STATE OF OREGOIN

WATER RESOURCES DEPARTMENT

RECEIPT # 123038

725 Summer St. N.E. Ste. A

INVOICE # . SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) **APPLICATION** PERMIT BY: TRANSFER CHECK:# CASH: OTHER: (IDENTIFY) X 6226 TOTAL REC'D TREASURY 4170 WRD MISC CASH ACCT \$ 0407 COPIES \$ OTHER: (IDENTIFY) 0243 I/S Lease _ 0244 Muni Water Mgmt. Plan____ 0245 Cons. Water WRD OPERATING ACCT **MISCELLANEOUS** COPY & TAPE-FEES 0407 \$ 0410 RESEARCH FEES \$ 0408 MISC REVENUE: (IDENTIFY) \$ DEPOSIT LIAB. (IDENTIFY) TC162 \$ EXTENSION OF TIME 0240 RECORD FEE WATER RIGHTS: EXAM FEE 0201 SURFACE WATER 0202 \$ 450.00 0203 GROUND WATER \$ 2050.00 0204 0205 TRANSFER LICENSE FEE EXAM FEE WELL CONSTRUCTION 0219 \$ 0218 WELL DRILL CONSTRUCTOR \$ 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) TREASURY 0437 WELL CONST. START FEE 0536 0211 WELL CONST START FEE \$ CARD# MONITORING WELLS \$ CARD# 0210 OTHER (IDENTIFY) TREASURY 0467 HYDRO ACTIVITY LIC NUMBER 0607 \$ POWER LICENSE FEE (FW/WRD) 0233 \$ 0231 HYDRO LICENSE FEE (FW/WRD) \$ HYDRO APPLICATION TREASURY OTHER / RDX TITLE OBJ. CODE VENDOR # \$ DESCRIPTION 123038 DATED: RECEIPT:

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

E-2 Standard Application Completeness Checklist
Yes No Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff
Application 6-18489 County UNN Priority Date 331. 2017
Township 189 Range 2W Section 1 WM Dist. # 2
Amount 448.8 gm Use 160. WM Dist. # 2
Applicant Name APPEN CULAR UPIND CONSULTING FOR IT & SERVERS.
Receipt No. 123638 Caseworker Assigned: Barbe Kim Viss Scott
Contact info: Applicant/Organization Name and Mailing Address
Signature (in ink) of <i>all</i> 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.
☐ 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.")

Supplemental data sheets enclosed	i (if needed)		
N ^K) □ Form M (Municipal or Qua	asi-Municipal)	•	44
☐ Spring Description Sheet (if source is a spring)	,	t w
A completed Land-Use Form or Please be certain that the Land-U			~ ·
be within the past 12 months.		ν.	•
A Legal Description of all the prodescription includes a metes and be sales contract or title insurance poprepared by a title company. Copi	oounds or other governme licy can provide this info	ent survey description. A crimation, or applicant may	copy of the deed, land
The proposed source IS / IS NOT NOTE: If it is withdrawn under O accept the application and a negative section.	PRS 538, then return appl		
The map must meet all the minim	num requirements of OAI	R 690-310-0050.	,
Township, Range, Section		ı	•
Location of main canals, d		es (if POA/POD is outside	of POU)
Place of use, ¼-¼'s and ta		o (ii i orbi ob is outside	
Even map scale not less th	•	ft): examples: 1" - 100 f	t 1" - 200 ft
	·	- · · ·	
Location of each diversion Multiple wells shall be uni	-	-	•
Reference corner on map	query labeled, and laenti	ned on wen logs if existin	- · · · · · · · · · · · · · · · · · · ·
North Directional Symbol			•
' X	•		
Number of acres per 1/4-1/4	-	_	
For a standard reservoir ap		icre feet AND having a da	m height ≥ 10 feet, map
must be prepared by a CW	RE		
			•
Fees:		D 1 D 11 D	•
Base Fee	\$	Permit Recording Fees	s \$
1 st CFS @ \$300	\$	Mitigation Fee	\$
add'1 CFS @ \$300 ea	\$	Rec Fee Total	¢
AF up to 20 AF @ <u>\$30 ea</u> add'l AF @ <u>\$1 ea</u>	\$	Rec Fee Paid	\$
add'l \square pod/poa \square use @	ea \$	Rec ree raid	J
add'l res @ \$125 ea	ea \$		
add Hes @ \$125 ea	. Ф		
Exam Fee Total	\$	Total Fees	\$
Exam Fee Paid	\$	Paid	\$ 2500
ZAMIN I OU I MIG	Ψ	Amount Due	\$
1		1 2	
Reviewed by:	Date	3.31.201	