

STATE OF OREGON  
**WATER RESOURCES DEPARTMENT**

RECEIPT # **122762**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: **Ron's Stuff, LLC**  
 BY: \_\_\_\_\_

APPLICATION	<b>6-18470</b>
PERMIT	
TRANSFER	

CASH:  CHECK.# **7001373** OTHER: (IDENTIFY)

TOTAL REC'D **\$2,500.00**

**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**

<b>MISCELLANEOUS</b>			
0407	COPY & TAPE FEES	<b>46111</b>	\$
0410	RESEARCH FEES		\$
0408	MISC REVENUE: (IDENTIFY)		\$
TC162	DEPOSIT LIAB. (IDENTIFY)		\$
0240	EXTENSION OF TIME		\$
<b>WATER RIGHTS:</b>			
0201	SURFACE WATER	EXAM FEE	0202
0203	GROUND WATER	\$	0204
0205	TRANSFER	\$ <b>2050.00</b>	
<b>WELL CONSTRUCTION</b>			
0218	WELL DRILL CONSTRUCTOR	EXAM FEE	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 (FW/WRD)	\$
0231	HYDRO LICENSE FEE (FW/WRD)	\$
_____	HYDRO APPLICATION	\$

**TREASURY OTHER / RDX**

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

RECEIPT: **122762**

DATED **2/27/17**

BY: *[Signature]*

E-2

Standard Application Completeness Checklist

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

Yes No

This is the checklist used by WRD staff

GW

Application 5-18470 County LANE Priority Date 3.01.17

Township 165 Range 4W Section 34

Amount .184 (?) 906084 Use industrial / fire suppression WM Dist. # 2/15

Applicant Name RONALD ANDERSON

Receipt No. 122762 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

[ ] 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)(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 #

N/A

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

DATE

[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)

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

[X] 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.")

- Supplemental data sheets enclosed (if needed)
- Form M (Municipal or Quasi-Municipal)
- Spring Description Sheet (if source is a spring)

N/A

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.

TDD

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  $\geq 9.2$  acre feet AND having a dam height  $\geq 10$  feet, map must be prepared by a CWRE

**Fees:**

see print out

Base Fee	\$ _____	Permit Recording Fees	\$ _____
1 <sup>st</sup> 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	\$ <u>2500</u>
Exam Fee Paid	\$ _____	Paid	\$ <u>2500</u>
		Amount Due	\$ _____

Reviewed by: RB

Date: 2.28.2017