STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 123401

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

INVOICE # _____

RECEIVED FROM: Jen's GARDEN

BY: Jennifer OR TIM BANISTER

APPLICATION	G-18513
PERMIT	
TRANSFER	

CASH: ☐ CHECK:# ☒ 980 OTHER: (IDENTIFY) ☐ _____

TOTAL REC'D $ 1900.00

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	46111	$
0410	RESEARCH FEES		$
0408	MISC REVENUE: (IDENTIFY)	_____	$
TC162	DEPOSIT LIAB. (IDENTIFY)	_____	$
0240	EXTENSION OF TIME		$

		EXAM FEE		RECORD FEE
	WATER RIGHTS:			
0201	SURFACE WATER	$	0202	$
0203	GROUND WATER	$ 1450.00	0204	$ 450.00
0205	TRANSFER	$		
	WELL CONSTRUCTION	**EXAM FEE**		**LICENSE FEE**
0218	WELL DRILL CONSTRUCTOR	$	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: 123401 DATED: 5-12-17 BY: _____

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

E-2 (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-18513 County BAKER Priority Date 5.12.2017 ~~5.19.2017~~

Township 8S Range 42E Section 19

Amount .4 cfs Use IRRIGATION WM Dist. # 8

Applicant Name NANCY ROLICK FOR TIMOTHY + JENNIFER BANISTER

Receipt No. 123481 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.

N/A ☐ 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 # _____

SL 5/19 ☐ *For a GW Application*: Well Development Tables completed and/or a well log report included (if existing)

~~"BD" unacceptable~~

☒ 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*)

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.")

☐ Supplemental data sheets enclosed (if needed)

N/A

- ☐ 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.*

OK 5/19

☐ 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, 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
- ☐ 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	$ _____
1st 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 ☐pod/poa ☐use @ _____ea	$ _____		
____ add'l res @ $125 ea	$ _____		
Exam Fee Total	$ _____	Total Fees	$ 1900
Exam Fee Paid	$ _____	Paid	$ 1900
		Amount Due	$ _____

Reviewed by: RB Date: 5.12.17