

WYZ

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 121375

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

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

RECEIVED FROM: <u>Deborah L. Godberry</u>	APPLICATION <u>G-18388</u>
BY: _____	PERMIT _____
	TRANSFER _____

CASH:  CHECK:# X13154 OTHER: (IDENTIFY)  \_\_\_\_\_

TOTAL REC'D \$ 3,700.00

**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** 4611

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	\$ <u>3250.00</u>	0204	\$ <u>450.00</u>
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 (FW/WRD) \$ \_\_\_\_\_

0231 HYDRO LICENSE FEE (FW/WRD) \$ \_\_\_\_\_

HYDRO APPLICATION \$ \_\_\_\_\_

**TREASURY OTHER / RDX**

FUND \_\_\_\_\_ TITLE \_\_\_\_\_

OBJ. CODE \_\_\_\_\_ VENDOR # \_\_\_\_\_

DESCRIPTION \_\_\_\_\_ \$ \_\_\_\_\_

RECEIPT: 121375 DATED: 9-21-10 BY: Felicia Brown

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)

This is the checklist used by WRD staff

Yes  No

Application G-18388 County Jackson Priority Date 21 Sept-2016

Township 3534365 Range 1E Section 31 & 6

Amount 90 gpm Use Nursery WM Dist. # 13

Applicant Name Ther Thompson, Belle Creek Ranch LLC

Receipt No. 121375 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.*

- 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. *missing well #4 on map*
  - 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

**Fees:**

Base Fee	\$ <u>1150</u>	Permit Recording Fees	\$ <u>450</u>
1 <sup>st</sup> CFS @ \$300	\$ _____	Mitigation Fee	\$ _____
___ add'l CFS @ \$300 ea	\$ _____		
___ AF up to 20 AF @ \$30 ea	\$ _____	Rec Fee Total	\$ <u>450</u>
___ add'l AF @ \$1 ea	\$ _____	Rec Fee Paid	\$ <u>450</u>
<u>1</u> add'l <input checked="" type="checkbox"/> pod/poa <input type="checkbox"/> use @ <u>300</u> ea	\$ <u>1800</u>		
___ add'l res @ \$125 ea	\$ _____		
Exam Fee Total	\$ <u>2950</u>	Total Fees	\$ <u>3400</u>
Exam Fee Paid	\$ <u>2950</u>	Paid	\$ <u>3700</u>
		Amount Due	\$ <u>300</u>
		<i>Returned</i>	

Reviewed by: Jeffrey

Date: 22-Sept-14

*Refund Due*