STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT # 125275

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

INVOICE #	·	

CEIVED ERO	M: Jonath	Saa A	5/11	Ition	APPLICATION	41858
:	, (J - 7) / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7	11111 61	<u> </u>	· · · · · · · · · · · · · · · · · · ·	PERMIT	7 7 7 5 - 4
				· · · · · · · · · · · · · · · · · · ·	TRANSFER	-
SH: C	HECK:#	OTHER: (IDE	NTIFY) .		L	
	X <u>5</u>	. 💾			TOTAL REC'D	\$2,210.
1083	TREASURY	4170	WRD M	ISC CASH	ACCT	
0407	COPIES					\$
·	_ OTHER:	(IDENTIFY)			·	\$
0243 I/S Le					245 Cons. Water	
4 11		4270	WRD O	PERATING.	ACCT	,
	MISCELLANEC	US	461	11	A	
0407	COPY & TAPE I	FEES `	a feet	, ,	,	\$
0410	RESEARCH FE	ES				\$
0408	MISC REVENU	E: (IDENTIFY)				\$
TC162	DEPOSIT LIAB.	(IDENTIFY)			·	\$
0240	EXTENSION O	FTIME				\$
	WATER RIGHT	s.	•	EXAM FEE		RECORD FEI
0201	SURFACE WAT	•		\$	0202	\$
0203	GROUND WATI			I -	0204	\$ 520.0
0205	TRANSFER		٠	\$*		
0200		NIOTION.		EXAM FEE		LICENSE FEI
0040	WELL CONSTR			\$	0219	\$
0218	WELL DRILL CO			Ψ	0220	\$
•	LANDOWNER'S				0220	<u> </u>
	OTHER	(IDENTIF)	Y)			<u> </u>
0536	TREASURY	0437	WELL (CONST. STA	ART FEE	
0211	WELL CONST	START FEE		\$	CARD	#
0210	MONITORING V	WELLS		\$	CARD	#
	OTHER	(IDENTIF	Y)			
0607	TREASURY	0467	HYDRO	ACTIVITY	LIC NUMBER	· · · · · · · · · · · · · · · · · · ·
0233	POWER LICEN	SE FEE (FW/W	 'RD)			\$
0231	HYDRO LICEN	•	•			\$
,	HYDRO APPLIO	·	,	, · · · · · · ·		\$
	<u>-</u>	<u> </u>				
	TREASURY		OTHER	R/RDX	<u>.</u> '.	
FUND	·	TITLE			-	•
OBJ. COD	DE	VENDOR	#		,	
	TION					\$
DESCRIP						

Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) Yes No This is the checklist used by WRD staff Priority Date Range Applicant Name Caseworker Assigned: Barbe □ Kim ☐ Scott Lisa 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 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)

1 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.")

	Supplementa	al data sheets enclosed (if r	needed)		
1	and the second s	M (Municipal or Quasi-Mg Description Sheet (if sou	_)	2864
1	Please be ce				nning department officials. oposed. Date of signature must
	description in sales contrac	ccription of all the properticular and bound to rittle insurance policy of a title company. Copies of	ls or other gove can provide this	rnment survey description information, or applicant	•
1	NOTE: If it i	d source <u>IS / IS NOT</u> (cins withdrawn under ORS 5.pplication and a negative I	38, then return	application and fees. If it	ther appropriation. is withdrawn by other means,
A	The map mu	st meet all the minimum re	equirements of	OAR 690-310-0050.	
, (Town	ship, Range, Section	•		
	1//	ion of main canals, ditches	s, pipelines or fl	lumes (if POA/POD is out	side of POU)
		of use, 1/4-1/4's and tax lot of			0.00 0.1 0 0)
	1 /	map scale not less than 4"	•		00 ft., 1" = 200 ft.
	Locat	•	t, well or dam b	y reference to a recognize	d public land survey corner.
	Refer	ence corner on map			
	North	Directional Symbol			
	Numb	per of acres per 1/4-1/4 if for	irrigation, nurse	ery, or agriculture	
		standard reservoir applicate be prepared by a CWRE	tion to store ≥ 9	9.2 acre feet AND having	a dam height ≥ 10 feet, map
	· ·				
	Fees: Print	out from Fee Calculator			
	Total Fees		\$ 221	0	
	Fee Paid		\$ 2210		
	Amount Due		\$ 16	-	
Re	viewed by:	(B)	I	Date: 11/28/2017	,