

RECEIPT # 122698

STATE OF OREGON
WATER RESOURCES DEPARTMENT
725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

INVOICE #
APPLICATION: *See below*
PERMIT
TRANSFER
TOTAL REC'D \$3,700.00

RECEIVED FROM: *Graen*
BY: _____
CHECK # 3331 OTHER: (IDENTIFY)

CASH:
1083 TREASURY 4170 WRD MISC CASH ACCT
0407 COPIES (IDENTIFY) _____ 0245 Cons. Water _____
0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____

MISCELLANEOUS 4270 WRD OPERATING ACCT
COPY & TAPE FEES *46111 + 6-18 46111, 900.00*
RESEARCH FEES *46110 + T-12589 1,800.00*
MISC REVENUE: (IDENTIFY) _____
DEPOSIT LIAB. (IDENTIFY) _____
EXTENSION OF TIME _____

0407 MISCELLANEOUS
0410 COPY & TAPE FEES
0408 RESEARCH FEES
TC162 MISC REVENUE: (IDENTIFY)
0240 EXTENSION OF TIME
WATER RIGHTS:
0201 SURFACE WATER
0203 GROUND WATER
0205 TRANSFER
WELL CONSTRUCTION
0218 WELL DRILL CONSTRUCTOR
LANDOWNER'S PERMIT (IDENTIFY) _____
OTHER _____

EXAM FEE
\$
\$1,450.00
\$1,800.00
EXAM FEE
\$

0202
0204
0219
0220
RECORD FEE
\$ 450.00
LICENSE FEE
\$
\$
\$
\$

0536 TREASURY 0437 WELL CONST. START FEE
0211 WELL CONST START FEE
0210 MONITORING WELLS (IDENTIFY) _____
OTHER _____

0607 TREASURY 0467 HYDRO ACTIVITY
0233 POWER LICENSE FEE (FW/WRD)
0231 HYDRO LICENSE FEE (FW/WRD)
HYDRO APPLICATION
TREASURY OTHER / RDX
LIC NUMBER _____
\$
\$
\$

FUND _____ TITLE _____
OBJ. CODE _____ VENDOR # _____
DESCRIPTION _____
RECEIPT: 122698 DATED: 2/21/17 BY: *K. K. K.*
Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

E-2

GW

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Yes No

Application G-18461 County WASCO Priority Date 02/21/2017

Township 15 Range 13E Section 21

Amount .6125 cfs Use DURSBY WM Dist. # 3

Applicant Name SCM Properties LLC: Mike Nelson

Receipt No. 122698 Caseworker Assigned: Barbe Kim Lisa Scott

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.

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 # _____

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.")

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.

TOP

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

Fees:

Base Fee	\$ <u>1150</u>	Permit Recording Fees	\$ _____
1 st CFS @ \$300	\$ <u>300</u>	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	\$ <u>450</u>
____ add'l <input type="checkbox"/> pod/poa <input type="checkbox"/> use @ _____ ea	\$ _____		
____ add'l res @ \$125 ea	\$ _____		
Exam Fee Total	\$ <u>1450</u>	Total Fees	\$ <u>1900</u>
Exam Fee Paid	\$ <u>1450</u>	Paid	\$ <u>1900</u>
		Amount Due	\$ _____

Reviewed by: B Date: 02.23.2017.