STATE OF OREGUN

WATER RESOURCES DEPARTMENT

RECEIPT # 122882 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 INVOICE # ____

		(503) 986-0900 /	(503) 986-0904 (fax)			
RECEIVED FRO	m:///rich	Wingen :	5	APPL	ICATION	6-18481
			RMIT	1		
04011	UEOIC#	THE (IDENTIFICA		TRA	NSFER	·
CASH: C	HECK:# 0 12054 [THER: (IDENTIFY)	Γ	TOTAL	PEC'D	\$ 1 0 an 0a
	AJOUT		L	TOTAL	TILO D	\$1,900.00
1083	TREASURY	4170 WRD	MISC CASH A	CCT	1,30	
0407	COPIES					\$
	OTHER: (II	DENTIFY)	***********			\$
0243 I/S Le	ease 0244	Muni Water Momt. I	Plan 024	5 Cons. V	Vater	**
<u> </u>	MISCELLANEOUS				<i>y</i> 14	
0407	COPY & TAPE FEE	5 74	6111			\$
0410	RESEARCH FEES					\$
0408	MISC REVENUE:	(IDENTIFY)				\$
TC162	DEPOSIT LIAB. (ID	ENTIFY)				\$
0240	EXTENSION OF TIM					\$
	WATER RIGHTS:		EXAM FEE	٦		RECORD FEE
0201	SURFACE WATER		\$	02	02	\$
0203	GROUND WATER		\$1450.00	02	04	\$450.00
0205	TRANSFER		\$	-		
*	WELL CONSTRUCT	FION	EXAM FEE	٠.		LICENSE FEE
0218	WELL DRILL CONS	TRUCTOR	\$	02	19	\$
	LANDOWNER'S PE	RMIT		02	20	\$
	OTHER	(IDENTIFY)				
0500	The County	~ 722				
0536	TREASURY	0437 WELL	CONST. STAR	II FEE		
0211	WELL CONST STAF		\$		CARD#	
0210	MONITORING WEL	LS	\$		CARD#	L
	OTHER	(IDENTIFY)				
0607	TREASURY	0467 HYDR	O ACTIVITY	LIC NUN	MBER	
0233	POWER LICENSE F	EE (FW/WRD)				\$
0231	HYDRO LICENSE F	EE (FW/WRD)	L			\$
******	HYDRO APPLICATION	ON				\$
	TREASURY	OTHE	R / RDX	أتكث		
FUND						•
,		VENDON #				\$
DESCRIPT	ION			,		
. А	20000	7/	1.1.	12.	1	
RECEIPT:	.22882	DATED.3/	10/17 BV	12	Um	stj.
Distri	ibution – White Copy -	Customer, Yellow C	Copy - Fiscal, Blue Co	py - File,	Buff Cop	y - Fiscal

E-2

Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff

Yes No

	Application G-18481 County WASCO Priority Date 3-10-17								
	Township $2N$ Range $13E$ Section 20								
	Amount 300 GAU Use IR 67.9Ac. WM Dist. # 3-								
	Applicant Name Ulrich Wingers								
	Receipt No. 127887 Caseworker Assigned: Barbe Kim Lisa Scott								
	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? <u>Y</u> 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.								
4	☐ 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)(ORS 537.147).								
	☐ 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								
	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)								
10-	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.")								

. ப	Supplemental data sheets enclosed (if needed	u)	1						
	☐ Form M (Municipal or Quasi-Munici	pal)							
	☐ Spring Description Sheet (if source is	•							
1		1 0,							
, 	A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. Please be certain that the Land-Use form lists all lands involved and all uses proposed. Date of signature must be within the past 12 months.								
4	A I and Decementary of all the average in			Landon Mark Town					
-1	A Legal Description of all the properties in description includes a metes and bounds or consults contract or title insurance policy can prepared by a title company. Copies of tax b	other governmen ovide this inform	t survey description. A nation, or applicant ma	copy of the deed, land					
4	The proposed source IS / IS NOT (circle o 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, pipelines or flumes (if POA/POD is outside of POU)								
	Place of use, ¼-¼'s and tax lot clearl		, ,						
-	Even map scale not less than 4" = 1 r	•	t.): examples: 1" = 100	ft. 1" = 200 ft.					
	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 irriga	ation nursery or	agriculture						
	For a standard reservoir application t	•		low hoight > 10 foot man					
	must be prepared by a CWRE	$0 \text{ store } \geq 9.2 \text{ act}$	te feet AND having a d	iam neight ≥ 10 feet, map					
	must be proputed by a CWRD			f					
_	I. France								
Ц	Fees: Base Fee	\$ 1150-	Permit Recording Fee	as \$ 450					
	1 st CFS @ \$300	\$ 7130	Mitigation Fee	cs \$ <u>-750</u>					
	add'1 CFS @ \$300 ea	\$	Wittigution 1 cc	Ψ					
	AF up to 20 AF @ \$30 ea	\$	Rec Fee Total	\$					
	add'l AF @ \$1 ea	\$	Rec Fee Paid	\$					
	add'l \(\supprox \text{pod/poa} \subseteq use @ \(\)	\$							
	add'l res @ <u>\$125 ea</u>	\$							
	Exam Fee Total	\$ 1450	Total Fees	\$ 450-					
	Exam Fee Paid	\$ 1450	Paid	\$ 450-					
		-	Amount Due	\$					
R	eviewed by: Mary F. Biors	Date:	3-10-17						