MONEY SLIP

DATE: 08/12/22	RECEIPT #:)	RECEIPT #: 138900		
RECEIVED FROM: Mid	l-Columbia	APPLICATION S-87358 PERMIT TRANSFER		
CASH CHECK # 96	OTHER (IDENTIFY)	TOTAL REC'D \$ 17,080,00		
1083 TREASURY	4170 MISC CASH ACCT.			
0407 COPIES OTHER: (ID	ENTIFY)	\$		
0243 Instream Lease	0244 Muni Water Mgmt. Plan_	0245 Cons. Water		
1083 TREASURY	4270 WRD OPERATING ACCT			
MISCELLANEOUS 0407 COPY & TAPE FEES 0410 RESEARCH FEES 0408 MISC REVENUE (IDEI TC162 DEPOSIT LIAB. (IDEN 0240 EXTENSION OF TIME WATER RIGHTS 0201 SURFACE WATER 0203 GROUND WATER 0205 TRANSFER WELL CONSTRUCTION 0218 WELL DRILL CONSTRUCTION LANDOWNER'S PERIOTHER OTHER (IDEN	EXAM FEE \$ 7.0.00.00 \$ S S S S CON EXAM FEE \$ HUCTOR	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
0607 TREASURY	0467 HYDROELECTRIC			
0233 POWER LICENSE FEE 0231 HYDRO LICENSE FEE	E (FW/WRD)	LIC NUMBER \$		
HYDRO APPLICATION	V	\$		

SPECIAL INSTRUCTIONS:

RECEIVED OVER THE COUNTER

RETURN TO	APPLICANT	LETTER	ATTACHED
111101111110	THE PROPERTY		HILLD

E-2 App
□Yes
□No

Standard Application Completeness Checklist

Groundwater and Surface Water Applications Only
Minimum Application Requirements (OAR 690-310-0040 &-0050)

For use by WRD staff only

40		For use by WKD staff only		
Application #:	S-89258		Receipt #:	138900
Applicant Name:	Jake Mad	nosik	Amount Requested:	27 cfs
Priority Date:	8-12-202	2	Proposed Use:	Irrigation
County:	Morrow,	Umatilla	POD's TRS &TL:	Review Maps
WM #:	Multiple		Caseworker:	XKF LG
Reviewed by:	Dante Lu	ongo	Reviewed Date:	8-12-2022
Applicant/Organization Name and Mailing Address Signature of all applicants (include title or authority of representative if applicant is an organization or corporation). Note: Applicant's agent may NOT sign the application on behalf of the applicant.				
	hip: Does	the applicant own all the la	nd for the proposed pro	oject? ☐ Yes 🗹 No
If No:				
☑ The affe	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)				
[_] If for sto	If for stored water, is the source authorized under a permit, certificate, or decree?			
Permit or	Permit or Certificate issued: Y N Permit or Certificate #:			
	NOTE: An expedited secondary (E2) application and a reservoir application cannot be filed at the same time. The reservoir mu			
be legally a	uthorized fir	st, under an existing water right, i	n order to accept and process	an E2 application.
For a GW Applie	cation: W	ell development table com	pleted and a well log re	port included (if existing)
Division 33 (Sen	sitive, Thre	eatened, Endangered, Fish S	species)	
☐ Proposed Water	Use:			
☐ Amount	of water fr	om each source in GPM, CI	FS, or AF	

If for supplemental inigation, primary acreage or underlying permit or certificate number listed.

(Note: Primary and Supplemental Irrigation counts as 2 uses)

Water Management Section

Resource Protection Section

Period of use indicated

Droine	et sabadula (N	as If a cataons is		d in diameter Herita	i " (NI-t- F-tit	
water	system has no	t been designed	d))	a, indicates fexisi	ting.", (Note: Estimates are okay if the	
✓ Supple	emental data :	sh <mark>eets enclosed</mark>	(if needed)			
0	Form M (Mu	unicipal or Quas	i-Municipal)			
certair					opriate planning department. Please be osed. Date of signature must be within th	ne
descrip contra	ption includes ct or title insu	a metes and bo rance policy car	ounds or other gove	ernment survey d nation, or applica	ted, conveyed, and used. The legal description. A copy of the deed, land sale ant may submit a lot book report	!S
			DT restricted or with turn application and		her appropriation. NOTE: If it is	
✓ The ma	ap must meet	all the minimur	n requirements of (OAR 690-310-00	50.	
v	Z Township, Ra	nge, Section				
v	ZLocation of n	nain canals, dito	hes, pipelines or flu	ımes (if POA/POI	D is outside of POU)	
v	Place of use,	1/4-1/4's and tax	lot clearly identified	d		
v	ZEven map sca	ale not less than	1 4" = 1 mile (1"= 1	320 ft.); example:	s: 1" = 100 ft., 1" = 200 ft.	
v	${ m Z}$ Location of ${ m e}$	ach diversion p	oint or well by refe	rence to a recogr	nized public land survey corner.	
v	☑Multiple well	shall be uniqu	ely labeled, and ide	entified on well lo	ogs, if existing.	
v	☑Reference co	rner on map				
v	North directi	onal symbol				
			for irrigation, suppl			
Fees:	Amount of Wa	ter Requested:	27 cfs Na	me on Check: M	lid-Columbia Water Commission	
Ī					1	
		xam Fee Due:	\$17,080			
	Exam Fee Submitted: \$17,080					
		Difference:	\$0			
	Recor	ding Fee Paid?	■Yes No \$	0		

Total: \$17,080



RECEIVED

AUG 1 2 2022

OWRD

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Da Ve Madlson	
29299 Madison RD Echo OR 97826	
Transaction Type: Shirface Water	
Fees Received: \$ 17,080	
□ Cash © Check: Check No. 1096	
Name(s) on Check! Mid Columbia Water Con	n
Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.	
If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.	
If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.	
If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.	
Sincerely, OWRD Customer Service Staff	
Submission received by: Covie Lounen (Name of OWRD staff)	
Instructions for OWRD staff:	6

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.

725 Summer St. NE, Suite A, Salem, OR 97301 Phone: 503-986-0900