

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

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

RECEIPT # **132659**

INVOICE # _____

RECEIVED FROM: Justin Wright
BY: _____

APPLICATION	5-88833
PERMIT	
TRANSFER	

CASH: CHECK # 191 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 1,460.00

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			
0407	COPY & TAPE FEES	\$	
0410	RESEARCH FEES	\$	
0408	MISC REVENUE (IDENTIFY) _____	\$	
TC162	DEPOSIT LIAB. (IDENTIFY) _____	\$	
0240	EXTENSION OF TIME	\$	
WATER RIGHTS:			
0201	SURFACE WATER	\$	0202
0203	GROUND WATER	\$	0204
0205	TRANSFER	\$	
WELL CONSTRUCTION			
0218	WELL DRILL CONSTRUCTOR	\$	0219
	LANDOWNER'S PERMIT	\$	0220
_____	OTHER (IDENTIFY) _____		

EXAM FEE
\$ <u>940.00</u>
\$
\$
EXAM FEE
\$

RECORD FEE
\$ <u>520.00</u>
\$

LICENSE FEE
\$
\$

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 _____
OBJ CODE _____ VENDOR # _____
DESCRIPTION _____ \$ _____

RECEIPT: **132659**

DATED: 6-1-2020 BY: [Signature]



Oregon Water Resources Department
Stored Water Only Applications - Expedited Secondary

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Today's Date: Wednesday, June 3, 2020

Base Application Fee.		\$520.00
Acre feet of Stored Water to be diverted.	12	\$420.00
Subtotal:		\$940.00
Permit Recording Fee. ***		\$520.00
*** the Permit Recording Fee is not required when the application is submitted but, must be paid before a permit will be issued. It is fully refundable if a permit is not issued. If the recording fee is not paid prior to issuance of the Final Order, permit issuance will be delayed.		
Estimated cost of Permit Application		\$1,460.00

E-2

Standard Application Completeness Checklist

Yes No

Groundwater and Surface Water Applications Only
Minimum Application Requirements (OAR 690-310-0040 &-0050)
For use by WRD staff only

Application #:	S-88835 E-2	Receipt #:	132659
Applicant Name:	Jamie and Justin Wright	Amount Requested:	12 Acre Feet
Priority Date:	06/01/2020	Proposed Use:	Irrigation
County:	Josephine	POD/POA TRS & TL:	36S 6.00W SENW
WM #:	14	Caseworker:	KF

- Applicant/Organization Name and Mailing Address
- Signature of **all** applicants (include title or authority of representative if applicant is an organization or corporation). Note: Applicant’s agent may NOT sign the application on behalf of the applicant.
- Property Ownership: Does the applicant own all the land for the proposed project? Yes No
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)
 - If for stored water, is the source authorized under a permit, certificate, or decree?
Permit or Certificate issued: Y N Permit or Certificate #: R-8141 & R-8142
NOTE: An expedited secondary (E2) application and a reservoir application cannot be filed at the same time. The reservoir must be legally authorized first, under an existing water right, in order to accept and process an E2 application.
- For a GW Application:** Well development table completed and a well log report included (if existing)
- Division 33 (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
(Note: Primary and Supplemental Irrigation counts as 2 uses)

8. Water Management Section
9. Resource Protection Section
10. Project schedule
(Note: If system is already completed, indicates "existing.", (Note: Estimates are okay if the water system has not been designed))
11. Supplemental data sheets enclosed (if needed)
 Form M (Municipal or Quasi-Municipal)
12. A completed **Land-Use Form** or receipt signed and dated by the appropriate planning department. 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.
13. A **Legal Description** of all the properties involved where water is diverted, conveyed, 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.
14. The proposed source IS / IS NOT (circle one) restricted or withdrawn from further appropriation.
NOTE: If it is withdrawn under ORS 538, reject/return application and fees.
15. The **map** must meet all the minimum requirements of OAR 690-310-0050.
- a) Township, Range, Section
 - b) Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)
 - c) Place of use, ¼-¼'s and tax lot clearly identified
 - d) Even map scale not less than 4" = 1 mile (1"= 1320 ft.); examples: 1" = 100 ft., 1" = 200 ft.
 - e) Location of **each** diversion point or well by reference to a recognized public land survey corner.
 - f) Multiple wells shall be uniquely labeled, and identified on well logs, if existing.
 - g) Reference corner on map
 - h) North directional symbol
 - i) Number of acres per ¼ if for irrigation, nursery, or agriculture

16. **Fees: Print the Online Fee Calculator**

Exam Fee Due:	\$
Exam Fee Submitted:	\$
Difference:	\$
Recording Fee Paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Total Paid:	\$

Reviewer Initials:		Date:	
Peer Reviewer Initials:		Date:	
Final Review Initials:		Date:	