

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **122296**

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

INVOICE # _____

RECEIVED FROM: **Dickman Farms, Inc.**
 BY: _____

APPLICATION	G-18426
PERMIT	
TRANSFER	

CASH: CHECK:# **5181** OTHER: (IDENTIFY)

TOTAL REC'D \$ **2050.00**

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			
0407 COPY & TAPE FEES		46111	\$
0410 RESEARCH FEES			\$
0408 MISC REVENUE: (IDENTIFY)			\$
TC162 DEPOSIT LIAB. (IDENTIFY)			\$
0240 EXTENSION OF TIME			\$
WATER RIGHTS:		EXAM FEE	RECORD FEE
0201 SURFACE WATER		\$	0202 \$
0203 GROUND WATER		\$ 2050.00	0204 \$
0205 TRANSFER		\$	
WELL CONSTRUCTION		EXAM FEE	LICENSE FEE
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 (FWWRD)		\$
0231 HYDRO LICENSE FEE (FWWRD)		\$
HYDRO APPLICATION		\$

TREASURY OTHER / RDX

RECEIVED OVER THE COUNTER

FUND	TITLE	
OBJ. CODE	VENDOR #	
DESCRIPTION		\$

RECEIPT: **122296** DATED: **7/9/17** BY: **Jelicia 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

SW

checkmark

Application G-18426 County Jackson Priority Date 01-09-17

Township 45 Range 2E Section 31+32

Amount 1.18 cfs ~~2.5 af~~ Use irrigation WM Dist. # B20

Applicant Name Dickman Farms, Inc.

Receipt No. 122296 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.

N/A

- 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)

N/A

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.")

G-18426

Supplemental data sheets enclosed (if needed)

N/A

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.

TSD

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 CWRE

N/A

Fees:

see printout ✓

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: TS

Date: 1.09.2017