

NR

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # 121619

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

INVOICE # _____

RECEIVED FROM: Paul Raymond	APPLICATION: G-18400
BY: Eichwald	PERMIT: _____
CASH: <input type="checkbox"/> CHECK: # 656401963 OTHER: (IDENTIFY) _____	TRANSFER: _____
<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> OTHER	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 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	EXAM FEE \$ _____ 0202 RECORD FEE \$ _____
0203 GROUND WATER	\$ 1450.00 0204 \$ 450.00
0205 TRANSFER	\$ _____
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____ 0219 LICENSE FEE \$ _____
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: **121619** DATED: **10-17-10** BY: **Felicia B**

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

E-2

Standard Application Completeness Checklist

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

Yes No

This is the checklist used by WRD staff

Application 5-18400 County JOSEPHINE Priority Date 10/17/16

Township 37S Range SW Section 28

Amount 6 AF 6000 GPM Use IRRIGATION WM Dist. # 14

Applicant Name PAUL EICHWAID

Receipt No. 121619 Caseworker Assigned: [X] Barbe [] Kim [] Lisa

- [X] Contact info: Applicant/Organization Name and Mailing Address
[X] Signature (in ink) of all 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? (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.

- N/A [] 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 #

[X] For a GW Application: Well Development Tables completed and/or a well log report included (if existing)

- [X] Proposed water use
[X] Amount of water from each source in GPM, CFS, or AF 6 AF
[X] Period of use indicated YEAR ROUND
N/A [X] If for supplemental irrigation, primary acreage or underlying permit or certificate number listed (Primary and Supplemental Irrigation counts as 2 uses)

[X] Water Management Section (Estimates if the water system has not been designed)

N/A [X] Resource Protection Section (N/A for Groundwater)

N/A [X] For all standard reservoir applications: Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir.

[X] Project schedule (If system is already completed, indicate "existing.")

- N/A 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

N/A 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	\$ <u>1150</u>	Permit Recording Fees	\$ <u>450</u>
1' CFS @ \$300	\$ <u>300</u>	Mitigation Fee	\$ _____
___ add'l CFS @ \$300 ea	\$ _____	Rec Fee Total	\$ _____
___ AF up to 20 AF @ \$30 ea	\$ _____	Rec Fee Paid	\$ _____
___ 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	\$ _____	Total Fees	\$ <u>1900</u>
Exam Fee Paid	\$ _____	Paid	\$ <u>1900</u>
		Amount Due	\$ <u>0</u>

Reviewed by: ~~_____~~ Date: _____