

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **121408**

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

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

RECEIVED FROM: **Erich H Thalmayer;**  
BY: **Amber Thalmayer.**

APPLICATION	<b>G-18391</b>
PERMIT	
TRANSFER	

CASH:  CHECK:#  **822** OTHER: (IDENTIFY)

TOTAL REC'D \$ **1,930.00**

**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** **46111**

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	\$ <b>1480.00</b>	0204	\$ <b>450.00</b>
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: **121408** DATED: **9-23-16** BY: **Felicia Brown**

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# Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Yes  No

Application 6-18391 County Lane Priority Date 9-23-16

Township 17S Range 5W Section 25

Amount 0.23 cfs Use 1/2<sup>Ac.</sup> Irrigation WM Dist. # 2

Applicant Name Erich M. Thalmayer

Receipt No. ~~121408~~ 121408 Caseworker Assigned:  Erich  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 0.23 CFS
  - Period of use indicated May -> Sept
  - If for supplemental irrigation, primary acreage or underlying permit or certificate number none

- 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. Underground storage container.
- Project schedule (If system is already completed, indicate "existing.") Begin date only

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- 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. 1" = 50'
- 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

Need  
Need  
Need  
Need

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

CC 9/20/16

<input type="checkbox"/> Fees:			
Base Fee	\$ 1,150	Permit Recording Fees	\$ 450
1 <sup>st</sup> CFS @ \$300	\$ 300	Mitigation Fee	\$ _____
___ add'l CFS @ \$300 ea	\$ _____	Rec Fee Total	\$ 450
___ AF up to 20 AF @ \$30 ea	\$ _____	Rec Fee Paid	\$ 450
___ add'l AF @ \$1 ea	\$ _____		
___ add'l <input type="checkbox"/> pod/poa <input type="checkbox"/> use @ _____ ea	\$ _____		
___ add'l res @ \$125 ea	\$ _____		
Exam Fee Total	\$ 1450	Total Fees	\$ 1900
Exam Fee Paid	\$ 1450	Paid	\$ 1900
		Amount Due	\$ _____

Reviewed by: Scott / CSG Date: 9/8/16  
Corey 9/20/16