

Name _____ Applegate Irrigation Corporation S-87939
 By _____ James W. Christopherson, Sr.
 Address _____ 489 Hamilton Rd.
 _____ Jacksonville, OR 97530

Priority 10/28/13
 County Jackson WM# 13

RELATED FILES

DEVELOPMENT Date

Completion _____
 Extended to _____

 Final Proof received _____
 Proposed Cert. Mailed _____

Application No. S 87939
Permit No. _____
Certificate No. _____

Date

DENIED _____
MISFILED _____
WITHDRAWN _____
CANCELLED _____

Volume	Page
_____	_____
_____	_____

FEEES PAID

Date	Amount	Receipt No.
10/28/13	\$1695.00	110313
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	Cert. Fee	_____

FEEES REFUNDED

Date	Amount	Receipt No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSIGNMENTS

Date	To Whom	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REMARKS See T-11692

MAP LOCATION _____

XS 115/1013