## STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT # 129080 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

INVOICE #

(503) 986-0900 / (503) 986-0904 (fax)											
REC	EIVED FRO	M: BSP	Inc.		APPLICA	TION	6-18787				
BY:					PERM	IT					
					TRANSF	ER					
CAS	H: C	HECK:# 9217	OTHER: (IDENTIFY)	Г			75/201				
	]	1262			TOTAL RE	C'D	\$2,560.00				
	1083 TREASURY 4170 WRD MISC CASH ACCT										
	0407	COPIES					\$				
		OTHER: (I	DENTIFY)				\$				
	02431/51	ease 0244	Muni Water Mamt	Plan 024	5 Cone Wate	r					
	0243 I/S Lease 0244 Muni Water Mgmt. Plan 0245 Cons. Water   4270 WRD OPERATING ACCT										
		MISCELLANEOUS		11	001						
	0407	COPY & TAPE FEE	701	11		Γ	\$				
	0410	RESEARCH FEES				-	\$				
	0408	MISC REVENUE:					\$				
	TC162	DEPOSIT LIAB. (II					\$				
	0240	EXTENSION OF T					\$				
		WATER RIGHTS:		EXAM FEE			RECORD FEE				
	0201	SURFACE WATER		\$	0202		\$				
	0203	GROUND WATER		\$ 2,040.0	0204	-	\$ 520.00				
	0205	TRANSFER		\$	-						
		WELL CONSTRUC	CTION	EXAM FEE			LICENSE FEE				
	0218	WELL DRILL CONS		\$	0219		\$				
	02.0	LANDOWNER'S PI		0220		\$					
		OTHER	(IDENTIFY)								
		OTTLET	(IDENTII T)								
	0536	TREASURY	0437 WELL	CONST. STAF	T FEE						
	0211	WELL CONST STA	RTFEE	\$	CA	ARD#					
	0210	MONITORING WE	LLS	\$	CA	ARD#					
		OTHER	(IDENTIFY)								
	0607	TREASURY	0467 HYDE	OACTIVITY	LIC NUMBE	B					
	0233	POWER LICENSE		- ACTIVITI			\$				
	0231	HYDRO LICENSE					\$				
		HYDRO APPLICAT				_	\$				
		TREASURY		R/RDX	)						
FUND TITLE RECEIVED											
OBJ. CODE VENDO VER THE COUNTER											
	DESCRIPT	TION	ALC:	Company of the Compan			\$				
			The state of the s	100	1/						
RECEIPT: 129080 DATED: 2/4/1/BY: Billy!											

Distribution - White Cony - Customer Vallow Cony - Fiscal Blue Cony - File Buff Cony - 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-18787 County Clac Priority Date 2/4/10							
Application G-18787 County Clac Priority Date 2/4/19  Township 5 Section 25 + 36							
Amount 350 GAG Use 1R 3/1-10/31 WM Dist. # 16							
Applicant Name DAYID J. BIELENGERG.							
Receipt No. 129080 Caseworker Assigned: A Barbe    Kim    Lisa    Scott							
Applicant/Organization Name and Mailing Address							
Signature of <i>all</i> 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:							
If No:  The affected landowner's name(s) and mailing address(s) must be listed  RECEIVED  A 201							
☐ 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.  OWR							
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							
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 3509 Period of use indicated 3/1-10/2 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							
Project schedule (If system is already completed indicate "existing")							

	Suppl	lemental data sheets enclosed (if	needed)							
. \	Va	Form M (Municipal or Quasi-M	(Iunicipal)							
N	'									
1 -			-F8)							
K	A completed <b>Land-Use Form</b> or receipt signed and dated by the appropriate planning department officials. <i>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.</i>									
X	descri	ription includes a metes and bound	ds or other government surve can provide this information	diverted, crossed, and used. The Legal ey description. A copy of the deed, land , or applicant may submit a lot book report						
X		proposed source <u>IS (IS NOT</u> ci E: If it is withdrawn under ORS 5								
9	The map must meet all the minimum requirements of OAR 690-310-0050.									
(	1	Township, Range, Section								
	Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)									
	A	Place of use, 1/4-1/4's and tax lot								
	Even map scale not less than $4'' = 1$ mile (1"= 1320 ft.); examples: $1" = 100$ ft., $1" = 200$ ft.									
	//			ecognized public land survey corner.						
	1	Multiple wells shall be uniquely								
	X	Reference corner on map	y tabbied, and rabinined on	weir 1050, it existing.						
	North Directional Symbol									
	Number of acres per 1/4 1/4 if for irrigation, nursery, or agriculture									
		- Number of acres per 74 74 if for	inigation, nursery, or agrico	ntute						
	Fees:	: Print out from Fee Calculator	•	1						
	Total	Leas	· 2560	5 ZO record						
	Fee P		\$ 2560 \$ 2560	2 00						
		unt Due	\$							
			T							
Re	eviewec	d by:	Date:							