

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **122269**

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

INVOICE # _____

RECEIVED FROM: <u>DAVID COY</u>	APPLICATION: <u>G-18425</u>
BY: _____	PERMIT: _____
	TRANSFER: _____
CASH: ☐ CHECK: # <u>101</u> OTHER: (IDENTIFY) ☐	TOTAL REC'D: <u>\$2,200.00</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		
0407 COPY & TAPE FEES	\$	
0410 RESEARCH FEES	\$	
0408 MISC REVENUE: (IDENTIFY) _____	\$	
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$	
0240 EXTENSION OF TIME	\$	
WATER RIGHTS:		
0201 SURFACE WATER	\$	0202
0203 GROUND WATER	\$	0204
0205 TRANSFER	\$	
WELL CONSTRUCTION		
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 APPLICATION	\$

TREASURY OTHER/REX

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

RECEIPT: **122269**

DATED: 1/5/17

BY: [Signature]

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)

Yes No

This is the checklist used by WRD staff

Application 5-18425 County WNE Priority Date 01.05.2017Township 10S Range 2W Section 12Amount 1.5 GPM Use irrigation WM Dist. # 2Applicant Name Dana WeaphelReceipt No. 122269Caseworker 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 * year round☐ 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, 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 CWBE

☐ **Fees:**

Base Fee

1st CFS @ \$300

___ add'l CFS @ \$300 ea

___ AF up to 20 AF @ \$30 ea

___ add'l AF @ \$1 ea

___ add'l ☐ pod/poa ☐ use @ ___ ea

___ add'l res @ \$125 ea

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Permit Recording Fees \$ _____

Mitigation Fee \$ _____

Rec Fee Total \$ _____

Rec Fee Paid \$ _____

Exam Fee Total

Exam Fee Paid

\$ _____

\$ _____

Total Fees

Paid

Amount Due

\$ _____

\$ _____

\$ _____

Reviewed by: B

Date: 1/5/17