

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **126213**

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

INVOICE # _____

RECEIVED FROM: <u>Craig P. Armstrong; Helen C. Armstrong</u>	APPLICATION <u>G-18635</u>
BY: _____	PERMIT _____
	TRANSFER _____

CASH: CHECK:# 3013 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 1,1690.⁰⁰

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	\$		
0410 RESEARCH FEES	\$		
0408 MISC REVENUE: (IDENTIFY) _____	\$		
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$		
0240 EXTENSION OF TIME	\$		
WATER RIGHTS:			
0201 SURFACE WATER	\$	0202	\$
0203 GROUND WATER	\$ <u>1,1690.⁰⁰</u>	0204	\$
0205 TRANSFER	\$		
WELL CONSTRUCTION:			
0218 WELL DRILL CONSTRUCTOR	\$	0219	\$
LANDOWNER'S PERMIT		0220	\$
OTHER (IDENTIFY) _____			

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE	\$	CARD #	
0210 MONITORING WELLS	\$	CARD #	
OTHER (IDENTIFY) _____			

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233 POWER LICENSE FEE (FW/WRD)	\$
0231 HYDRO LICENSE FEE (FW/WRD)	\$
HYDRO APPLICATION	\$

TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____ \$ _____

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DATED: 3-26-18 BY: [Signature]

E-2 Standard Application Completeness Checklist

Yes No

For use with Groundwater and Surface Water Applications Only

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

For use by WRD staff only

Application 9-18635 County Jackson Priority Date 3/26/2018

Township 35S Range 2W Section 13

Amount 34gpm Use Irrigation WM Dist. # 13

Applicant Name Craig & Helen Armstrong

Receipt No. 126213 Caseworker Assigned: Barbe Kim Lisa Scott

Applicant/Organization Name and Mailing Address

Signature of all applicants (include title or authority of representative if applicant is an organization or corporation). *Applicant's agent may NOT sign application.

Property ownership: Does the applicant own all the land for the proposed project? Y N

If No:

The affected landowner's name(s) and mailing address(s) 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 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)

Project schedule (If system is already completed, indicate "existing.")

N/A

- Supplemental data sheets enclosed (if needed)
 - Form M (Municipal or Quasi-Municipal)
 - Spring Description Sheet (if source is a spring)

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.*

A **Legal Description** of all the properties involved where water is diverted, crossed, and used. The Legal description includes a metes and bounds or other government survey description. A copy of the deed, land sales contract or title insurance policy can provide this information, or applicant may submit a lot book report prepared by a title company. Copies of tax bills are not acceptable.

The proposed source IS / IS NOT (circle one) restricted or withdrawn from further appropriation. *NOTE: If it is withdrawn under ORS 538, return application and fees.*

The **map** must meet all the minimum requirements 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 clearly identified
- Even map scale not less than 4" = 1 mile (1" = 1320 ft.); examples: 1" = 100 ft., 1" = 200 ft.
- Location of *each* diversion point or well by reference to a recognized public land survey corner. Multiple wells shall be uniquely labeled, and identified on well logs, if existing.
- Reference corner on map
- North Directional Symbol
- Number of acres per ¼ ¼ if for irrigation, nursery, or agriculture

Fees: **Print out from Fee Calculator**

Total Fees	\$2,210.00
Fee Paid	\$1,690.00
Amount Due	\$ 520.00

Reviewed by: E.G

Date: 3/27/18