

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **121273**

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

INVOICE # _____

RECEIVED FROM: Brad Waibel
BY: Julie Waibel

APPLICATION	G-18384
PERMIT	
TRANSFER	

CASH: CHECK.# OTHER: (IDENTIFY)

1289

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	\$	0202
0203	GROUND WATER	\$ 1,450.00	0204
0205	TRANSFER	\$	
WELL CONSTRUCTION			
0218	WELL DRILL CONSTRUCTOR	\$	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 (FWWRD)	\$
0231	HYDRO LICENSE FEE (FWWRD)	\$
	HYDRO APPLICATION	\$

TREASURY OTHER / RDX

FUND	TITLE	
OBJ. CODE	VENDOR #	
DESCRIPTION		\$

RECEIPT: **121273** DATED: **9.12.10** BY: Maint

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 6-18384 County Crook Priority Date 9-12-16

Township 15S Range 16E Section 24

Amount 27 cfs Use IR WM Dist. # 11

Applicant Name Bob Williams

Receipt No. 12173 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** (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.*

Degoh GW Study Area

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 ~~1150~~ \$ ~~1150~~ ¹¹⁵⁰

1st CFS @ \$300 \$ ~~300~~ ³⁰⁰

___ add'l CFS @ \$300 ea \$ _____

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

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

___ add'l pod/poa use @ _____ ea \$ _____

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

Permit Recording Fees \$ 450

Mitigation Fee \$ 500 ⁹⁵⁰

Rec Fee Total \$ _____

Rec Fee Paid \$ _____

Total Fees \$ 2400

Paid \$ 1900

Amount Due \$ 500

Reviewed by: *[Signature]*

Date: 9-13-16