STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (502) 226 2000 (702) 200 2001 (7

RECEIPT# 127069

INVOICE #	

			(503) 98	6-0900 / (50	13) 986-0904 (fa 	ix)	1		
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Distribution – White Conv - Customer Vellow Conv - Fiscal Blue Conv - File Buff Conv - Fiscal

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 6-18705 County Acres of Priority Date 6/25/18
Township 365 Range 3W Section 11
Applicant Name And rew Harrison
Receipt No. 127069 Caseworker Assigned: Rarbe Kim Lisa Scott
Applicant/Organization Name and Mailing Address
Signature of <i>all</i> 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?
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 <u>must</u> 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
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)
Project schedule (If system is already completed, indicate "existing.")

115				
4/2 a	Supplemental data sheets enclosed (if needed	d)		
	☐ Form M (Municipal or Quasi-Munici	pal)		
	☐ Spring Description Sheet (if source is	_		
À	A completed Land-Use Form or receipt sign Please be certain that the Land-Use form list be within the past 12 months.			
	A Legal Description of all the properties in description includes a metes and bounds or calles contract or title insurance policy can prepared by a title company. Copies of tax bits a contract or title insurance policy can be prepared by a title company.	other governmer ovide this infor	t survey description. A nation, or applicant may	copy of the deed, land
18 O	The proposed source <u>IS / IS NOT</u> (circle or NOTE: If it is withdrawn under ORS 538, re			appropriation.
ಠ	The map must meet all the minimum require	ements of OAR	690-310-0050.	
	Township, Range, Section			
	Location of main canals, ditches, pipe	elines or flumes	(if POA/POD is outside	e of POU)
	Place of use, 1/4-1/4's and tax lot clearly	y identified		
	Even map scale not less than $4'' = 1$ n	nile (1"= 1320 f	t.); examples: 1" = 100	ft., $1'' = 200$ ft.
	Location of <i>each</i> diversion point or we Multiple wells shall be uniquely label			
	Reference corner on map			
	North Directional Symbol			
	Number of acres per ¼ ¼ if for irriga	tion, nursery, or	agriculture	,
Ø	Fees: Print out from Fee Calculator		garage 15	,
	Total Fees	\$ 2,210.00		
	Fee Paid	\$ <u>2,210.00</u> \$ <u>1,690.00</u>		
	Amount Due	\$ 520.00		
p _e	eviewed by E.G.	Date:	6/25/18	