	0 -						
RECEIVED FI	ROM: KOUL	rep		<u> </u>		APPLICATION	5-87146
BY:	COD60	JINCK	DUCT	can	11	PERMIT	
CASH:	CHECK:#	OTHER: (II	DENTIFY)			TRANSFER	<u> </u>
	1259					TOTAL REC'D	\$132500
1083	TREASURY	4170	WRD M	ISC CASH	AC	СТ	
0407	COPIES						\$
	OTHER:	(IDENTIFY)	1				\$
0243 I/S	Lease 02	44 Muni Wat	er Momt. Pla	an O	245	Cons. Water	
				PERATING			<u> </u>
	MISCELLANEO			1.1			
0407	COPY & TAPE F		46	2 (\$
0410	RESEARCH FEE						\$
0408	MISC REVENUE		Y)				\$
TC162	DEPOSIT LIAB.		•				\$
0240	EXTENSION OF	•		_			\$
	WATER RIGHTS	i:		EXAM FEE	_		RECORD FEE
0201	SURFACE WATE	ĒR		\$9250		0202	\$ 40000
0203	GROUND WATE	R		\$		0204	\$
0205	TRANSFER			\$			
	WELL CONSTR	UCTION		EXAM FEE	•		LICENSE FEE
0218	WELL DRILL CO	NSTRUCTO	R	\$		0219	\$
	LANDOWNER'S	PERMIT				0220	\$
	OTHER	(IDENTI	FY)				
0536	TREASURY	0427	WELL (CONST. STA	\ DI	CEE	
			WELL		4n i		
0211	WELL CONST S			\$		CARD#	
0210	MONITORING W	ELLS		\$		CARD#	
	_ OTHER	(IDENTI	FY)		_		
0607	TREASURY	0467	HYDRO	ACTIVITY		IC NUMBER	
0233	POWER LICENS	E FEE (FW/	WRD)				\$
0231	HYDRO LICENS	E FEE (FW/	NRD)		L		\$
	HYDRO APPLIC	ATION					\$
	TREASURY		OTHER	/ RDX	_		
FLIND		TITLE					
OBJ. CODE							\$
DESCRI	PTION						

RECEIPT: 105405 DATED: 4-9-12 BY: Distribution – White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

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

Application <u>3-87796</u>	County Jackson	2M	Priority Date 4/9/2012	_
385 Z 9 8 qidanwoT	Range 3 w	S	ection 27, 34, 4	<u>.</u>
Amount 45 Ac/FT.	Use IRRIGIATION	8.57 AC.	WM Dist #	_
Applicant Name Applicant	E IRRIGATION COR	POR IN TION	·	_
Receipt No. 10540C	· · · · · · · · · · · · · · · · · · ·		1.	
Caseworker Assigned ☐ Jean	a Eastman Kerry K	avanagh		
Applicant/Organization Name	, Mailing Address, and	Felephone Num	ber.	
Mapplicants or the applicant' must sign the application in in			ority if for an organization or co " signature. Copies cannot be o	
Source of water. If stored water agreement for stored water mu be filed at the same time as a R the PROPOSED Reservoir app	st be included. (ORS 53 eservoir or Alt Reservoi	7.400) <i>NOTE:</i> r if it will be for	A surface water application ca	
A If for stored water not under cor Certificate number	ntract, is the source valid	/ Permit or Cer	tificate issued Y/N List Perm	it or
			opropriation. If it is withdrawn means, accept the application a	
Property ownership indicated.		·		
If applicant does not ov	vn all the land, the affect	ted landowner=	s name and mailing address mu	st be listed.
/ * * ·	sement permitting access		ring the existence of either writt I by the proposed ditch canal or	
☐ Well Development (pg. 4 & 5)	or a well log report.			
Proposed use of water. If supple Supplemental data sheets enclorated Form M (Municipal or Spring Description She	osed if needed ? Quasi-Municipal)	eage. (Irrigation	and Supp.l Irrigation together,	is 2 uses)
Amount of water from each sou		e (GPM), cubic	feet per second (CFS), or acre f	eet(AF)
Period of use				• ;

Water management section (Please estimate	e if the water system has not been designed).	
Resource Protection Section (N/A for Grou	ındwater)	
Project schedule (If system is already comp	pleted, indicate "existing").	
Preliminary plans and specifications include for all standard reservoir applications	ling dam height, width, crest width and surface area for each reserve	oir
A map prepared by a CWRE for a standard having a dam height of more than 10 feet	reservoir application proposing to store more than 9.2 acre feet and	d
The Legal description includes a metes and deed, land sales contract or title insurance p	the properties involved where water is diverted, crossed, and used. bounds, or other government survey description. A copy of the policy can provide this information, or you may submit a lot book partment will not accept a copy of the tax bill.	
be certain that the Land-Use form lists all l	ed and dated by the appropriate planning department officials. Plead lands involved and all uses proposed. Date of signature must be be an original "wet" signature. Copies cannot be accepted.	se
☐ The map must meet all the minimum requires	ments of OAR 690-310-0050.	
Place of use, 1/4, 1/4=s and tax lot clear Even map scale not less than 4" = 1 mile Location of each diversion point, well of		
Number of acres per 1/4, 1/4, if for irrig	ration, nursery, or agriculture	
Care D Other		
Fees: Amount of water requested 45 /	4F	. \
Base Fee \$ 400	Total Exam Fees \$ 925 Permit Recording Fees \$ 400 00 \$ 1200	ر ط م
1st CF8/AF 525	Permit Recording Fees \$ 400 0 0 5 200	
Addtn1 CFS/ AF @ = Addtn1 POD/POA @ = Addtn1 Use @ =	Mitigation Fee \$ Total Paid \$ Amount Due \$ Amount Returned \$	
Reviewed by:	Date: 4-9-2012	-
Groups w/ Customer Service Group templates ets	andard ann checklist 1/25/2012 ike	

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