

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **125890**

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

INVOICE # _____

RECEIVED FROM: DAVID GARCIA; SUZANNE L GARCIA APPLICATION R-88513
 BY: GARCIA
 PERMIT _____
 TRANSFER _____

CASH: CHECK: # 101310 OTHER: (IDENTIFY)

TOTAL REC'D \$ 2,010.⁰⁰

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 46111
 0407 COPY & TAPE FEES \$ _____
 0410 RESEARCH FEES \$ _____
 0408 MISC REVENUE: (IDENTIFY) _____ \$ _____
 TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____
 0240 EXTENSION OF TIME _____ \$ _____

WATER RIGHTS:
 0201 SURFACE WATER \$ 1,470.00 0202 RECORD FEE \$ 520.00
 0203 GROUND WATER \$ _____ 0204 \$ _____
 0205 TRANSFER \$ _____

WELL CONSTRUCTION
 0218 WELL DRILL CONSTRUCTOR \$ _____ 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: **125890**

DATED: 2-16-18 BY: [Signature]

Application Number: R-88513

Standard Reservoir Application Completeness Checklist

Minimum Requirements

This is the checklist used by WRD staff

County: Josephine Township: 385 Range: 7W Section: 8

Amount: 15.5 Af. Use: Multi WM Dist # 14

Applicant Name: David & Suzanne Garcia

Receipt Number: 125890 Case Worker: LISA

Applicant/Organization Name, Mailing Address, and Telephone Number.

All applicants or the applicant's authorized agent (include title or authority if for an organization or corporation), must sign the application in ink. *Signature must be an original "wet" signature. Copies cannot be accepted.*

Source of water.

TRD The proposed source **is** or **is not** (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.

Property ownership indicated.

N/A If applicant does not own all the land, the affected landowner's name and mailing address must be listed.

N/A If applicant does not own all the land, 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.

Proposed use of stored water.

Amount of water from *each* source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)

Project schedule (If system is already completed, indicate "existing").

Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications

You must include 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 you may submit a lot book report prepared by a title company. The Department will not accept a copy of the tax bill.

 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. Signature must be an original "wet" signature. Copies cannot be accepted.*

N/A A map prepared by a CWRE for a standard reservoir application proposing to store more than 9.2 acre feet and having a dam height of more than 10 feet

 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 (example: 1" = 100 ft, 1" = 200 ft, etc.)
- 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
- Other _____

Fees: Amount of water requested _____

Base Fee \$ _____	Total Exam Fees \$ _____
1st CFS/AF _____	Permit Recording Fees \$ _____
___ Addtnl CFS/ AF @ ___ = _____	Total Paid \$ _____
___ Addtnl POD/POA @ ___ = _____	Amount Due \$ _____
___ Addtnl Use @ ___ = _____	Amount Returned \$ _____

Reviewed by: E.G. / J.S. Date: 2/16/18