

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **122863**

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

INVOICE # _____

RECEIVED FROM: CHAIR F. GESIK
BY: TERRIL GESIK

APPLICATION	G-18478
PERMIT	
TRANSFER	

CASH: CHECK:# 1219 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1450⁰⁰

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

0407 COPY & TAPE FEES 46111 \$
0410 RESEARCH FEES \$
0408 MISC REVENUE: (IDENTIFY) \$
TC162 DEPOSIT LIAB. (IDENTIFY) \$
0240 EXTENSION OF TIME \$

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE \$	0202	RECORD FEE \$
0203 GROUND WATER	\$ 1450 ⁰⁰	0204	\$
0205 TRANSFER	\$		

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$	0219	LICENSE FEE \$
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 _____ **RECEIVED**
OBJ. CODE _____ VENDOR # _____ **OVER THE COUNTER**
DESCRIPTION _____ \$

RECEIPT: **122863** DATED: 3-8-17 BY: V. Cook

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

Application G-18478 County Clackamas Priority Date 3/8/17

Township 3S Range 1E Section 28

Amount 0.25 cfs Use Nursery WM Dist. # 20

Applicant Name Chris Gresik

Receipt No. 122863 Caseworker Assigned: [X] Barbe [] Kim [] 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.

N/A

- [] 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).

N/A

- [] 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
[] Amount of water from each source in GPM, CFS, or AF
[] Period of use indicated

N/A [] 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)

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.

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, 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

N/A 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>1,150.00</u>	Permit Recording Fees	\$ _____
1 st CFS @ \$300	\$ <u>300.00</u>	Mitigation Fee	\$ _____
____ add'l CFS @ \$300 ea	\$ _____	Rec Fee Total	\$ _____
____ AF up to 20 AF @ \$30 ea	\$ _____	Rec Fee Paid	\$ _____
____ add'l AF @ \$1 ea	\$ _____		
____ add'l <input type="checkbox"/> pod/poa <input type="checkbox"/> use @ _____ ea	\$ _____		
____ add'l res @ \$125 ea	\$ _____		
Exam Fee Total	\$ <u>1450.00</u>	Total Fees	\$ <u>1450.00</u>
Exam Fee Paid	\$ _____	Paid	\$ _____
		Amount Due	\$ _____

Reviewed by: J Skaug

Date: 3/8/17