

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **123153**

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

INVOICE # _____

RECEIVED FROM: <u>Douglas County, Oregon</u>	APPLICATION <u>5-88391</u>
BY: _____	PERMIT _____
	TRANSFER _____

CASH: CHECK:# 722349 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 1550.00

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

MISCELLANEOUS			
0407 COPY & TAPE FEES	\$		
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	\$ <u>1,100.00</u>	0204	\$ <u>450.00</u>
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 _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____ \$ _____

RECEIPT: **123153** DATED: 4-13-17 BY: [Signature]

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

SW

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

[Handwritten Signature]
4/26/2017

Yes No

Application S-88391 County DOUGLAS Priority Date 4.17.17

Township 26S Range 4W Section 7 + 18

Amount .02 cfs Use DOMESTIC USE EXPANDED WM Dist. # 15

Applicant Name DOUGLAS COUNTY PARKS DEPT.

Receipt No. 123153 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.
 - 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.")

NIA

- 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.

TBD

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	\$ _____		
___ 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	\$ _____
Exam Fee Paid	\$ _____	Paid	\$ <u>1550</u>
		Amount Due	\$ _____

Reviewed by: 

Date: 4. 17 2017