

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **122209**

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

INVOICE # _____

RECEIVED FROM: **Ray Dodson &**
BY: **Kathie Cameron**

APPLICATION:	S-88348
PERMIT	
TRANSFER	

CASH: CHECK:# **1163** OTHER: (IDENTIFY)

TOTAL REC'D \$ **1514.00**

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 **40111**

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	\$ 1064.00	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 _____ \$ _____

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DATED: **12-27-16** BY: **Felicia**

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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 Surface Water ~~5-88340~~ County Douglas Priority Date 12.29.2016

Township 305 Range 5-88340 Section low 27

Amount 39.45 af Use irrigation WM Dist. # 15

Applicant Name R. Dodson of K. Cameron

Receipt No. 122289 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) Douglas Crsty. sk.
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 # ~~89967~~
C 75970
- 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.")

