STATE OF OREGON

WATER RESOURCES DEPARTMENT

112200

RECEIPT: 113389

725 Summer St. N.E. Ste. A

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	JESM	19110200	1143	TRANSFER	
H: C	HECK:#	OTHER: (IDENTIFY	()		
]	X 1481			TOTAL REC'D	\$573.00
1083	TREASURY	4170 WRD	MISC CASH	ACCT	
0407	COPIES				\$
	OTHER:	(IDENTIFY)			\$
0243 I/S Le	ease 024	14 Muni Water Mgmt	. Plan (0245 Cons. Water	enterna-
		4270 WRD	OPERATING	ACCT	
	MISCELLANEOU	JS ,	11 11		
0407	COPY & TAPE FI		-11,111		\$
0410	RESEARCH FEE		lΨII,		\$
0408	MISC REVENUE	,			\$
TC162	DEPOSIT LIAB.	` '			\$
0240	EXTENSION OF			a.composing	RECORD FEE
	WATER RIGHTS		EXAM FE		\$
0201	SURFACE WATE		\$573.0	0202	\$
0203	GROUND WATER	Н	\$	0204	14
0205	TRANSFER		\$		LICENSE FEE
	WELL CONSTRU		S EXAM FE	0219	\$
0218	WELL DRILL CO		Φ	0220	\$
	LANDOWNER'S			U LLU	
	OTHER	(IDENTIFY)			
0536	TREASURY	0437 WEL	L CONST. ST	ART FEE	
0211	WELL CONST ST	TART FEE	\$	CARD #	
0210	MONITORING W	ELLS	\$	CARD #	
	OTHER	(IDENTIFY)			
0607	TREASURY	0467 HYD	RO ACTIVITY	LIC NUMBER	¥
0233	POWER LICENS	E FEE (FW/WRD)			\$
0231	HYDRO LICENSI	E FEE (FW/WRD)	in the second second		\$
	HYDRO APPLICA	ATION			
	TREASURY	отн		Landy much be the	NTER
FUND		TITLE			
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STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT# 113388

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

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

INVOICE #	
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1083	TREASURY	4170 WRD	MISC CASH A	CCT	
0407	COPIES				\$
***************************************	_ OTHER:	(IDENTIFY)			\$
		0244 Muni Water Mgmt	Plan 024	5 Cons Water	
0243 #3 1		_	OPERATING A		
	MISCELLANE		,		
0407	COPY & TAPE	FFES /	IIIII		\$
0410	RESEARCH FI	FES	16111		\$
0408		JE: (IDENTIFY)			\$
TC162	DEPOSIT LIAE	,			\$
0240	EXTENSION C	,			\$
0240				***	RECORD FEE
	WATER RIGHT	-	EXAM FEE		\$450.00
0201	SURFACE WA		\$ 480.00	0202	\$ 7,000
0203	GROUND WAT	ER	\$	0204	Ψ
0205	TRANSFER		\$		
	WELL CONST	RUCTION	EXAM FEE	<u> </u>	LICENSE FEE
0218	WELL DRILL C	ONSTRUCTOR	\$	0219	\$
	LANDOWNER	'S PERMIT		0220	\$
	OTHER	(IDENTIFY)			
0536	TREASURY	0437 WEL	L CONST. STAI	RT FEE	
0211	WELL CONST	310,12,131,000,000,000	\$	CARD	
0210	MONITORING		\$	CARD	<u> </u>
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Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff Application 5-88012 County Jackson Priority Date 9-8-14 Township 365 Range W Section 6 Amount 22.95AF Use Irrigation of 5.1 AC WM Dist. # B Applicant Name The January Trust, Ronald E. Nash, Trustee Receipt No. 113079-4573 Caseworker Assigned: 113 3 88 - 1930 + 3 Contact info: Applicant/Organization Name and Mailing Address Signature (in ink) of all applicants or the applicant's authorized agent (include title or authority if for an organization or corporation). Property ownership: Does the applicant own all the land for the proposed project? If No: □ 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 GHS-1014 CONTRACT DATA SHEET a SW Application: Source of water must be indicated - Lost Cr. Res. If the source is stored within it is 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 vater under the PROPOSED Reservoir application, Exp. Secondar. (E2) NA - I H for stored water not under contract, is the source authorized under a permit, certificate, or decree? Permit or Certificate # _____ Permit or Certificate issued? Y / N NA - For a GW Application: Well Development Tables completed and/or a well log report included (if existing) Proposed water use Irrig. of 5.1 Ac Amount of water from each source in GPM. CFS, or AF 22.95 AF Period of use indicated April 1 - Oct. 31 NIN- If for supplemental irrigation, primary acreage or underlying permit or certificate number listed (Primary and Supplemental Irrigation counts as 2 uses) Water Management Section (Estimates if the water system has not been designed) Resource Protection Section (N/A for Groundwater) RECEIVED BY OWRD

Groups wr\Customer Service Group templates standard app checklist
SALEM. OD

1/2/2014AM

M-□	- For all stanslard reservoir applications: Preliminary plans and specifications including dam herest width and surface area for each reservoir.	eight, width,
	Project schedule (If system is already completed, indicate "existing.")	
1A-F	Supplemental data sheets enclosed (if needed)	
111	—— Form M (Municipal or Quasi-Municipal)	
	——————————————————————————————————————	
Z	A completed Land-Use Form or receipt signed and dated by the appropriate planning departs Please be certain that the Land-Use form lists all lands involved and all uses proposed. Date be within the past 12 months.	
	A Legal Description of all the properties involved where water is diverted, crossed, and used description includes a metes and bounds or other government survey description. A copy of the sales contract or title insurance policy can provide this information, or applicant may submit a prepared by a title company. Copies of tax bills are not acceptable.	le deed. land lot book report
./	The proposed source AS IS NOT coircle one) restricted or withdrawn from further appropria NOTE: If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn accept the application and a negative IR will be issued.	
1	The map must meet all the minimum requirements of OAR 699-310-0050.	
•	Township, Range, Section	
	Location of main canals, ditches, pipelines or flumes (it POA/POD is outside of POU)
	Place of use, 14-14's and tax lot clearly identified	
	Even map scale not less than $4^{\circ} = 1$ mile (1"= 1320 ft); examples: $1^{\circ} = 100$ ft., $1^{\circ} = 2$	00 ft.
	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	
	Number of acres per 14-14 if for irrigation, nursery, or agriculture	> 10 feet
N	Harmonia Harmonia and Harmonia	≥ 10 feet, map
٠,	from Lost Cr. Reservoir	
	must be prepared by a CWRE Fees: Base Fee 1° CFS or AFO 430/AF = 5 450° 1° CFS or AFO 430/AF = 5 4000° Mitigation Fee S 450. Mitigation Fee	0
,	1° CFS or AF 0 430/AF = -5 600 or Permit Recording Fees 5 150.	
21.9	The state of the s	
	Addtnl Use/POD/POA $=$ S $=$ Amount Paid $=$ S $=$ Amount Paid $=$ S $=$ Amount Paid $=$ S $=$ S $=$ Amount Paid $=$ S $=$ S $=$ Amount Paid $=$ S $=$ S $=$ S $=$ Amount Paid $=$ S $=$ S $=$ S $=$ S $=$ Amount Paid $=$ S	
	Other = \$ Total Due \$ 573°	-
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!	Reviewed by: Date: 8-15-14 Reviewed by: Date: 8-15-14	
	777 777 9-9-141	
	Groups wr Customer Service Group templates standard app checklist	1/2/2014AM

Minimum Requirements Checklist
Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.140)

Include this checklist with the application

Check that each of the following items is included. The application will 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 sit SECTION 2: property ownership SECTION 3: source of water requested SECTION 4: water use SECTION 5: water management SECTION 6: resource protection SECTION 7: project schedule SECTION 8: within a district SECTION 9: remarks	RECEIVED BY OWRD SEP 0 8 2014 SALEM, OR
	Attachments:
Provide the legal description of: (1) the processed by the proposed ditch, canal or of as depicted on the map. Fees - Amount enclosed: \$ 930 000000000000000000000000000000000	al and signature (<i>must be an original</i>) or signed receipt roperty from which the water is to be diverted, (2) any property her work, and (3) any property on which the water is to be used <u>ww.oregon.gov/owrd</u> or call (503) 986-0900.
Provide a map and check th	at each of the following items is included:
(distances north/south and east/west) Indicate the area of use by Quarter/Quarter Number of acres per Quarter/Quarter and supplemental irrigation, or nursery	er, Tax Lots icable, by reference to a recognized public land survey corner
	SECTION 2: property ownership SECTION 3: source of water requested SECTION 4: water use SECTION 5: water management SECTION 6: resource protection SECTION 7: project schedule SECTION 8: within a district SECTION 9: remarks Land Use Information Form with approva Provide the legal description of: (1) the prossed by the proposed ditch, canal or of as depicted on the map. Fees - Amount enclosed: \$ 930° See the Department's Fee Schedule at www. Provide a map and check the Permanent quality and drawn in ink Even map scale not less than 4" = 1 mile of North Directional Symbol Township, Range, Section, Quarter/Quarter Reference corner on map Location of each well, and/or dam if applic (distances north/south and east/west) Indicate the area of use by Quarter/Quarter and supplemental irrigation, or nursery Location of main canals, ditches, pipeline

AUG 14 2014

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