

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **127379**

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

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

RECEIVED FROM: Flatts Oak Hill Dairy LLC APPLICATION 5-88645

BY: \_\_\_\_\_ PERMIT \_\_\_\_\_  
TRANSFER \_\_\_\_\_

CASH:  CHECK: # 16417 OTHER: (IDENTIFY)  TOTAL REC'D \$ 2,894.40

**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	EXAM FEE \$ <u>2,374.40</u>	0202 RECORD FEE \$ <u>520.00</u>
0203 GROUND WATER	\$ _____	0204 \$ _____
0205 TRANSFER	\$ _____	

**WELL CONSTRUCTION**

0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____	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 **RECEIVED**  
OBJ. CODE \_\_\_\_\_ VENDOR # **OVER THE COUNTER**  
DESCRIPTION \_\_\_\_\_ \$ \_\_\_\_\_

RECEIPT: **127379** DATED: 7-23-18 BY: [Signature]

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **127529**

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

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

RECEIVED FROM: <u>BK Water Right Consulting</u>	APPLICATION <u>S-88645</u>
BY: _____	PERMIT _____
CASH: <input type="checkbox"/> CHECK:# <u>X 138</u> OTHER: (IDENTIFY) _____	TRANSFER _____
TOTAL REC'D \$ <u>2.40</u>	

<b>1083 TREASURY 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>		
0407	COPY & TAPE FEES	\$ _____
0410	RESEARCH FEES	\$ _____
0408	MISC REVENUE: (IDENTIFY) _____	\$ _____
TC162	DEPOSIT LIAB. (IDENTIFY) _____	\$ _____
0240	EXTENSION OF TIME	\$ _____
<b>WATER RIGHTS:</b>		
0201	SURFACE WATER	\$ _____
0203	GROUND WATER	\$ _____
0205	TRANSFER	\$ _____
<b>WELL CONSTRUCTION</b>		
0218	WELL DRILL CONSTRUCTOR	\$ _____
_____	LANDOWNER'S PERMIT	\$ _____
_____	OTHER (IDENTIFY) _____	\$ _____

46111

EXAM FEE
\$ <u>2.40</u>
\$ _____
\$ _____
EXAM FEE
\$ _____

RECORD FEE
\$ _____
\$ _____
LICENSE FEE
\$ _____
\$ _____

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

<b>0607 TREASURY 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>
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FUND _____	TITLE _____	RECEIVED
OBJ. CODE _____	VENDOR # _____	OVER THE COUNTER
DESCRIPTION _____		\$ _____

RECEIPT: **127529** DATED: 8/3/18 BY: S. Phillips

**E-2**  
Yes No

# Standard Application Completeness Checklist

For use with Groundwater and Surface Water Applications Only

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

For use by WRD staff only

8/3/18

Application S-88645 County Polk Priority Date 7/23/18

Township 9S Range 4W Section 8,16,17,20,21,22,28

Amount 982 Af. Use Primary/Supplemental Irrigation WM Dist. # 16

Applicant Name JACK PLATT / PLATT DAIRY

Receipt No. 127379 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)

Division 33, Public Interest Information (Sensitive, Threatened, Endangered, Fish Species)

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.

ISD

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, 1/4-1/4'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 1/4 1/4 if for irrigation, nursery, or agriculture

**Fees: Print out from Fee Calculator**

Total Fees	<del>\$ 2,894.40</del>	\$ 2,896.8
Fee Paid	\$ 2,894.40	
Amount Due	\$ <del>0</del>	\$ 2.40

Reviewed by: E. G. Date: 7/23/18