

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **89714**

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

INVOICE # _____

RECEIVED FROM: <u>Cala Farms, Inc</u>	APPLICATION <u>See Below</u>
BY: _____	PERMIT _____
CASH: <input type="checkbox"/> CHECK:# _____ OTHER: (IDENTIFY) _____	TRANSFER _____
<input type="checkbox"/> <input checked="" type="checkbox"/> 5706 <input type="checkbox"/> _____	TOTAL REC'D \$ <u>4,000.00</u>

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	<u>5-86982-3000.00</u>
0407 COPY & TAPE FEES	<u>6-16930 1000.00</u>
0410 RESEARCH FEES	\$ _____
0408 MISC REVENUE: (IDENTIFY)	\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY)	\$ _____
0240 EXTENSION OF TIME	\$ _____
WATER RIGHTS:	
0201 SURFACE WATER	EXAM FEE \$ <u>2100.00</u> 0202
0203 GROUND WATER	\$ <u>700.00</u> 0204
0205 TRANSFER	\$ _____
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____ 0219
LANDOWNER'S PERMIT	\$ _____ 0220
OTHER (IDENTIFY) _____	

0536 TREASURY 0437 WELL CONST. START FEE
0211 WELL CONST START FEE \$ _____
0210 MONITORING WELLS \$ _____
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: **89714** DATED: 9/18/07 BY: [Signature]

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

ACCEPTED

Standard Application Completeness Checklist

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

TURNED IN @ COUNTER BY APP'S AGENT
3 HRS ATTENTION & REVISION.

Application [REDACTED] Township SEE MAP
 Priority Date [REDACTED] Range [REDACTED]
 Use(s) [REDACTED] Section [REDACTED]
 Rate 3071 GPM POD Loc [REDACTED]
 County [REDACTED] POU Loc SEE [REDACTED]
 W.M. [REDACTED] Caseworker [REDACTED] M

Applicant/Organization Name, Mailing Address and Telephone Number, application signed in ink.

Source of water. If stored water, is the stored water component filed out, including a non-expired agreement for stored water must be included. (ORS 537.400)

Property ownership indicated.

If applicant does not own all the land, the affected landowner's name and mailing address must be listed.

If applicant does not own all the land, a 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.

~~Groundwater development section (Page 2, Section 3 and/or Page 3, Section 2) or a well log report.~~

Proposed use of water. If supplemental, list primary water right acreage if applicable.

Enclosed Supplemental Form for each proposed use.

Form I (Irrigation)

Form M (Municipal or Quasi-Municipal)

Form R (Mining)

Form Q (Commercial or Industrial)

Spring Description Sheet

Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)

Period of use

Water management section (Please estimate if the water system has not been designed).

Resource Protection Section (Page 6, Section 5).

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SEP 18 2007
WATER RESOURCES DEPT
SALEM, OREGON

- Project schedule (If system is already completed, indicate "existing").
- For reservoir applications storing more than 9.2 acre feet, and a dam height of more than 10 feet, preliminary plans and specifications for dam and impoundment are required.
- ~~If the above is statement is checked, the map must be prepared by a CWRE.~~
- All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink.
- You must include a Legal description of the property involved that 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 you may submit a lot book report prepared by a title company. The Department will not accept a copy of the tax bill.
- A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. *Date of signature must be within the past 6 months.*

The map must meet all the minimum requirements of OAR 690-310-0050.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Township, Range, Section | <input checked="" type="checkbox"/> Location of main canals, ditches, pipelines or flumes |
| <input type="checkbox"/> Place of use, 1/4, 1/4's and tax lot clearly identified | <input checked="" type="checkbox"/> Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) |
| <input checked="" type="checkbox"/> Location of each diversion point well or dam by reference to a recognized public land survey corner | <input checked="" type="checkbox"/> North Directional Symbol |
| <input type="checkbox"/> Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture | <input type="checkbox"/> Other <u>DIV LOCATIONS INITIALED HERE</u> |
| <input checked="" type="checkbox"/> Reference corner on map | |

Each point of diversion coordinate

2573
 498

 3,071 gpm

ONE CHECK
2 FILES

Fees: Amount of water requested [REDACTED]

Base Fee \$ _____
 1st CFS/AF _____
 ___ Addtn'l CFS/ AF @ ___ = _____
 ___ Addtn' POD @ ___ = _____

Total Exam Fee \$ _____
 Total Paid \$ _____
 Amount Due \$ EXAM \$ RF PAID

Reviewed by NJM
\$ AZYRA M

Date 9-18-2007