Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) ASSOC

REPAIR OF A

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Application C 17140	Township	SEE	MAC	-
Priority Date NoV 12 2008	Range	(\	η,	
Use(s) PRIM. 206.65 APRIC. APRES	Section	""	((
Rate 575	POD Loc C	HARTS	FURWISHE	4
County Coos	POU Loc	11	((-
W.M. KINEN CENIG #A	Caseworker _	JOEL A	AHN	
Applicant/Organization Name, Mailin	g Address and	Гelephone Nu	mber.	
Source of water. If stored water, is the agreement for stored water must be included be filled at the same time as a Reservoir of the PROPOSED Reservoir application (E)	led. (ORS 537.4 er Alt Reservoir	400) NOTE: 2	A surface water	application cannot
The proposed source is or is not circ it is, return application and fees.			er appropriation,	or Division 538. If
Property ownership indicated. 57	MIES Y	& 5 .		
O If applicant does not own all to mailing address must be listed	,	ected landown	er's name and	
written authorization or an ea canal or other work must be s	sement permitt	_		
Groundwater development section (Page	ge 3 and 4, Sec	tion B) or a we	ell log report.	
Proposed use of water. If supplementa	l, list primary w	ater right acre	age if applicable	e.
Enclosed Supplemental Form for each	proposed use.			
Form I (Irrigation)	O Form M (N	Municipal or Q	uasi-Municipal)	l
Form R (Mining)	O Form Q (C	Commercial or	Industrial)	
O Spring Description Sheet				
Amount of water from each source in feet (AF)	gallons per min	ute (GPM), cu	ibic feet per seco	ond (CFS), or acre

Water management section (Please estimate if the water system has not been designed).

0	Resource Protection Section (Page 6, Section	5).
49	Project schedule (If system is already complet	ed, indicate "existing").
0	For reservoir applications storing more than 9 preliminary plans and specifications for dam a	.2 acre feet, and a dam height of more than 10 feet, and impoundment are required.
í,	O If the above is statement is checked, the n	nap must be prepared by a CWRE.
9		le or authority if for an organization or corporation), muse an original "wet" signature. Roman Color
<i>∀</i>	other government survey description. A copy	operty involved that includes a metes and bounds, or of the deed, land sales contract or title insurance policy nit a lot book report prepared by a title company. The bill.
Ø		and dated by the appropriate planning department epast 12 months. Signature must be an original "wet"
6	The map must meet all the minimum requirem	ents of OAR 690-310-0050.
	Township, Range, Section	Description of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)
	Place of use, 1/4, 1/4's and tax lot clearly identified	Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.)
	O Location of each diversion point well or dam by reference to a recognized public land survey corner	North Directional Symbol
	Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture	O Other
	Reference corner on map	
Ġ	Each point of diversion coordinate [-28] Fees: Amount of water requested	575 OMM
	Base Fee \$ 500	_Additional Use @
	1st CFS/AF	Total Exam Fees \$ 16 a a Total Paid \$ 16 a a
	$\frac{1}{4} Addtn' POD @ 200 = 800$ $\frac{1}{4} Addtn' POD @ 200 = 800$	Amount Due \$ Rez / Ex Due
	Reviewed by: 7m	Date: Nov 12 2008
	- / / / C - / C C / A	t standard1 dos 05.00.2009 ilra

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 94870

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

OR 97301-4172 INVOICE # ____

CEIVED FRO	om: Walsh (construction	Co.	APPLICATION PERMIT	617140	
NSH: CHECK:# OTHER: (IDENTIFY)		_	TRANSFER			
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, , , , , , , , , , , , , , , , , , ,		4270 WRD C	BEHAVING			
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0203 0205	TRANSFER		\$ 1600.00	- 0204		
0203	WELL CONSTRUCT	TON	EXAM FEE		LICENSE FEE	
0218	WELL CONSTRUCT		\$	0219	\$	
02.0	LANDOWNER'S PE			0220	\$	
	OTHER	(IDENTIFY)				
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0211	WELL CONST STAF	The Market Co The responsible of	\$	CARD#		
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0233	HYDRO LICENSE F	` ,			\$	
	HYDRO APPLICATION				\$	
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