## STATE OF OREGON

WATER RESOURCES DEPARTMENT

725 Summer St. N.E. Ste. A

SALEM, OR 97301-4172 INVOICE

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

INVOICE # \_\_\_\_

(503) 986-0900 / (503) 986-0900 / (503) 986-0904 (18x)		* <del> </del>		
RECEIVED FROM: SANNOGA L MYERS	APPLICATION	G18514		
BY: RODALD L. MYERS	PERMIT			
OADIL OUTUE UESTEEN	TRANSFER			
CASH: CHECK:# OTHER: (IDENTIFY)	TOTAL REC'D	\$ 190000		
∠ (0131 L	TOTAL NECD	* 100°		
1083 TREASURY 4170 WRD MISC CASH A	CCT	n,		
0407 COPIES		\$		
OTHER: (IDENTIFY)		\$		
0243 I/S Lease 0244 Muni Water Mgmt. Plan 024	E Cone Water			
4270 WRD OPERATING A	iÇC i	3 7 7 7		
MISCELLANEOUS  0407 COPY & TAPE FEES	,	\$		
0407 COPY & TAPE FEES 0410 RESEARCH FEES		\$		
0408 MISC REVENUE: (IDENTIFY)		\$		
TC162 DEPOSIT LIAB. (IDENTIFY)	,	\$		
0240 EXTENSION OF TIME		\$		
	_	RECORD FEE		
WATER RIGHTS: EXAM FEE		\$		
0201 SURFACE WATER \$	0202	\$ 4500		
0203 GROUND WATER \$ 145000	0204	A - 1001		
	_	LICENSE FEE		
WELL CONSTRUCTION EXAM FEE	0219	\$		
0218 WELL DRILL CONSTRUCTOR \$	0219	\$		
LANDOWNER'S PERMIT	OZZO			
OTHER (IDENTIFY)				
0536 TREASURY 0437 WELL CONST. START FEE				
0211 WELL CONST START FEE \$				
0210 MONITORING WELLS \$	CARD #			
	T GAND #			
0607 TREASURY 0467 HYDRO ACTIVITY	LIC NUMBER			
0233 POWER LICENSE FEE (FW/WRD)		\$		
0231 HYDRO LICENSE FEE (FW/WRD)		\$		
HYDRO APPLICATION		\$		
TREASURY OTHER / RDX				
. 1990				
FUNDTITLE				
OBJ. CODE VENDOR #	•	<b>6</b>		
DESCRIPTION		\$ .		
100000				
RECEIPT: 123385 DATED: 5-11-17 BY:	VII	700		
Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Co	opy - File, Buff Copy	/ - Fiscal		

Yes No  Standard Application Completeness Checklist  Minimum Requirements (OAR 690-310-0040)(ORS 537.400)  This is the checklist used by WRD staff
Application 6/18614 County CHACLAMAS Priority Date 5.17.2017
Township 25 Range 46 Section 31
Amount 306PM Use Lee - WM Dist. # 20
Applicant Name Sundra + lon Myers
12496
Receipt No. 117700 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.")

	Supplemental data sheets enclosed (if needed)			
SI	☐ Form M (Municipal or Quasi-Municipal)			
<b>P</b> .	☐ Spring Description Sheet (if source is a spring)			
À	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 \	A <b>Legal Description</b> 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.			
**	The proposed source <u>IS / IS NOT</u> (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 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 <sup>st</sup> CFS @ \$300 \$ Mitigation Fee \$			
	add'1 CFS @ \$300 ea \$			
	AF up to 20 AF @ \$30 ea \$ Rec Fee Total \$			
	add'1 AF @ <u>\$1 ea</u>			
	add'l \[ \square \text{pod/poa} \square \text{@ ea} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	add'l res @ \$125 ea \$			
	Exam Fee Total \$ Total Fees \$			
	Exam Fee Paid \$ Paid \$			
	Amount Due \$			
	3			
R	eviewed by: Date: 5.12.14.			