Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537,400) This is the checklist used by WRD staff

Application 5-88091 County Jackson Priority Date 26-May-15
Township 323 Range 2, 3 E Section 28
Amount .005 cfs Use Human Consumption WM Dist. # 13 -
Applicant Name Michael K. Hauuton
Receipt No. 115980 Caseworker Assigned: Barbe Kim Kerri
Contact info: Applicant/Organization Name and Mailing Address
Signature (in ink) of <i>all</i> 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.
For 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 #
For a GW Application: Well Development Tables completed and/or a well log report included (if existing)
☐ Proposed water use
Amount of water from each source in GPM, CFS, or AF Period of use indicated MIf 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)
For all standard reservoir applications: Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir.
Project schedule (If system is already completed, indicate "existing.")

Supplemental data sheets enclosed (if needed	1)		
Form M (Municipal or Quasi-Munici	pal)		
☐ Spring Description Sheet (if source is	a spring)		
Human Cansomptimo			
A completed Land-Use Form or receipt signal Please be certain that the Land-Use form list be within the past 12 months.	•		•
A Legal Description of all the properties invidescription includes a metes and bounds or cosales contract or title insurance policy can proper prepared by a title company. Copies of tax bi	other governmen ovide this inform	t survey description. A conation, or applicant may s	ppy of the deed, land
The proposed source IS / IS NOT (circle of NOTE: If it is withdrawn under ORS 538, the accept the application and a negative IR will	en return applic		
The map must meet all the minimum require	ements of OAR	690-310-0050.	
☐ Township, Range, Section ☐ Location of main canals, ditches, pipe ☐ Place of use, ¼-¼'s and tax lot clearl ☐ Even map scale not less than 4" = 1 m ☐ Location of each diversion point, wel ☐ Multiple wells shall be uniquely labe ☐ Reference corner on map ☐ North Directional Symbol ☐ Number of acres per ¼-¼ if for irrigat ☐ For a standard reservoir application to must be prepared by a CWRE	y identified mile (1"= 1320 f ll or dam by refe led, and identifie	t.); examples: 1" = 100 ft. rence to a recognized pub ed on well logs if existing agriculture	olic land survey corner.
Fees: Base Fee 1st CFS @ \$300 add'1 CFS @ \$300 ea AF up to 20 AF @ \$30 ea add'1 AF @ \$1 ea add'1 \pod/poa \pouse @ea _add'1 res @ \$125 ea	S 800 S 300 S S S S S	Permit Recording Fees Mitigation Fee Rec Fee Total Rec Fee Paid	5 450 5 450 5 450
Exam Fee Total Exam Fee Paid	s <u>(100</u>	Amount Returned	S
Reviewed by: Jeffren	Date:	27. Man. 15	

STATE OF OREGON

WATER RESOURCES DEPARTMENT

115980 RECEIPT#

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

EIVED FRO	om: Michael	K. H	Millon	APPLICATION	5-8809
		Hamilto		PERMIT	
	, 000	-		TRANSFER	
:н: с]	OT 1774 C	HER: (IDENTIFY)		TOTAL REC'D	\$1220.0
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0407	COPIES				\$
	_ OTHER: (IDE	ENTIFY)	***		\$
0243 I/S L	.ease 0244 M	uni Water Mgmt.	Plan 024	45 Cons. Water	
		4270 WRD	OPERATING A	ACCT	
	MISCELLANEOUS		176111		
0407	COPY & TAPE FEES		, .		\$
0410	RESEARCH FEES				\$
0408	MISC REVENUE: (II	DENTIFY)			\$
TC162	DEPOSIT LIAB. (IDE	NTIFY)			\$
0240	EXTENSION OF TIM	E			\$
	WATER RIGHTS:		EXAM FEE	7	RECORD FEE
0201	SURFACE WATER		\$ 1,100.0	0202	\$450.0
0203	GROUND WATER		\$	0204	\$
0205	TRANSFER		\$	\dashv	
	WELL CONSTRUCT	ION	EXAM FEE		LICENSE FEE
0218	WELL DRILL CONST		\$	0219	\$
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