EIPT#	118568	SALEN	nmer St. N.E. Ste. A M, OR 97301-4172 00 / (503) 986-0904 (fax	INVOICE #	
EIVED FRO	M: Laughir	19 Lion	Enteronse	APPLICATION	16-1823
In	IC AARON	PERMIT	0105		
	318250			TRANSFER	
4: C	CHECK:#	OTHER: (IDENT	IFY)	TOTAL REC'D	\$1,960.0
1083	TREASURY	4170 WF	RD MISC CASH A	CCT	
0407	COPIES				\$
	OTHER: (I	DENTIFY)			\$
0040 1/01			Diam 00	15 O W	
0243 I/S L	ease 0244		rd OPERATING		
	MICOELLANEOUS		NO OPERATING A	ACCI	
0407	MISCELLANEOUS		46111		\$
0407	COPY & TAPE FEE	:5			\$
0410	RESEARCH FEES				\$
0408	MISC REVENUE:				\$
TC162	DEPOSIT LIAB. (II				\$
0240	EXTENSION OF TI	ME			
	WATER RIGHTS:		EXAM FEE		RECORD FE
0201	SURFACE WATER		\$	0202	\$
0203	GROUND WATER		\$1,510.0	0204	\$ 450.9
0205	TRANSFER		\$		
	WELL CONSTRUC	TION	EXAM FEE		LICENSE FE
0218	WELL DRILL CONS	STRUCTOR	\$	0219	\$
	LANDOWNER'S PI	ERMIT		0220	\$
	OTHER	(IDENTIFY)			
0536	TREASURY	0437 WE	ELL CONST. STA	RT FEE	
0211	WELL CONST STA	RTFEE	\$	CARD	#
0210	MONITORING WEI	LLS	\$	CARD	#
	OTHER	(IDENTIFY)			
0607	TREASURY	0467 HY	DRO ACTIVITY	LIC NUMBER	
0233	POWER LICENSE		A STATE OF THE PARTY OF THE PAR	LIO NOMBETT	\$
0233	HYDRO LICENSE				\$
0231					\$
1000	HYDRO APPLICAT				L D
	TREASURY	ОТ	HER / RDX		
FUND		TITLE			
	E	VENDOR#			
			THE PROPERTY OF		\$
DESCRIP	11014				

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

No Yes

Applicatio	n G-1823	30	County 2	Jackson		Priority Date 11- Jan-116
Township	395	Range 4	2W_	Section	n_8	
Amount _	20gpm	Use	Nurse	<u> </u>		WM Dist. # <u>\\3</u>
Applicant	Name <u>Aaron</u>	War	<u>d </u>	<u></u>		
Receipt No). <u>118568</u>		Casewo	rker Assigned:	☑ Barbe	e 🗆 Kim
Contac	ct info: Applicant/	Organizat	tion Name a	and Mailing Ad	dress	
	ure (in ink) of <i>all</i> zation or corporate		s or the app	licant's authori	zed agent (include title or authority if for an
Proper	ty ownership: Doo	es the app	licant own	all the land for	the propos	ed project? Y/N
If N	lo:					
	The affected land	lowner's i	name and m	hailing address	must be lis	ted
	•		_			norization or an easement permitting must be submitted.
For a	SW Application: S	Source of	water must	be indicated.		•
	reservoir or inclu NOTE: A surface	de a non- water app	expired agr plication ca	eement for stor	ed water? (the same tir	d out and does the applicant own the (ORS 537.400) The as a Reservoir or Alt Reservoir if it it is rvoir application, Exp. Secondary (E2)
	If for stored water	r not und	er contract,	is the source at	ıthorized u	nder a permit, certificate, or decree?
	Permit or Certific	cate issued	1? <u>Y</u>	<u> </u>	Permit or	Certificate #
For a	GW Application:	Well Dev	elopment T	Tables complete	ed and/or a	well log report included (if existing)
Propos	sed water use			I		ı
D D	Amount of water Period of use ind		h source in	GPM, CFS, or	AF	
		•		. •		rmit or certificate number listed
	(Primary and Su	pplementa	al Irrigatioi	n counts as 2 us	ses)	
Water	Management Sec	tion (<i>Estir</i>	nates if the	water system h	as not been	n designed)
Resou	rce Protection Sec	ction (<i>N/A</i>	for Ground	dwater)		
	ll standard reserve width and surface				and specific	cations including dam height, width,
Projec	t schedule (If syst	em is alre	ady comple	eted, indicate "e	existing.")	

