

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **121765**

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

INVOICE # _____

RECEIVED FROM: SICMA Case Parts, LLC
BY: _____

| | |
|-------------|---------|
| APPLICATION | 6-18406 |
| PERMIT | |
| TRANSFER | |

CASH: CHECK # 33447 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1,150.00

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 | EXAM FEE \$ 1,150.00 | 0204 RECORD FEE \$ _____ |
| 0205 TRANSFER | EXAM FEE \$ _____ | |

WELL CONSTRUCTION

| | | |
|-----------------------------|-------------------|---------------------------|
| 0218 WELL DRILL CONSTRUCTOR | EXAM FEE \$ _____ | 0219 LICENSE FEE \$ _____ |
| LANDOWNER'S PERMIT | | 0220 LICENSE FEE \$ _____ |
| OTHER (IDENTIFY) | | |

0536 TREASURY 0430 CONST. START FEE

0211 WELL CONST START FEE \$ _____
0210 MONITORING WELLS \$ _____
OTHER (IDENTIFY) \$ _____

**RECEIVED
OVER THE COUNTER**

0607 TREASURY 0467 HYDRO LICENSE FEE 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: **121765**

DATED: 11/1/16 BY: [Signature]

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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 G-18406 County Jefferson Priority Date 11-1-2016

Township 10 S Range 13 E Section 6

Amount 4.4 af Use IR on 4.6 A WM Dist. # 11

Applicant Name Mark J. Hettervig

Receipt No. 116 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.")

11/1

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 / AS 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
- 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 | \$ _____ | Permit Recording Fees | \$ _____ |
| 1" CFS @ \$300 | \$ _____ | 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 | \$ _____ |
| Exam Fee Paid | \$ _____ | Paid | \$ <u>1,150</u> |
| | | Amount Due | \$ _____ |

Reviewed by: Madhelle Bambergoe Date: 11-1-2014