

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **126025**

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

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

RECEIVED FROM: <u>Joseph W Thompson</u>	APPLICATION <u>6-18616</u>
BY: <u>Elizabeth N Thompson</u>	PERMIT
	TRANSFER

CASH:  CHECK: # 3180 OTHER: (IDENTIFY)  \_\_\_\_\_

TOTAL REC'D- \$ 2,210.00

**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**

<b>MISCELLANEOUS</b> <u>4611</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>RECORD FEE</b>
0201 SURFACE WATER	\$	0202 \$
0203 GROUND WATER	\$ <u>1,670.00</u>	0204 \$ <u>520.00</u>
0205 TRANSFER	\$	
<b>WELL CONSTRUCTION</b>		<b>LICENSE FEE</b>
0218 WELL DRILL CONSTRUCTOR	\$	0219 \$
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 (FWWRD)	\$
0231 HYDRO LICENSE FEE (FWWRD)	\$
HYDRO APPLICATION	\$

**TREASURY OTHER / RDX**

FUND \_\_\_\_\_ TITLE \_\_\_\_\_

OBJ. CODE \_\_\_\_\_ VENDOR # \_\_\_\_\_

DESCRIPTION \_\_\_\_\_ \$ \_\_\_\_\_

RECEIPT: **126025** DATED: 3-7-18 BY: [Signature]

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

# E-2 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 G-18616 County LANE Priority Date 3/7/18

Township 16S Range 4W Section 34

Amount .44 cfs Use Irrigation WM Dist. # 2

Applicant Name Joseph W. & Elizabeth N. Thompson

Receipt No. 126025 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 # \_\_\_\_\_

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.")

N/A

- 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.

TBD

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, 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 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 ¼ ¼ if for irrigation, nursery, or agriculture

**Fees: Print out from Fee Calculator**

Total Fees	\$ <u>2,210.00</u>
Fee Paid	\$ <u>2,210.00</u>
Amount Due	\$ <u>0</u>

Reviewed by: E.G.

Date: 3/2/18