STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 122342 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 INVOICE #____

(503) 986-0900 / (503) 986-0904 (fax)									
RECEIVED FRO	M: THOM	AS R CL	DU9H	APPLICATION	S-88353				
BY:	KATH	Y CLOU	941 3	PERMIT	¹ 20				
	• •		J.	TRANSFER	2.				
		OTHER: (IDENTIFY)	F	TOTAL REC'D	SIEEN OO				
, لـا	X 1015	LJ	<u></u>	TOTAL REC D	\$1550.00				
1083 TREASURY 4170 WRD MISC CASH ACCT									
0407	COPIES				\$.				
	OTHER: (IDENTIFY)			\$				
0243 I/S Le	ease 0244	Muni Water Momt. P	lan 0245	Cons. Water					
0243 I/S Lease 0244 Muni Water Mgmt. Plan 0245 Cons. Water 4270 WRD OPERATING ACCT									
	MISCELLANEOUS			-	75.76				
0407	COPY & TAPE FEE		46111		\$				
0410	RESEARCH FEES				\$				
0408	MISC REVENUE:	(IDENTIFY)			\$				
TC162	DEPOSIT LIAB. (II	DENTIFY)			\$				
0240	EXTENSION OF T	IME			\$.				
	WATER RIGHTS:		EXAM FEE	7	RECORD FEE				
0201	SURFACE WATER		\$ 1100.00	0202	\$ 450.00				
0203	GROUND WATER		\$	0204	\$				
0205	TRANSFER		\$	7					
	WELL CONSTRUC	CTION	EXAM FEE]	LICENSE FEE				
0218	WELL DRILL CON	STRUCTOR .	\$	0219	\$				
	LANDOWNER'S P	ERMIT		0220	\$				
	OTHER	(IDENTIFY)							
0536	TDEACHDY	0427 WELL	CONCT CTAR	TEEE					
	TREASURY		CONST. STAR	I FEE	Fig. 1				
0211	WELL CONST STA		\$	CARD					
0210	MONITORING WE		\$	CARD	#				
	OTHER	(IDENTIFY)							
0607	TREASURY	0467 HYDR	OACTIVITY	LIC NUMBER					
0233	POWER LICENSE	FEE (FW/WRD)			\$				
0231	HYDRO LICENSE	FEE (FW/WRD)			\$				
	HYDRO APPLICAT	ION			\$				
	TREASURY	OTHER	R / RDX		+ 4 3/2				
EUND .		TITLE							
. *	E	VENDOR #			\$				
DESCRIPT	TION		······································		ιΨ				
122212									
RECEIPT:	L22342	DATED	Z/// BY/	Jelle	$\omega \bigcirc$				
Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal									

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

This is the checklist used by WRD staff

Application 5-88353 County Law Priority Date 81.12.

Application 3 8839 County County Priority Date 61.17. 2017							
Township 195 Range 12W Section 23							
Amount 005 cfs Use domeraic WM Dist. #							
Applicant Name Thomas + Vathy Crough							
Receipt No. 122347 Caseworker Assigned: Barbe Kim Lisa							
Contact info: Applicant/Organization Name and Mailing Address							
Signature (in ink) of <i>all</i> applicants or the applicant's authorized agent (include title or authority if for an organization or corporation).							
\square Property ownership: Does the applicant own all the land for the proposed project? $\underline{\underline{Y}}$							
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.")							

1	Supplemental data sheets enclosed (if neede	d) .		49 g				
(\sim)	Form M (Municipal or Quasi-Munici	ipal)						
\ M'	☐ Spring Description Sheet (if source is			•				
) change a contribution a contribution and a			1.5				
	A completed Land-Use Form or receipt sig Please be certain that the Land-Use form list be within the past 12 months.							
	A Legal Description of all the properties in description includes a metes and bounds or constant sales contract or title insurance policy can proper prepared by a title company. Copies of tax be	other government rovide this inform	survey description. A conation, or applicant may s	py of the deed, land				
	The proposed source <u>IS / IS NOT</u> (circle o NOTE: If it is withdrawn under ORS 538, the accept the application and a negative IR with	nen return applice						
Ø	The map must meet all the minimum require	ements of OAR 6	990-310-0050.					
	Township. Range, Section Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU) Place of use, ¼-¼'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 ¼-¼ 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 1 st CFS @ <u>S300</u> add 1 CFS @ <u>S300 ea</u> AF up to 20 AF @ <u>S30 ea</u> add 1 AF @ <u>S1 ea</u> add 1 □ pod/poa □ use @ ea add 1 res @ <u>S125 ea</u>	S S S S S S	Permit Recording Fees Mitigation Fee Rec Fee Total Rec Fee Paid	S S S				
	Exam Fee Total Exam Fee Paid	S S	Total Fees Paid Amount Due	SSS				

01.13.

Date: _

Reviewed by: