STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 113305 SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax)					
	M: Phills	W. Suchos	X	APPLICATIO	6-17916
BY:	Lacis	h L. Shigh	ose	PERMIT	
CASH: C		OTHER: (IDENTIFY))	TRANSFER	
	X & 3%			TOTAL REC'D	\$5800.00
1083	TREASURY	4170 WRO	MIGO GASHA	COT	
0407	COPIES				\$
	_ OTHER:	(IDENTIFY)			\$
0243 I/S L	ease 0	244 Muni Water Mgmt.		5 Cons. Water	
		4270 WRD	OPERATING A	CCT	
	MISCELLANE	/////	1		¢
0407	COPY & TAPE		1		\$
0410 0408	RESEARCH FE	ES IE: (IDENTIFY)			\$
TC162	DEPOSIT LIAB	. ,			\$
0240	EXTENSION O	. ,	····		\$
	WATER RIGHT				RECORD FEE
0201	SURFACE WAT		EXAM FEE	0202	\$
0203	GROUND WAT		\$CZLA #	0202	\$450.00
0205	TRANSFER		\$	0204	
	WELL CONST	PLICTION	EXAM FEE	80	UCENSE FEE
0218		ONSTRUCTOR	\$	0219	\$
0210	LANDOWNER'		L		\$
	OTHER	(IDENTIFY)			
		· /			
0536	TREASURY	DAST WELL	CONST. STAR		
0211	WELL CONST		\$	CARD	
0210	MONITORING	WELLS	\$	CARD	
	OTHER	(IDENTIFY)			
0607	TREASURY	0487 HYDE	TO ACTIVITY	LIC NUMBER	
0233		ISE FEE (FW/WRD)			\$
0231		SE FEE (FW/WRD)			\$
	HYDRO APPLI	CATION			\$
	TREASURY	OTH	A / ADX		
FUND		TITLE			
		VENDOR #			
					\$
				mil	
ECEIPT 1	13305	DATED: 9/	5/11/		aste
		DATED:	Copy - Fiscal, Blue C	op - File, Buff Co	by - Fiscal

-	E -2 es No	Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff
	Applicatio	
		$\frac{\partial G_{17916}}{\partial 4S} \qquad County Harvey \qquad Priority Date \frac{9}{3}\frac{14}{14} \frac{\partial 4S}{\partial 5} \qquad Range \frac{\partial 7E}{\partial 5} \qquad Section \frac{3}{3}\frac{4}{9}\frac{9}{10}\frac{10}{5}\frac{15}{10}$
	Amount _	5800 - Use irrigation 900 Acres WM Dist. # 10
	Applicant	5800- Use irrigation 900 Acres WM Dist. # 10 Name Phillip & Corisson Singhose
		o. 113305 Caseworker Assigned: Barbe Kim Jeana
	Signa	ture (in ink) of <i>all</i> applicants or the applicant's authorized agent (include title or authority if for an
	Prope	ization or corporation). rty ownership: Does the applicant own all the land for the proposed project? <u>Y</u> / <u>N</u>
		The affected landowner's name and mailing address 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.
-	F or 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 it will be for the use of the stored water under the PROPOSED Reservoir application, Exp. Secondary (E2).
		If for stored water not under contract, is the source authorized under a permit, certificate, or decree?
	`	Permit or Certificate issued? Y / N Permit or Certificate #
MO .	For a	<i>GW Application</i> : Well Development Tables completed and/or a well log report included (if existing)
	Propo	used water use irrigation 900 acres
		Amount of water from <i>each</i> source in GPM, CFS, or \overrightarrow{AF} 2700 Period of use indicated $(2 - 0 + 3)$
		If for supplemental irrigation, primary acreage or underlying permit or certificate number listed (Primary and Supplemental Irrigation counts as 2 uses)
	Wate	r Management Section (Estimates if the water system has not been designed)
	Reso	urce Protection Section (N/A for Groundwater)
		all standard reservoir applications: Preliminary plans and specifications including dam height, width, width and surface area for each reservoir.
	Proje	ct schedule (If system is already completed, indicate "existing.")

-Supplemental data sheets enclosed (if needed)

Form M (Municipal or Quasi-Municipal)

Spring Description Sheet (if source is a spring)

X A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. 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.

A Legal Description of all the properties involved where water is diverted, crossed, 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. <u>Copies of tax bills are not acceptable.</u>

The proposed source <u>IS / IS NOT</u> (circle one) restricted or withdrawn from further appropriation. **NOTE:** If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, / accept the application and a negative IR will be issued.

The 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

mscale Even map scale not less than 4" = 1 mile (1"= 1320 ft.); examples: 1" = 100 ft., 1" = 200 ft.

Incomplete Location of *each* diversion point, well or dam 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

⁴ Number of acres per ¹/₄-¹/₄ if for irrigation, nursery, or agriculture

For a standard reservoir application to store ≥ 9.2 acre feet AND having a dam height ≥ 10 feet, map must be prepared by a CWRE

Fees: Base Fee -\$ 115U Permit Recording Fees \$ 450 Mitigation Fee 1st CFS @ \$300 \$ 300 add'I CFS @ <u>\$300 ea</u> \$ 3300 • AF up to 20 AF @ <u>\$30 ea</u> Rec Fee Total add'l AF @ <u>\$1_ea</u> Rec Fee Paid ____ add'I ⊠pod/poa □use @ 300___ ea \$ 1000 add'l res @ \$125 ea Exam Fee Total Exam Fee Paid Amount Returned Date: <u>9-2-14</u> Reviewed by: Tray Fox

Minimum Requirements Checklist

Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.615)

Include this checklist with the application

Check that each of the following items is included. The application <u>will</u> be returned if all required items are not included. If you have questions, please call the Water Rights Customer Service Group at (503) 986-0900.

₫/	SECTION 1: applicant information and signature	
\Box	SECTION 2: property ownership	
\Box	SECTION 3: well development	RECEIVED BY OWRD
\Box_{\prime}	SECTION 4: water use	
\Box	SECTION 5: water management	SEP 0 2 2014
⊴∕_	SECTION 6: storage of groundwater in a reservoir	
⊴∕_	SECTION 7: use of stored groundwater from the reservoir	SALEM, OR
$\Box_{/}$	SECTION 8: project schedule	
\Box	SECTION 9: within a district	
\square	SECTION 10: remarks	

Attachments:

Land Use Information Form with approval and signature (must be an original) or signed receipt

Provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map.

Fees - Amount enclosed: \$<u>5,500</u> See the Department's Fee Schedule at <u>www.oregon.gov/owrd</u> or call (503) 986-0900.

	Permanent quality and drawn in ink
P	Even map scale not less than $4" = 1$ mile (example: $1" = 400$ ft, $1" = 1320$ ft, etc.)
\Box	North Directional Symbol
	Township, Range, Section, Quarter/Quarter, Tax Lots
	Reference corner on map
	Location of each well, and/or dam if applicable, by reference to a recognized public land survey corner (distances north/south and east/west). Each well must be identified by a unique name and/or number.
\square	Indicate the area of use by Quarter/Quarter and tax lot clearly identified
	Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery
Ì	Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use)
	Other

বি