ <u>570</u> | Total Fees            | \$ <u>1020</u> |
| Exam Fee Paid                                                                       | \$ <u>570</u> | Paid                  | \$ <u>1020</u> |
|                                                                                     |               | Amount Due            | \$ _____       |

Reviewed by:

Scott CSB

Date:

\_\_\_\_\_