

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **122699**

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

INVOICE # _____

RECEIVED FROM: GS1 Water Solutions, Inc.	APPLICATION # 6-18460
BY: _____	PERMIT _____
	TRANSFER _____

CASH: CHECK:# **19047** OTHER: (IDENTIFY) _____

TOTAL REC'D \$ **2,200.00**

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 **46111**

0407 COPY & TAPE FEES	\$
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	\$ 1,750.00	0204	\$ 450.00
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

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____ \$ _____

RECEIPT: **122699**

DATED: **2/21/17** BY: *[Signature]*

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

E-2

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Yes No

GW

Application 8-18460 County LANE Priority Date 2/21/2017

Township 16S Range 4W Section 16, 17

Amount 1.22 cfs Use Irrigation WM Dist. # 2

Applicant Name Bear Properties. GST Water Sol'n's

Receipt No. 122699 Caseworker Assigned: [] Barbe [] Kim [X] Lisa [] Scott

[X] Contact info: Applicant/Organization Name and Mailing Address

[X] Signature (in ink) of all applicants or the applicant's authorized agent (include title or authority if for an organization or corporation).

[X] 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
[X] 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.

N/A

[] 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)(ORS 537.147).

[] 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 #

[X] For a GW Application: Well Development Tables completed and/or a well log report included (if existing)

- [X] Proposed water use
[X] Amount of water from each source in GPM, CFS, or AF
[X] 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)

[X] Water Management Section (Estimates if the water system has not been designed)

N/A

[X] Resource Protection Section (N/A for Groundwater)

N/A

[] For all standard reservoir applications: Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir.

[X] Project schedule (If system is already completed, indicate "existing.")

N/A

- 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.

IR

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

<input checked="" type="checkbox"/> Fees:	2200	see print out		
Base Fee	\$ _____	Permit Recording Fees	\$ _____	
1 st CFS @ \$300	\$ _____	Mitigation Fee	\$ _____	
add'l CFS @ \$300 ea	\$ _____			
AF up to 20 AF @ \$30 ea	\$ _____	Rec Fee Total	\$ _____	
add'l AF @ \$1 ea	\$ _____	Rec Fee Paid	\$ _____	
add'l <input type="checkbox"/> pod/poa <input type="checkbox"/> use @ _____ ea	\$ _____			
add'l res @ \$125 ea	\$ _____			
Exam Fee Total	\$ _____	Total Fees	\$ _____	
Exam Fee Paid	\$ _____	Paid	\$ 2200	
		Amount Due	\$ _____	

Reviewed by: BS Date: 02.22.2017