

STATE OF OREGON
WATER RESOURCES DEPARTMENT

725 Summer St. N.E. Ste. A
 SALEM, OR 97301-4172

(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # **123385**

INVOICE # _____

RECEIVED FROM: <u>SAUNDRA L MYERS</u>	APPLICATION: <u>G18514</u>
BY: <u>RONALD L. MYERS</u>	PERMIT: _____
	TRANSFER: _____
CASH: <input type="checkbox"/> CHECK:# <input checked="" type="checkbox"/> <u>6131</u> OTHER: (IDENTIFY) <input type="checkbox"/>	TOTAL REC'D \$ <u>1900⁰⁰</u>

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 <u>46111</u>	\$ _____
0410 RESEARCH FEES	\$ _____
0408 MISC REVENUE: (IDENTIFY) _____	\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$ _____
0240 EXTENSION OF TIME	\$ _____
WATER RIGHTS:	
0201 SURFACE WATER	EXAM FEE \$ _____ 0202 \$ _____
0203 GROUND WATER	EXAM FEE \$ <u>1450⁰⁰</u> 0204 \$ <u>450⁰⁰</u>
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 (FWWRD)		\$ _____
0231 HYDRO LICENSE FEE (FWWRD)		\$ _____
HYDRO APPLICATION		\$ _____

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

RECEIPT: **123385** DATED: 5-11-17 BY: W. Cook

GW

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Yes No

Application 61854 County CLATSOP Priority Date 5.17.2017

Township 29 Range 4E Section 31

Amount 306PM Use iree WM Dist. # 20

Applicant Name Sandra + Lon Myers

Receipt No. 123385 Caseworker Assigned: Barbe Kim Lisa Scott

Kim

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 # _____

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

OK
Source
Aquifer
OK

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)

MAX RATE MISSING

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

OK
WELL DEV.

N/A

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.")

