STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 127362

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

INVOICE #	•

(400) 555 555 (555) 555 (555)									
RECEIVED FROM: Sharon A. Nattack	APPLICATION	5-88644							
BY:	PERMIT	• •							
CARLL CUECK# OTHER UPPATIENT	TRANSFER								
CASH: CHECK:# OTHER: (IDENTIFY)	TOTAL REC'D	\$ 1870.19							
		<u> </u>							
1083 TREASURY 4170 WRD MISC CASH AC	CCT								
0407 COPIES		\$							
OTHER: (IDENTIFY)		\$							
0243 I/S Lease 0244 Muni Water Mgmt. Plan 0245	Cons. Water								
4270 WRD OPERATING ACCT									
MISCELLANEOUS HOLL									
0407 COPY & TAPE FEES	marine marine	\$.							
0410 RESEARCH FEES		\$							
0408 MISC REVENUE: (IDENTIFY)		\$							
TC162 DEPOSIT'LIAB. (IDENTIFY)		\$							
0240 EXTENSION OF TIME		\$.							
WATER RIGHTS: EXAM FEE	٦,	RECORD FEE							
0201 SURFACE WATER \$1250 N	0202	\$520.00							
0203 GROUND WATER \$	0204	\$ 0,700							
0205 TRANSFER \$	1								
WELL CONSTRUCTION C EXAM FEE]	LICENSE FEE							
0218 / WELL DRILL CONSTRUCTOR \$	0219	\$							
LANDOWNER'S PERMIT	0220	\$							
OTHER (IDENTIFY)									
0536 TREASURY 0437 WELL CONST. STAR	T 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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E-2 Yes No

Standard Application Completeness Checklist

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 S-88644 County ACKSON Priority Date 7/20/18 -
Township 345 Range 111 Section 15
Amount 1.32 Af. Use Innigation WM Dist. # 13 -
Applicant Name Sharen A. Matlock
Receipt No. 127362 Caseworker Assigned: Barbe 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)
Division 33, Public Interest Information (Sensitive, Threatened, Endangered, Fish Species)
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 (<i>Primary and Supplemental Irrigation counts as 2 uses</i>)
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.")

1							
		mental data sheets enclosed (if no	•				
		Form M (Municipal or Quasi-Mu	* '				
	u s	Spring Description Sheet (if sour	ce is a spring))			
7	Please b	pleted Land-Use Form or receip the certain that the Land-Use for tin the past 12 months.					
ar/	descripti sales con	I Description of all the properties ion includes a metes and bounds intract or title insurance policy can be a title company. Copies of the company of the	or other gove in provide this	rnment su informati	rvey descripti on, or applica	on. A copy of	f the deed, land
" □		posed source <u>IS / IS NOT</u> (circ If it is withdrawn under ORS 53				further appro	priation.
Þ	The maj	p must meet all the minimum re	quirements of	OAR 690	-310-0050.		
	1	Township, Range, Section					
/	` [Location of main canals, ditches,	ninelines or f	lumes (if I	POA/POD is a	outside of PO	o I I)
		Place of use, 1/4-1/4's and tax lot c			OTHI OD IS	outside of 1 o	
		Even map scale not less than 4" =	-		examples: 1" =	= 100 ft., 1" =	= 200 ft.
	21	Location of each diversion point Multiple wells shall be uniquely	or well by refe	erence to a	recognized p	oublic land su	
	₽ F	Reference corner on map					
	PI	North Directional Symbol					
		Number of acres per 1/4 1/4 if for in	rigation, nurse	ery, or agr	iculture		
Ø	Fees: P	Print out from Fee Calculator			·		
	Total Fe	ees	\$ 1,110	<i>50</i>			
	Fee Paid		\$ 1,870	0.00	4 4		
	Amount	Due	\$ 297	(40.00)	Refund		-
Re	viewed by	y: E.G,	I	Date:	Refund 23/18		