STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 1.22356 INVOICE # \_ SALÉM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) APPLICATION \*See Below PERMIT TRANSFER CASH: OTHER: (IDENTIFY) 风 2229 TOTAL REC'D \$21050.00 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 40111 MISCELLANEOUS **COPY & TAPE FEES** 0407 0410 RESEARCH FEES 0408 MISC REVENUE: (IDENTIFY) DEPOSIT LIAB. (IDENT!FY) TC162 \$ EXTENSION OF TIME 0240 302 450° F RECORD FEE WATER RIGHTS: EXAM FEE \$ 900.00 0204 Qach 750.00 0201 SURFACE WATER \$ 0203 **GROUND WATER** TRANSFÉR 0205 LICENSE FEE **EXAM FEE** WELL CONSTRUCTION \$ 0219 0218 WELL DRILL CONSTRUCTOR 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) 0536 TREASURY 0437 WELL CONST. START FEE 0211 WELL CONST START FEE \$ CARD# CARD# 0210 MONITORING WELLS \$ OTHER (IDENTIFY)

0607	TREASURY 0467 HORO ACTIVITY LIC NUMBER	
0233	POWER LICENSE FEE (FW/WRD)	
0231	HYDRO LICENSE FEE (FWWRD) \$	
	HYDRO APPLICATION OVER THE COUNTER \$	
	TREASURY OTHER / PDY	

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

RECEIPT:

DATED:

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

1 OF CONTINET APPLICATE This is the checklist used by WRD staff Priority Date 1/14/2017 County YAYHILL Range W Section 76x Township Hox Use \_\_\**///** • Amount 100.0 af WM Dist. # 16 Jan ms Caseworker Assigned: D Barbe 内 Kim Receipt No. 122356 ☐ 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? 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 # 4 1756 ermit or Certificate issued? 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 106.0 Period of use indicated If for sippomental irrigation, primary acreage or underlying permit or certificate number listed (Prinary 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.")

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

	Supplemental data sheets enclosed (if needed	u)		•	
	Form M (Municipal or Quasi-Munici Spring Description Sheet (if source is	•	P		
	A completed Land-Use Form or receipt sign Please be certain that the Land-Use form lis be within the past 12 months.	•		~ ·	us
	A Legal Description of all the properties in description includes a metes and bounds or calles contract or title insurance policy can properties by a title company. Copies of tax bigs.	other government ovide this inform	t survey description. A nation, or applicant ma	copy of the deed, land	t.
(A)	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 will	en return applic			ıs.
Z	The map must meet all the minimum require	ements of OAR 6	590-310-0050.		
	Pownship, Range, Section  Cocation of main canals, ditches, pipe Place of use, ¼-¼'s and tax lot clearly Even map scale not less than 4" = 1 m Location of each diversion point, well will tiple wells shall be uniquely labely Reference corner on map  North Directional Symbol  That standard reservoir application to thust be prepared by a CWRE	y identified mile (1"= 1320 ft ll or dam by refe led, and identifie ntion, nursery, or	.); examples: 1" = 100 rence to a recognized p ed on well logs if existi agriculture	oft 1" = 200 ft.  public land survey corner.  ing.	
	Fees: Base Fee  1st CFS @ S300 add 1 CFS @ S300 ea AF up to 20 AF @ S30 ea add 1 AF @ S1 ea add 1 □ pod/poa □ use @ea add 1 res @ S125 ea  Exam Fee Total  Exam Fee Total	S _	Permit Recording Fe Mitigation Fee Rec Fee Total Rec Fee Paid	S S	``
D a	Exam Fee Paid	S	Paid Amount Due	S S	