

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **125917**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: <u>Rebecca Knieling</u>	APPLICATION <u>3-88515</u>
BY: <u>David Knieling</u>	PERMIT _____
CASH: <input type="checkbox"/>	TRANSFER _____
CHECK:# <input checked="" type="checkbox"/> <u>1665</u>	TOTAL REC'D \$ <u>625.00</u>
OTHER: (IDENTIFY) _____	

<b>1083 TREASURY</b>	<b>4170 WRD MISC CASH ACCT</b>
0407 COPIES	\$ _____
OTHER: (IDENTIFY) _____	\$ _____
0243 I/S Lease _____	0244 Muni Water Mgmt. Plan _____
	0245 Cons. Water _____

<b>4270 WRD OPERATING ACCT</b>	
<b>MISCELLANEOUS</b> <u>46111</u>	
0407 COPY & TAPE FEES	\$ _____
0410 RESEARCH FEES	\$ _____
0408 MISC REVENUE: (IDENTIFY) _____	\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$ _____
0240 EXTENSION OF TIME	\$ _____
<b>WATER RIGHTS:</b>	<b>EXAM FEE</b>
0201 SURFACE WATER	\$ <u>625.00</u>
0203 GROUND WATER	\$ _____
0205 TRANSFER	\$ _____
<b>WELL CONSTRUCTION</b>	<b>EXAM FEE</b>
0218 WELL DRILL CONSTRUCTOR	\$ _____
LANDOWNER'S PERMIT	\$ _____
OTHER (IDENTIFY) _____	\$ _____
	<b>RECORD FEE</b>
	0202 \$ _____
	0204 \$ _____
	<b>LICENSE FEE</b>
	0219 \$ _____
	0220 \$ _____

<b>0536 TREASURY</b>	<b>0437 WELL CONST. START FEE</b>
0211 WELL CONST START FEE	\$ _____
0210 MONITORING WELLS	\$ _____
OTHER (IDENTIFY) _____	CARD # _____
	CARD # _____

<b>0607 TREASURY</b>	<b>0467 HYDRO ACTIVITY</b>	LIC NUMBER
0233 POWER LICENSE FEE (FWWRD)		\$ _____
0231 HYDRO LICENSE FEE (FWWRD)		\$ _____
HYDRO APPLICATION		\$ _____

<b>TREASURY</b>	<b>OTHER / RDX</b>
FUND _____	TITLE <b>RECEIVED</b>
OBJ. CODE _____	VENDOR # <b>OVER THE COUNTER</b>
DESCRIPTION _____	\$ _____

RECEIPT: **125917** DATED: 2-21-18 BY: [Signature]

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

# E-2 <sup>(W)</sup> Standard Application Completeness Checklist

Yes No

For use with Groundwater and Surface Water Applications Only  
Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

For use by WRD staff only

Application 4-88516 County POW Priority Date 2.21.18

Township 6S Range 4W Section 15, 26

Amount 2.2 af Use SIR WM Dist. # 16

Applicant Name Behaviorist Engr. for David K. Kniep

Receipt No. 125917 Caseworker Assigned:  Barbe  Kim  Lisa  Scott

Applicant/Organization Name and Mailing Address

Signature of all applicants (include title or authority of representative if applicant is an organization or corporation). \*Applicant's agent may NOT sign application.

Property ownership: Does the applicant own all the land for the proposed project?  Y  N

If No:

- The affected landowner's name(s) and mailing address(s) 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 # 88459

N/A

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)

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

- Supplemental data sheets enclosed (if needed)
  - 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.*
- 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.
- The proposed source **IS / IS NOT** (circle one) restricted or withdrawn from further appropriation.  
*NOTE: If it is withdrawn under ORS 538, return application and fees.*
- 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,  $\frac{1}{4}$ - $\frac{1}{4}$ '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 or well 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  $\frac{1}{4}$   $\frac{1}{4}$  if for irrigation, nursery, or agriculture

**Fees: Print out from Fee Calculator**

Total Fees	\$ _____
Fee Paid	\$ _____
Amount Due	\$ _____

Reviewed by:     *B*     Date:     2-21-18