Supplemental data sheets enclosed (if neede	d)		
☐ Form M (Municipal or Quasi-Munici	ipal)		
☐ Spring Description Sheet (if source is	s a spring)	•	
A completed Land-Use Form or receipt sign Please be certain that the Land-Use form list be within the past 12 months.			
A Legal Description of all the properties in description includes a metes and bounds or sales contract or title insurance policy can properties by a title company. Copies of tax be	other governmen rovide this inforn	t survey description. A conation, or applicant may s	py of the deed, land
The proposed source <u>IS / IS NOT</u> (circle of NOTE: If it is withdrawn under ORS 538, the accept the application and a negative) IR with	nen return applic		
The map must meet all the minimum requir	ements of OAR 6	590-310-0050.	
Township, Range, Section Location of main canals, ditches, pip Place of use, ¼-¼'s and tax lot clear Even map scale not less than 4" = 1 is Location of each diversion point, we Multiple wells shall be uniquely labe Reference corner on map North Directional Symbol Number of acres per ¼-¼ if for irrigation to the prepared by a CWRE	ly identified mile (I"= 1320 ft ell or dam by refer eled, and identified ation, nursery, or	agriculture	, 1" = 200 ft. plic land survey corner.
□ Fees: Base Fee 1 st CFS @ \$300 add'1 CFS @ \$300 ea 1 + 1 AF up to 20 AF @ \$30 ea add'1 AF @ \$1 ea add'1 □ pod/poa □ use @ea add'1 res @ \$125 ea	\$ 1150 \$ 300 \$ \$ \$ \$	Permit Recording Fees Mitigation Fee Rec Fee Total Rec Fee Paid	\$ 450 \$ 450 \$ 450
Exam Fee Total Exam Fee Paid	\$ <u>1510</u> \$ <u>1510</u>	Total Fees Paid Amount Due	\$ 1960 \$ 1960 \$
Reviewed hy	Date:		•

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 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.

/								
Ø	SECTION 1: applicant information and	i signature						
	SECTION 2: property ownership							
Ø	SECTION 3: well development							
X.	SECTION 4: water use							
MAMMAM MAMMAMAMAMAMAMAMAMAMAMAMAMAMAMAM	SECTION 5: water management							
	SECTION 6: storage of groundwater in a reservoir							
	SECTION 7: use of stored groundwate	r from the reservoir						
X	SECTION 8: project schedule	1						
	SECTION 9: within a district	: 						
	SECTION 10: remarks							
_								
/		Attachments:						
\square	Land Use Information Form with appro	oval and signature (<i>must be an original</i>) or signed receipt						
	Provide the legal description of: (1) the property from which the water is to be diverted, (2) any pro							
	* • • ·	other work, and (3) any property on which the water is to be used						
	Fees - Amount enclosed: \$	bpy of the deed, land sales contract or title insurance policy.						
Ш		 <u>www.oregon.gov/owrd</u> or call (503) 986-0900.						
	Provide a map and check	that each of the following items is included:						
A	Permanent quality and drawn in ink	· {						
Ø	Even map scale not less than $4'' = 1$ mile (example: $1'' = 400$ ft, $1'' = 1320$ ft, etc.)							
	North Directional Symbol							
Ø	Township, Range, Section, Quarter/Quarter, Tax Lots							
Ø	Reference corner on map							
Ø	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.							
Ø	Indicate the area of use by Quarter/Quarter and tax lot clearly identified							
À	Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery							
	Location of main canals, ditches, pipel	ines or flumes (if well is outside of the area of use)						
	Other	RECEIVED BY OWRD						
Revis	sed 2/1/2012	Ground Water/2 WR						
G-187	?? <u>^</u>	JAN 1 1 2016						