## STATE OF OREGON

WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 124107 INVOICE #\_ SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) RECEIVED FROM: DELFINA M MARQUET APPLICATION PERMIT BY: TRANSFER OTHER: (IDENTIFY) CASH: CHECK:# TOTAL REC'D 1083 TREASURY 4170 WRD MISC CASH ACCT \$ 0407 COPIES \$ OTHER: (IDENTIFY) 0243 I/S Lease \_\_\_\_ 0244 Muni Water Mgmt. Plan\_\_\_\_ 0245 Cons. Water 4270 WRD OPERATING ACCT MISCELLANEOUS 0407 ` **COPY & TAPE FEES** \$ RESEARCH FEES 0410 \$ 0408 --MISC REVENUE: (IDENTIFY) TC162 DEPOSIT LIAB. (IDENTIFY) 0240 EXTENSION OF TIME RECORD FEE WATER RIGHTS: EXAM FEE SURFACE WATER 0201 0202 71A 0203 **GROUND WATER** 11,9000 0204 0205 TRANSFER LICENSE FEE **EXAM FEE** WELL CONSTRUCTION 0219 WELL DRILL CONSTRUCTOR 0218 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) 0437 WELL CONST. START FEE 0536 TREASURY 0211 WELL CONST START FEE CARD# 0210 MONITORING WELLS CARD# OTHER. (IDENTIFY) 0607 TREASURY 0467 HYDRO ACTIVITY POWER LICENSE FEE (FW/WRD) 0231 HYDRO LICENSE FEE (FW/WRD) HYDRO APPLICATION TREASURY OTHER / RDX TITLE OBJ. CODE **VENDOR#** DESCRIPTION

RECEIPT: 12410

DATED: 7-28-17 BY:

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)

Yes	NI.
Yes	No

This is the checklist used by WRD staff

Application 6-18540 County Jackson Priority Date 7.18.17							
Township 355 - Range 2W - Section 2 -							
Amount .1 cfs Use Number WM Dist. # 13							
Applicant Name JOHN SHOUT for D+ D DUGANICS							
Receipt No. 124107 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? 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)(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 <i>each</i> 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)							
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.")							

ш	Suppli	emental data sheets eliciosed (il needed	•)				
11K		Form M (Municipal or Quasi-Municipal Spring Description Sheet (if source is	•		S. J. S. A.		
X	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.						
	descri sales o	gal Description of all the properties investion includes a metes and bounds or occurrent or title insurance policy can propertied by a title company. Copies of tax bi	ther government ovide this inform	survey description. A cation, or applicant may	copy of the deed, land		
	NOTE	roposed source <u>IS / IS NOT</u> (circle or E: If it is withdrawn under ORS 538, the t the application and a negative IR will	en return applica				
A	The n	nap must meet all the minimum require	ments of OAR 6	90-310-0050.	,		
٠.	1	Township, Range, Section					
,	Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)						
		Place of use, 1/4-1/4's and tax lot clearly					
	10	Even map scale not less than 4" = 1 n		); examples: 1" = 100 f	ft., 1" = 200 ft.		
	A	Location of each diversion point, wel		-			
	Multiple wells shall be uniquely labeled, and identified on well logs if existing.						
		Reference corner on map					
	中	North Directional Symbol					
	申	Number of acres per 1/4-1/4 if for irriga	ation, nursery, or	agriculture	•		
	ф	For a standard reservoir application to must be prepared by a CWRE	o store ≥ 9.2 acr	e feet AND having a da	nm height≥ 10 feet, map		
	Fees		c	Descrit Descrition Fro	- ¢		
	Base	FS @ <u>\$300</u>	\$ \$	Permit Recording Fee Mitigation Fee	\$		
		add'l CFS @ <u>\$300 ea</u>	\$	Willigation I cc	Ψ <del></del> .		
		AF up to 20 AF @ \$30 ea	S	Rec Fee Total	S		
		add'l AF @ \$1 ea	S	Rec Fee Paid	\$		
		add`l □pod/poa □use @ <u>ea</u>	\$		•		
		add'l res @ <u>\$125 ea</u>	S		**		
	Exar	n Fee Total	S	Total Fees	s 2210		
		n Fee Paid	\$	Paid	s 1900		
				Amount Due	\$ 310		
		-/-		000	·		
R	eviewe	d by:	Date:	8.3.			