STATE OF OHE

WATER RESOURCES DEPARTMEN.

RECEIPT# 122401

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

INVOICE # ____

RECEIVED FRO	m: Patricia Ann	Dhara	APPLICATION	5-88359					
	:HECK:# OTHER: (IDENTIFY)		TRANSFER						
	1202 -	7 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2	TOTAL REC'D	\$1,350.00					
1083 TREASURY 4170 WRD MISC CASH ACCT									
0407	COPIES			\$					
***************************************	OTHER: (IDENTIFY)	***************************************	no alemante de la compania de la co	\$					
0243 I/S Le	ease 0244 Muni Water Mgmt. P	lan 0245	Cons. Water	MINISTER .					
4270 WRD OPERATING ACCT									
	MISCELLANEOUS	40111		<u> </u>					
0407	COPY & TAPE FEES	Wiii		\$					
0410	RESEARCH FEES			\$					
0408.	MISC REVENUE: (IDENTIFY)	***************************************	***************************************	\$					
TC162	DEPOSIT LIAB. (IDENTIFY)	METERS AND	Charles and Annie and Anni	\$					
0240	EXTENSION OF TIME			\$					
	WATER RIGHTS:	EXAM FEE		RECORD FEE					
0201	SURFACE WATER	\$ 9DDes	0202	\$ 45000					
0203	GROUND WATER	. \$	0204	\$					
0205	TRANSFER	\$							
	WELL CONSTRUCTION	EXAM FEE	٠.	LICENSE FEE					
0218	WELL DRILL CONSTRUCTOR	\$	0219	\$					
	LANDOWNER'S PERMIT	<u> </u>	0220	\$					
MANUFACTURE OF THE PARTY OF THE	OTHER (IDENTIFY)	MT-WONTO-COMMON HOW HOME ON THE AMERICAN COMMON COM	N (N his his a Washakin ai na kakukasa ka kaga ga ga ka	MINISTER STATE OF THE STATE OF					
0536	TREASURY 0437 WELL	CONST. START	FEE						
0211	WELL CONST START FEE	\$	CARD #						
0210	MONITORING WELLS	\$	CARD #						
	OTHER (IDENTIFY)		und bronzeniereke						
0607	TREASURY 0467 HYDRO	ACTIVITY 1	IC NUMBER						
0233	POWER LICENSE FEE (FW/WRD)	AONVILL	JO TOMBETT	\$					
0231	HYDRO LICENSE FEE (FW/WRD)			\$					
٠	,	L	J	\$					
	HYDRO APPLICATION		SP NOVEMBER OF THE CONTRACT OF	<u> </u>					
	TREASURY OTHER	R/RDX							
FUND	TITLE	****************************							
OBJ. CODE	VENDOR #								
DESCRIPT	ION			\$					
1	.22401 DATED: 1/19	1/17 =	7.0.	· 12					
CEIPT:	CCGUL DATED: ///	BY:	y - File Buff Con						

es) No This is the checklist used by WRD staff
Application 5-88359 County Josephine Priority Date 81. 19.2017
Township 369 Range 6W Section 14, 15
Amount 16 af Use Wighton WM Dist. # 14
Applicant Name DHWA Revocable Living Trust
Receipt No. 1240 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.
Fox 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 #
☐ Fall Aw Application: Well Development Tables completed and/or a well log report included (if existing)
Proposed water use
Amount of water from <i>each</i> source in GPM, CFS, or AF Period of use indicated
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.")
Groups wr Customer Service Group templates' standard app checklist 7/21/2016AM

Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

	Supplemental data sheets enclosed (if needed)				
OK)	☐ Form M (Municipal or Quasi-Municipal)		,		
	☐ Spring Description Sheet (if source is a spring)	81			
	A completed Land-Use Form or receipt signed and de Please be certain that the Land-Use form lists all land be within the past 12 months.				
	A Legal Description of all the properties involved who description includes a metes and bounds or other gove sales contract or title insurance policy can provide this prepared by a title company. Copies of tax bills are no	rnment survey des information, or a	scription. A cop	y of the deed. la	and
/%/ \ \	The proposed source <u>IS / IS NOT</u> (circle one) restrict NOTE: If it is withdrawn under ORS 538, then return accept the application and a negative IR will be issued	application and fe	-		means,
A	The map must meet all the minimum requirements of	OAR 690-310-00	50.	•	
	Township, Range, Section Location of main canals, ditches, pipelines or f Place of use, \(\frac{14-14}{3} \) s and tax lot clearly identified Even map scale not less than \(4'' = 1 \) mile (1'' = Location of \(each \) diversion point, well or dam to a standard reservoir application to store \(\geq \) Number of acres per \(\frac{14-14}{3} \) if for irrigation, nurse hust be prepared by a CWRE	ed 1320 ft.): example by reference to a re dentified on well I ery, or agriculture 9.2 acre feet ANI	es: 1" = 100 ft ecognized publogs if existing.	1" = 200 ft.	
	Fees: Base Fee 1' CFS @ \$300 add'1 CFS @ \$300 ea Sadd'1 AF @ \$1 ea add'1 AF @ \$1 ea add'1 Dpod/poa Duse @ ea Sadd'1 res @ \$125 ea Exam Fee Total Sadd Sadd Sadd Sadd Sadd Sadd Sadd Sad	Permit Re Mitigation Rec Fee T Rec Fee F	Fotal Paid	S S S S	
	Exam Fee Paid S	Paid		5130	
		Amount I	Due	5 06	
Re	viewed by:	Date: 51	. 20. 2017	_	