

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **121726**

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

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

RECEIVED FROM: ROloff Farms  
BY: \_\_\_\_\_

APPLICATION	G-18405
PERMIT	
TRANSFER	

CASH:  CHECK:# 3909 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1750.00

**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>		<u>4011</u>	
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	\$	0202
0203	GROUND WATER	\$ <u>1750.00</u>	0204
0205	TRANSFER	\$	
<b>WELL CONSTRUCTION</b>			
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 APPLIC. FEE	\$

**TREASURY OTHER TAX OVER THE COUNTER**

FUND _____	TITLE _____	
OBJ. CODE _____	VENDOR # _____	
DESCRIPTION _____		\$

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DATED: 10-27-10 BY: Felicia B

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-18405 County Wash Priority Date 27-Oct-2016

Township 1N Range 2W Section 3 & 4

Amount 0.99 cfs Use Irrigation WM Dist. # 18

Applicant Name Matthew and Amy Roloff

Receipt No. 121726 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, ¼-¼'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 ¼-¼ 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	\$ <u>1150</u>	Permit Recording Fees	\$ <u>450</u>
1 <sup>st</sup> CFS @ \$300	\$ <u>300</u>	Mitigation Fee	\$ _____
___ add'l CFS @ \$300 ea	\$ _____	Rec Fee Total	\$ <u>450</u>
___ AF up to 20 AF @ \$30 ea	\$ _____	Rec Fee Paid	\$ <u>0</u>
___ add'l AF @ \$1 ea	\$ _____		
___ add'l <input checked="" type="checkbox"/> pod/poa <input type="checkbox"/> use @ <u>300</u> ea	\$ <u>300</u>		
___ add'l res @ \$125 ea	\$ _____		
Exam Fee Total	\$ <u>1750</u>	Total Fees	\$ <u>2150</u>
Exam Fee Paid	\$ <u>1750</u>	Paid	\$ <u>1750</u>
		Amount Due	\$ <u>450</u>

Reviewed by: Jeff Gray Date: \_\_\_\_\_