## STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT # 130547 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 INVOICE # \_

		(503) 966-0900	7 (503) 900-0904 (lax)	* 5			
REC	EIVED FROM	1: Siri and So	n Farms	APPLICATION	6-18855		
BY:		Tric.		PERMIT			
				TRANSFER	9		
CAS	H: CH	HECK# 1411 OTHER: (IDENTIF	Y)	TOTAL DECID	c 2 290 00		
L		1271		TOTAL REC'D	\$ 2,590.00		
	1083	TREASURY 4170 WRI	MISC CASH AC	СТ			
					\$		
	0407	OTHER: (IDENTIFY)			\$		
	0243 I/S Lea	ase 0244 Muni Water Mgm					
		4270 WRI	D OPERATING AC	CT			
		MISCELLANEOUS	40111				
	0407	COPY & TAPE FEES			\$		
	0410	RESEARCH FEES			\$		
	0408	MISC REVENUE: (IDENTIFY)			\$		
	TC162	DEPOSIT LIAB. (IDENTIFY)			\$		
	0240	EXTENSION OF TIME					
		WATER RIGHTS:	EXAM FEE		RECORD FEE		
	0201	SURFACE WATER	\$	0202	\$		
	0203	GROUND WATER	\$ 2390,00	0204	\$		
	0205	TRANSFER	\$				
		WELL CONSTRUCTION	EXAM FEE		LICENSE FEE		
	0218	WELL DRILL CONSTRUCTOR	\$	0219	\$		
		LANDOWNER'S PERMIT		0220	\$		
		OTHER (IDENTIFY)					
				The state of the s			
	0536	TREASURY 0437 WEL	LL CONST. STAR	I FEE			
	0211	WELL CONST START FEE	\$	CARD#			
	0210	MONITORING WELLS	\$	CARD#			
	(and the	OTHER (IDENTIFY)					
	0607	TREASURY 0467 HYD	ORO ACTIVITY	LIC NUMBER			
	0233	POWER LICENSE FEE (FW/WRD)			\$		
	0231	HYDRO LICENSE FEE (FW/WRD)			\$		
		HYDRO APPLICATION			\$		
			155 / 55V				
			IER / RDX				
	FUND	TITRECE					
	OBJ. CODE	OVERDOHE	COUNTER				
	DESCRIPTI				\$		
			1				
	11	20547	.14-19 BY:	(1) wot	1 Diet		
REC	ECEIPT: SISA DATED: BY: WWW.						

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-18855 County Clarkamas Priority Date 8/14/2019							
Township $3S$ Range $1E$ Section $19$ $(311)$							
Amount 0.50 cfs Use Nursery 19.9 AC (3 P.O.A) WM Dist. # 20							
Applicant Name Siri and Son Farms C/o Joseph 3, Alma Siri	_						
Receipt No. 136547 Caseworker Assigned:   Barbe Kim Lisa Sco	tt						
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:							
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 permittir access to land crossed by the proposed ditch canal or other work <u>must</u> be submitted.	g						
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 will be for the use of the stored water under the PROPOSED Reservoir application, Exp. Secondary (E2)(ORS 537.147).	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						
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	g)						
Division 33, Public Interest Information (Sensitive, Threatened, Endangered, Fish Species)							
Proposed Water Use							
Amount of water from <i>each</i> 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							
Project schedule (If system is already completed, indicate "existing.")							

War Si	upplemental data sheets enclosed (if needed)
, ~	Form M (Municipal or Quasi-Municipal) Spring Description Sheet (if source is a spring)
P	completed <b>Land-Use Form</b> or receipt signed and dated by the appropriate planning department officials. lease be certain that the Land-Use form lists all lands involved and all uses proposed. Date of signature just be within the past 12 months.
de	Legal Description of all the properties involved where water is diverted, crossed, and used. The Legal escription includes a metes and bounds or other government survey description. A copy of the deed, land ales contract or title insurance policy can provide this information, or applicant may submit a lot book report repared by a title company. Copies of tax bills are not acceptable.
TBD N	the proposed source <u>IS / IS NOT</u> (circle one) restricted or withdrawn from further appropriation.  **OTE: If it is withdrawn under ORS 538, return application and fees.
T	he 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 <i>each</i> 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
G F	ees: Print out from Fee Calculator
	20/200

 Total Fees
 \$ 2910.0

 Fee Paid
 \$ 1390.0

 Amount Due
 \$ 520.0

Reviewed by: Cong Middleton Judy Ferrell Mary Bjort

Date: 8-15-2019

8-19-19



Main

Help

3 Return

Contact Us

Today's Date: Thursday, August 15, 2019

	\$1,340.00
0.50	\$350.00
. 1	
3	\$700.00
	\$520.00
Recalculate	
	\$2,910.00
	* 1 3

OWRD Fee Schedule

Fee Calculator Version B20170117