## **Alternate Review Reservoir Application**

Application K-8/180 County C	South I west a 24 m 1 1100
Priority Date MAY 9 Zoo8 Township	Section 24 Taxlot 1100
Use Irrigation Casework	er Seana Eastmenn
Amount (AF) 4 Watermas	ter
*Minimum Require	ments (ORS 537.409)
William Require	ments (610 661.466)
Landowner Name, Mailing Address* and Tele	phone Number.
Source* and tributary listed. NO WELLS-MUS	T HAVE GW APP TO USE A WELL AS A
SOURCE!!	
Reservoir Location- Township, Range, Section,	Quarter Quarter, Taxlot RECEIVED
Dam height*, if applicable	1444 - 0 2000
Total Quantity * of Storage Requested: 4	AF MAY 08 2008
Proposed Use of the water If for out of reserv	
Property ownership indicated? * If applicant of	
name and mailing address listed? (Including: lands r	
locatedor that are crossed by the diversion we	
Environmental Impact section completed? <u>Not</u>	parties noted as applicants must sign the application.
Must be an original "wet" signature.	parties noted as applicants must sign the application.
Completed Land-Use Form * or receipt signed	by the appropriate planning department official
	proposed use on the application? Must be an original
"wet" signature within the last 12 months.	proposed use on the appreciation. Itsust ee an origina
e	standards set forth by the Commission and causes
fatal flaw if not provided by the applicant.	
• • • • • • • • • • • • • • • • • • • •	Range, Section, 1/4 1/4 and Tax Lot number(s)*
Scale of the Map (not less than 1"-1320')	
Reference corner on map	➤ North Directional Symbol **
1/41/4's clearly identified	Reservoir clearly identified *
Dam or POD (If off channel) Location co	
survey corner* If no dam, use coordinates t	· · · · · · · · · · · · · · · · · · ·
1 170	Rase Fee® 20-4
Fees enclosed*?	Dasc I ccu
	plus\$_&O
	plus\$
Total Paid \$ 160 To	tal Fees \$ 160 Date: 5-8-08
Completeness Check by: SMP	Date: 5-8-08
Groups/wr/Customer Service Group/Alt-Review-che	

## RESERVOIR, ALTERNATE PROCESS ROUTE SLIP

RECEIPTING		51	8/08
POST CARD SENT			
DATA CENTER	V	1./	
	1	A	

Caseworkr:

 Brook Geffen
 986-0808

 Jeana Eastman
 986-0859

 Joel Plahn
 986-0815

Kerry Kavanagh 986-0816

WATER RIGHTS SUPPORT

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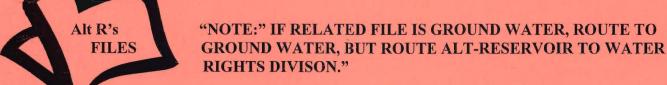
ATTN: WATER RIGHTS

SUPPORT...>>>> Mark contents of file with application number;

Update WRIS Database with caseworker name,

and enter Public Notice Date 5/20

Route file to caseworker.



RECEIPT#	92426 <sup>w</sup>	ATER RESOUR 725 Summe SALEM, O	F OREGON CES DEPART r St. N.E. Ste. A R 97301-4172 (503) 986-0904 (fax	INVOICE	#
RECEIVED FR	OM: PER	RIN FAR	MS	APPLICATION	selbelun
BY:		·		PERMIT	
CASH:	CHECK:#/44.57	OTHER: (IDENTIFY)	· .	TOTAL REC'D	\$ 370,00
1083	TREASURY	4170 WRD	Misc Cysh y	<b>VOET</b>	
0407	COPIES OTHER:	(IDENTIFY) OVER	RECEIVE		<b>\$</b>
0243 I/S	Lease0	244 Muni Water Mgmt.	Plan 02	45 Cons. Water	
		4270 WRD	OPERATING:	ACCT	
0407 0410 0408 TC162 0240	MISCELLANEO COPY & TAPE RESEARCH FE MISC REVENU DEPOSIT LIAB EXTENSION O	FEES EES R E: (IDENTIFY)	44111 87180 = 1 10621	= <u>310.04</u>	\$ \$ \$ \$ \$
0201 0203 0205	GROUND WAT TRANSFER WELL CONSTI	ER ALTRES	S AND C	0202 0204	RECORD FEE \$ \$ LICENSE FEE \$
0210	LANDOWNER'		Ţ	0220	\$
		(IDE((III I)			
0536	TREASURY	. 0437 WEL	CONST. STA		
0211 0210	WELL CONST MONITORING OTHER		\$	CARD	195214
0007		0467 HYDI	O ACTIVITY	. I C NIMEED	
0233 0231	POWER LICEN	ISE FEE (FW/WRD) SE FEE (FW/WRD)			\$ \$ \$
	_ TREASURY	(OR A	ER / RDX		
	DDE	TITLE VENDOR #			\$
OBJ. CO	92426	TITLE	18/0 BY	Mort	