

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **122966**

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

INVOICE # _____

RECEIVED FROM: <i>Will McBill Surveying, LLC</i>	APPLICATION # <i>18484</i>
BY: _____	PERMIT _____
	TRANSFER _____
CASH: <input type="checkbox"/> CHECK:# <input checked="" type="checkbox"/> <i>1209</i> OTHER: (IDENTIFY) <input type="checkbox"/>	TOTAL REC'D \$ <i>1,450.00</i>

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 <i>46111</i>	
0407 COPY & TAPE FEES _____	\$ _____
0410 RESEARCH FEES _____	\$ _____
0408 MISC REVENUE: (IDENTIFY) _____	\$ _____
TC-162 DEPOSIT LIAB. (IDENTIFY) _____	\$ _____
0240 EXTENSION OF TIME _____	\$ _____
WATER RIGHTS:	
0201 SURFACE WATER _____	EXAM FEE \$ _____ 0202 \$ _____
0203 GROUND WATER _____	EXAM FEE \$ <i>1,450.00</i> 0204 \$ _____
0205 TRANSFER _____	EXAM FEE \$ _____
WELL CONSTRUCTION	
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 _____	\$ _____
0210 MONITORING WELLS _____	\$ _____
OTHER (IDENTIFY) _____	CARD # _____
	CARD # _____

0607 TREASURY	0467 HYDRO ACTIVITY	LIC NUMBER _____
0233 POWER LICENSE FEE (FW/WRD) _____	RECEIVED OVER THE COUNTER	
0231 HYDRO LICENSE FEE (FW/WRD) _____	\$ _____	
HYDRO APPLICATION _____	\$ _____	

TREASURY	OTHER / RDX
FUND _____	TITLE _____
OBJ. CODE _____	VENDOR # _____
DESCRIPTION _____	\$ _____

RECEIPT: **122966** DATED: *3/22/17* BY: *Billinski*

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GW

Standard Application Completeness Checklist

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

Yes No

This is the checklist used by WRD staff

Application G-18484 County MARION Priority Date 3.22.17

Township 9S Range 1W Section 10

Amount 34 gpm Use Irrigation WM Dist. # 16

Applicant Name Immaculate Conception Church

Receipt No. 122966 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.

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).

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)

N/A

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

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.

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.

1/10

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	\$ _____	Permit Recording Fees	\$ _____
1 st CFS @ \$300	\$ _____	Mitigation Fee	\$ _____
___ add'l CFS @ \$300 ea	\$ _____	Rec Fee Total	\$ <u>450</u>
___ 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	\$ _____	Total Fees	\$ _____
Exam Fee Paid	\$ _____	Paid	\$ <u>1450</u>
		Amount Due	\$ <u>450.</u>

Reviewed by: 

Date: 3.22.2017