STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A 129893 **INVOICE** # SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) APPLICATION RECEIVED FROM: PERMIT BY: TRANSFER CASH: CHECK:# OTHER: (IDENTIFY) TOTAL REC'D TREASURY 4170 WRD MISC CASH ACCT 1083 \$ 0407 COPIES \$ OTHER: (IDENTIFY) 0244 Muni Water Mgmt. Plan___ 0243 I/S Lease 0245 Cons. Water 4270 WRD OPERATING ACCT **MISCELLANEOUS** \$ 0407 **COPY & TAPE FEES** \$ 0410 RESEARCH FEES \$ 0408 MISC REVENUE: (IDENTIFY) \$ TC162 DEPOSIT LIAB. (IDENTIFY) \$ 0240 **EXTENSION OF TIME** RECORD FEE WATER RIGHTS: **EXAM FEE** 0201 SURFACE WATER \$ 0202 0203 **GROUND WATER** 0204 0205 TRANSFER LICENSE FEE **EXAM FEE** WELL CONSTRUCTION \$ 0219 0218 WELL DRILL CONSTRUCTOR \$ 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) 0536 TREASURY 0437 WELL CONST. START FEE 0211 WELL CONST START FEE \$ CARD# \$ 0210 MONITORING WELLS CARD# OTHER (IDENTIFY) LIC NUMBER 0607 TREASURY 0467 HYDRO ACTIVITY \$ 0233 POWER LICENSE FEE (FW/WRD) \$ 0231 HYDRO LICENSE FEE (FW/WRD) HYDRO APPLICATION TREASURY OTHER / RDX TITLE FUND OVER THE COUNTER OBJ. CODE **VENDOR#** DESCRIPTION

RECEIPT: 129893

DATED: 5/31/19

9 BY: Filluds

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	on G-18826 County Polk Priority Date 5/31/2019	_
	Township	Range 4 W Section 4	
	Amount _	.05 cfs Use Nursery WM Dist. # 16	
	Applicant	Name Brandon Wagner -	
	Receipt N	To. 129893 Caseworker Assigned: ♥ Barbe □ Kim □ Lisa □ Sco	ott
V	Applio	cant/Organization Name and Mailing Address	
		ture of <i>all</i> applicants (include title or authority of representative if applicant is an organization or oration). *Applicant's agent may NOT sign application.	
3	Proper	erty Ownership: Does the applicant own all the land for the proposed project?	
	If N	No:	
	A VA	The affected landowner's name(s) and mailing address(s) must be listed	
	A PARTIES	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 <u>must</u> be submitted.	ng
1	For a	SW Application: Source of water must be indicated.	
	NA		
	NA	If for stored water not under contract, is the source authorized under a permit, certificate, or decre	e?
		Permit or Certificate issued	
Y	For a	GW Application: Well Development Tables completed and/or a well log report included (if existing	ıg)
,	Divisi	ion 33, Public Interest Information (Sensitive, Threatened, Endangered, Fish Species)	
٧	Propo	osed Water Use	
	$\sqrt{\lambda}$	Amount of water from <i>each</i> source in GPM, CFS, or AF—Period of use indicated—	
	NJA	If for supplemental irrigation, primary acreage or underlying permit or certificate number listed (<i>Primary and Supplemental Irrigation counts as 2 uses</i>)	
\	Water	r Management Section (Estimates if the water system has not been designed)	
	Resou	arce Protection Section	
	Projec	ct schedule (If system is already completed, indicate "existing")	

Supplemental data sheets	enclosed (if needed)			
Form M (Municipa				
	Sheet (if source is a spring)			
A completed Land-Use F Please be certain that the must be within the past 12	orm or receipt signed and dated by the appropriate planning department officials. Land-Use form lists all lands involved and all uses proposed. Date of signature months.			
description includes a met sales contract or title insur	If the properties involved where water is diverted, crossed, and used. The Legal es and bounds or other government survey description. A copy of the deed, land ance policy can provide this information, or applicant may submit a lot book report by. Copies of tax bills are not acceptable.			
The proposed source <u>IS / NOTE:</u> If it is withdrawn	IS NOT (circle one) restricted or withdrawn from further appropriation. <i>under ORS 538, return application and fees.</i>			
The map must meet all th	e minimum requirements of OAR 690-310-0050.			
Township, Range.	Township, Range, Section			
	Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)			
✓ Place of use, ¼-¼'	Place of use, 1/4-1/4's and tax lot clearly identified OK (5WSE)			
Even map scale no	t less than 4" = 1 mile (1"= 1320 ft.); examples: 1" = 100 ft., 1" = 200 ft.			
Location of each d	iversion point or well by reference to a recognized public land survey corner. I be uniquely labeled, and identified on well logs, if existing.			
North Directional	## ### ## 기업 1970 [1970] 19			
	er ¼¼ if for irrigation, nursery, or agriculture			
☐ Fees: Print out from Fe				
Total Fees	\$ 2560.00			
Fee Paid	\$ 2560.00			
Amount Due	\$			

Peer: Judy Ferrell

Mary Bjor E

Date: 6/3/2019 16/03/19 6-4-19