RECEIPT#

STATE OF OREGON

WATER RESOURCES DEPARTMENT

725 Summer St. N.E. Ste. A

SALEM, OR 97301-4172 INV

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

RECEIVED FROM:	N Propertie	s LLC	APPLICATION	CJ-18650	
BY:			PERMIT		
4	,		TRANSFER		
CASH: CHECK:#	OTHER: (IDENTIFY)				
☐ <u>X 105</u>	<u>†</u> [TOTAL REC'D	\$ 1,400.00	
1083 TREASUR	<u> </u>	CO CACU AC			
1083 TREASUR	Y 4170 WRD MIS	SC CASH AC	<u> </u>		
0407 COPIES				\$	
OTHER:	(IDENTIFY) _			\$	
0243 I/S Lease 0244 Muni Water Mgmt. Plan 0245 Cons. Water					
4270 WRD OPERATING ACCT					
INCOMITANTO IIO					
0407 COPY & TAP				\$	
0410 RESEARCH		•		\$	
mg/linde	NUE: (IDENTIFY)			\$	
	AB. (IDENTIFY)			\$:	
0240 EXTENSION	, , ,			\$	
WATER RIGH	ıтs. Г	EXAM FEE		RECORD FEE	
0201 SURFACE W	L	\$	0202	\$	
0203 . GROUND WA	٠ ـ	\$ 1.690.00	0204	\$ 210.00	
0205 TRANSFER		\$	V _0.		
WELL CONS		EXAM FEE		LICENSE FEE	
	· -	\$	0219	\$	
LANDOWNE	_	·	0220	\$	
OTHER	(IDENTIFY) ₋				
0536 TREASUR	Y 0437 WELL CO	ONST. START	FEE		
0211 WELL CONS	T START FEE	\$	CARD#		
0210 MONITORING		\$	CARD#		
OTHER	(IDENTIFY)			' -	
			IC NUMBER		
	Y 0467 HYDRO	ACISVITY L	IC NOMBER	\$	
•	ENSE FEE (FW/WRD)	·		\$	
·	NSE FEE (FW/WRD)	<u> </u>			
HYDRO APP	LICATION				
TREASUR	Y OTHER /	RDX			
FUND	TITLE				
OBJ CODE	VENDOR #		ř		
DESCRIPTION	,	•	Los	(\$ [₹] * ¹	
DESCRIPTION				L.·	

RECEIPT: 126211

For use with Groundwater and Surface Water Applications Only Yes-6/1/2*010* Minimum Requirements (OAR 690-310-0040)(ORS 537.400) For use by WRD staff only Application <u>G-18636</u> County Priority Date • _____ Range <u>13E</u> Section 20 WM Dist. # 3 Use Nurser Applicant Name TFN Properties Receipt No. 126211 Caseworker Assigned:

Barbe ☐ 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? 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 \(\square\) \(\square\) \(\square\) \(\square\) Permit or Certificate # _ Fdr 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.")

Standard Application Completeness Checklist

Je.				
4/1	Supplemental data sheets enclosed (if needed)	•		
	☐ Form M (Municipal or Quasi-Municipal	1		
	☐ Spring Description Sheet (if source is a s			
		,		
		and dated by the appropriate planning department officials. all lands involved and all uses proposed. Date of signature must		
	description includes a metes and bounds or other	wed where water is diverted, crossed, and used. The Legal or government survey description. A copy of the deed, land de this information, or applicant may submit a lot book report are not acceptable.		
TRO .	The proposed source <u>IS / IS NOT</u> (circle one) NOTE: If it is withdrawn under ORS 538, return	restricted or withdrawn from further appropriation. n application and fees.		
	The map must meet all the minimum requireme	ents of OAR 690-310-0050.		
	Township, Range, Section			
		es or flumes (if POA/POD is outside of POU)		
	Place of use, ¼-¼'s and tax lot clearly id			
		(1"= 1320 ft.); examples: 1" = 100 ft., 1" = 200 ft.		
		by reference to a recognized public land survey corner.		
	Reference corner on map			
	North Directional Symbol			
	Number of acres per 1/4 1/4 if for irrigation	n, nursery, or agriculture		
	Fees: Print out from Fee Calculator			
	Total Fees S4	2,210.00		
		1,900.00		
		310.00		
Rev	eviewed by: E-G	Date: 3/36/18		