## STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT # 121344 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

INVOICE # \_\_\_\_\_

				503) 986-0904 (fax)		
RECEIVED FROM: Austin + Carly Hinkle					APPLICATION	6-1838
BY:		/_			PERMIT	
04011		OTHER (IE	SENTIEVO		TRANSFER	
CASH: C	HECK:#	OTHER: (IC	DENTIFY)	Γ	TOTAL REC'D	\$1.00
	X 1898				TOTAL NEC D	1,400
1083	TREASURY	4170	WRD N	MISC CASH A	ССТ	
0407	COPIES					\$
		(iDENTIFY)				\$
0243 I/S Le	ease 024	44 Muni Wate	er Mamt. P	lan 024	5 Cons. Water	
1				PERATING A		
	MISCELLANEOU		4611			
0407	COPY & TAPE F	EES	1011	,		\$
0410	RESEARCH FEE	S				\$
0408	MISC REVENUE	: (IDENTIF)	<b>Y</b> )			\$
TC162	DEPOSIT LIAB.	(IDENTIFY)				\$
0240	EXTENSION OF	TIME				\$
	WATER RIGHTS	:		EXAM FEE	7	RECORD FE
0201	SURFACE WATE			\$	0202	\$
0203	GROUND WATE			\$ 1450.0	0204	\$450.0
0205	TRANSFER			\$	7	
	WELL CONSTR	JCTION		EXAM FEE	7	LICENSE FEE
0218	WELL DRILL CO		R	\$	0219	\$
	LANDOWNER'S				0220	\$
	OTHER	(IDENT)	FY)			
	O THE R	(1021111	.,			
0536	TREASURY	0437	WELL	CONST. STAF	RT FEE	
0211	WELL CONST S	TART FEE		\$	CARD	#
0210	MONITORING W	ELLS		\$	CARD	#
	OTHER	(IDENTII	FY)			
0607	TREASURY	0467	HYDR	OACTIVITY	LIC NUMBER	
0233	POWER LICENS					\$
0231	HYDRO LICENS	,				\$
	HYDRO APPLIC	•	,			\$
			OTUE	2 / BDV		
	TREASURY		OTHE	R / RDX		
FUND		TITLE _				
OBJ. COD	E	VENDO	R#			
DESCRIP	TION					\$
					1	
1	21344	D	_ a.	19716 BY:	1/2/1 1	
RECEIPT:	7. L J 4 4	DAT	ED:	BA:	V. J. WM	1

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

## E-2

## Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537,400)

This is the checklist used by WRD staff

Application 6-18387 County Josephine Priority Date 9/19/16							
Application 6-18387 County Josephine Priority Date 9/19/16  Township 35 Range 6W Section 6							
Amount / AF Use pursery WM Dist. # 14							
Applicant Name Austin Hinkle							
Receipt No. 121344 Caseworker Assigned:   Barbe   Kim Lisa							
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? Y N							
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							
Period of use indicated Year round  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)							
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.")							

$\chi / h$	Supplemental data sneets enclosed (if neede									
( )	☐ Spring Description Sheet (if source i	-								
Ø	A completed <b>Land-Use Form</b> or receipt sig <i>Please be certain that the Land-Use form libe within the past 12 months.</i>	gned and dated by sts all lands invo	y the appropriate planning lved and all uses propose	g department officials. ed. Date of signature must						
$\varkappa$	A <b>Legal Description</b> of all the properties in description includes a metes and bounds or sales contract or title insurance policy can p prepared by a title company. Copies of tax be	other governmen rovide this inforr	t survey description. A contact may sention, or applicant may	opy of the deed, land						
	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 <b>map</b> must meet all the minimum requirements of OAR 690-310-0050.									
	<ul> <li>Township, Range, Section</li> <li>Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)</li> <li>Place of use, ¼-¼'s and tax lot clearly identified</li> <li>Even map scale not less than 4" = 1 mile (1"= 1320 ft.); examples: 1" = 100 ft., 1" = 200 ft.</li> <li>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.</li> <li>Reference corner on map</li> <li>North Directional Symbol</li> <li>Number of acres per ¼-¼ if for irrigation, nursery, or agriculture</li> <li>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</li> </ul>									
	Fees: Base Fee  1 <sup>st</sup> CFS @ \$300add'1 CFS @ \$300 eaAF up to 20 AF @ \$30 eaadd'1 AF @ \$1 eaadd'1 □ pod/poa □ use @ea _add'1 res @ \$125 ea	\$ <u>1150</u> \$ <b>360</b> \$ \$ \$ \$	Permit Recording Fees Mitigation Fee Rec Fee Total Rec Fee Paid	\$ <u>450</u> \$ \$						
	Exam Fee Total Exam Fee Paid	\$ 1450 \$ 1450	Total Fees Paid Amount Due	\$ 1900 \$ 1960 \$						
Rev	iewed by: Cara L H	Date:	9/20/16							