## STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT# 95218

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

INVOICE #

(503) 986-0900 / (503) 986-0904 (fax)									
RECEIV	ED FROM	: Laugh	lin Ord	hards	, Inc.	APPL		sec	below
BY:		<u>J</u>			<u> </u>	200			
CASH:	CH	ECK:#	OTHER: (ID	ENTIEV		TBA	ISFER :		
		X 13687		LIVIN 1)		TOTAL	RECD	\$ /3	80.00
		TREASURY		WRD M	ISC CASH				
			7170	THE CALLES	ICO ONCATA			\$	70
04	07	COPIES	(IDENITIE)					\$	
		OTHER.	(IDENTIFY)						
02	43 I/S Lea	ise 0					/ater	_	
					PERATING			. "	1 ( May ) 1 ( May )
		MISCELLANE	ous 🕻	28731	21 + حام	30.00		•	
04	07	COPY & TAPE	FEES	2072	67#110	D 50		\$	
04	10	RESEARCH FE	ES t	(R 13	אן יי וע	10:		\$	
04	08	MISC REVENU	•	<b>'</b> )				\$	
TC	162	DEPOSIT LIAB						\$	
02	40	EXTENSION O		Lini					
		WATER RIGHT	s: FGT	1110	EXAM FEE			- 77.5	COBO FEE
02	:O1	SURFACE WA	TER		\$ 1380.	020	02	\$	
02	:03	GROUND WAT	EA .		\$	020	04	\$	
02	:05	TRANSFER			\$				
		WELL CONST	RUCTION		EXAM FEE	<u>:</u>		LIC	ENSE FEE
02	:18	WELL DRILL C	ONSTRUCTOR	₹	\$	02	19	\$	
		LANDOWNER'	S PERMIT			02:	20	\$	
		OTHER	(IDENTIF	FY)					
	0536	TREASURY	0437_	WELL (	CONST. STA	ART FEE			
02	11	WELL CONST	START FEE		\$		CARD #		
02	10	MONITORING	WELLS		\$		CARD #		
		OTHER	(IDENTIF	=Y)					
	0607	TREASURY	0467	HYDRO	ACTIVITY	LIC NUM	ARFR		
_					MOTIVITI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	
	233		ISE FEE (FWA					\$	
02	231		ISE FEE (FW/V	VHD)				\$	
_		HYDRO APPLI	CATION					Э	
_		TREASURY		OTHER	/ RDX				``
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RECEIPT: 95218 DATED: 12/22/8 BY: 176

## Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff

Application	87367	Township	35	35			
	12-22-2008	Range	4W	3 \			
,	1 IRRIG-/RESRV	Section	24	19			
Rate 0.84 CF	5 B 9.1 AT	POD Loc	SE S	SW 19			
County	AMU	POU Loc	SEE	MAP			
W.M. DUST	#16	Caseworker	Joez	P			
Applicant/Organization Name, Mailing Address and Telephone Number.  Source of water. If stored water, is the stored water component filed out, including a non-expired agreement for stored water must be included. (ORS 537.400) NOTE: A surface water application cannot be filled 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 (E2).  The proposed source is of is not direct one) withdrawn from further appropriation, or Division 538. If it is, return application and fees.  O If applicant does not own all the land, the affected landowner's name and mailing address must be listed.  Off applicant does not own all the land, a 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.							
	development section (Pa	,	etion B) or a wel	l log report			
Proposed use of water. If supplemental, list primary water right acreage if applicable.  Enclosed Supplemental Form for each proposed use.							
Enclosed Sup	oplemental Form for each	proposed use.					
Form	n I (Irrigation)	O Form M (	Municipal or Qu	asi-Municipal)			
O Form	n R (Mining)	O Form Q (	Commercial or I	ndustrial)	-		
O Sprin	ng Description Sheet						
Amount of w	vater from each source in	gallons per mi	nute (GPM), cub	oic feet per seco	and (CFS), or acre		

Water management section (Please estimate if the water system has not been designed).

Resource Protection Section (Page 6, Section	n 5).					
O Project schedule (If system is already comple	eted, indicate "existing").					
	For reservoir applications storing more than 9.2 acre feet, and a dam height of more than 10 feet, preliminary plans and specifications for dam and impoundment are required.					
O If the above is statement is checked, the	map must be prepared by a CWRE.					
All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink. Signature must be an original "wet" signature.						
- · · · · · · · · · · · · · · · · · · ·	y of the deed, land sales contract or title insubmit a lot book report prepared by a title com	rance policy				
A completed Land-Use Form or receipt signer officials. Date of signature must be within the signature.	ed and dated by the appropriate planning dep the past 12 months. Signature must be an orig					
The map must meet all the minimum requirer	ments of OAR 690-310-0050.					
Township, Range, Section	Location of main canals, ditches, pipeli flumes (if POA/POD is outside of POU)	ines or				
Place of use, 1/4, 1/4's and tax lot clearly identified	Even map scale not less than $4'' = 1$ m (example: $1'' = 100$ ft, $1'' = 200$ ft, etc.)					
Location of each diversion point well or dam by reference to a recognized public land survey corner	North Directional Symbol					
Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture	O Other SIGNED CWRITADT	385				
Reference corner on map		sua 2 aa cfs.				
Each point of diversion coordinate	1 0 010	200 Sulli				
• Fees: Amount of water requested 9.10 Ar	CFS	200 POD				
Base Fee \$ 500	Additional Use @=	15210 AT				
1st CFS/AF Zea	Total Exam Fees \$					
10 Addtn'1 CFS/AFa 20 = 200	Total Paid \$					
Addtn' POD @ =	Amount Due \$					
REVANDOR \$ 1100						
Reviewed by:	Date: 12-22- 2008					
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