Standard Applicat Minimum Requirement	nts (OAR 690-310-0	040)(ORS 537.		list
This is the ch	ecklist used by W	RD staff NE A	~ w/	KARL
•		, , ,		40 CM(1) 12
Application G 17151	Township	SEE	MAS	
Application G 17151 Priority Date Dec 9 2008	Range	See	MAP	_
Use(s) IRMG	Section	G &	31	
Use(s) NMG 800 Rate CF5 G M	POP Loc Se	MION	31 SW	SE
County MARION	POU Loc	SEE	MAP	
W.M. D157 # 16	Caseworker	Jen	IA E	
Applicant/Organization Name, Mailing	g Address and Te	elephone Nun	nber.	
Source of water. If stored water, is the agreement for stored water must be includ be filled at the same time as a Reservoir o the PROPOSED Reservoir application (E) The proposed source is or is not circle	ed. (ORS 537.40 r Alt Reservoir if 2).	0) NOTE: A sit will be for	surface water the use of the	r application cannot stored water under
it is, return application and fees.	_ /			
Property ownership indicated.	5 /			
 If applicant does not own all the mailing address must be listed 	he land, the affec	ted landowne	r's name and	
O If applicant does not own all the written authorization or an east canal or other work must be so	sement permitting	•		
Groundwater development section (Pag	ge 3 and 4, Section	on B) or awel	l log report.	Ye s
Proposed use of water. If supplemental	l, list primary was	ter right acrea	ige if applicab	le.
Enclosed Supplemental Form for each	proposed use.			
Form I (Irrigation)	O Form M (Mu	ınicipal or Qu	ıasi-Municipa	1)
O Form R (Mining)	O Form Q (Cor	mmercial or I	ndustrial)	
O Spring Description Sheet				
Amount of water from each source in g feet (AF)	gallons per minut	e (GPM), cut	pic feet per sec	cond (CFS), or acre

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

P	Resource Protection Section (Page 6, Section	n 5).								
à.	Project schedule (If system is already comple	eted, indicate "existing").								
	For reservoir applications storing more than 9.2 acre feet, and a dam height of more than 10 feet, preliminary plans and specifications for dam and impoundment are required.									
	O If the above is statement is checked, the	map must be prepared by a CWRE.								
•	All applicants (or the authorized agent with the sign the application in ink. Signature must be		orporation), must							
	You must include a Legal description of the potential other government survey description. A copy can provide this information, or you may subDepartment will not accept a copy of the tax	y of the deed, land sales contract or title in omit a lot book report prepared by a title c	surance policy							
	A completed Land-Use Form or receipt signe officials. Date of signature must be within the signature.									
A	The map must meet all the minimum requires	ments of OAR 690-310-0050. RETAK	DUNTER							
/	Township, Range, Section	Location of main canals, ditches, pip 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 $4'' = 1$ (example: $1'' = 100$ ft, $1'' = 200$ ft, etc.)								
	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	RATE WILL APPROX 1.1	16 CPs ±							
1√1	Each point of diversion coordinate 1.78 Fees: Amount of water requested	CFS CHARGED - CFS 800 GrM	Remailler CHECK							
	Base Fee \$ 500 1st CFS/AF \$ 500 \$ 600	Additiona l Use @ =	- 4700							
	1st CFS/AF Sec Gran	Total Exam Fees \$ So a								
-	Addtn'l CES/AF@ = Addtn' POD@ =	Total Paid \$ SOO Amount Due \$ Rec 188 Du	<u>e</u>							
	Reviewed by: H/M	Date: Dec 9 2ma	8							
,TOI	ups/wr/Customer Service Group/App-checkl	ist-standard1.doc	05-09-2008 jks							

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT# 95158

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

INVOICE # _____

ECEIVED F Y:	ROM: Thì	ip Colema	n		· G-17151
ASH:	снеск:# Х 1406	OTHER: (IDENTIF)	n 	TOWK KY	\$700.00
108	3 TREASURY	WAYO WILE	MISC CAS	HACCT	
0407	COPIES				\$
	OTHER:	(IDENTIFY)			\$
0243 I/	S Lease 0	244 Muni Water Mgmt	. Plan	0245 Cons. Water _	
		4270 WRC	OPERATI	HE ACCI	
	MISCELLANEC	ous	4614		
0407	COPY & TAPE	FEES			\$
0410	RESEARCH FE	ES			\$
0408	MISC REVENU	E: (IDENTIFY)			\$
TC162	DEPOSIT LIAB	(IDENTIFY)			\$
0240	EXTENSION O	FTIME			\$
	WATER RIGHT	S:	EXAM	FEE	RECORD FEE
0201	SURFACE WAT	ER	\$	0202	\$
0203	GROUND WAT	ER	\$ 700	0204	\$
0205	TRANSFER		\$		
	WELL CONSTR	RUCTION	EXAM	FEE -	LICENSE PEE
0218	WELL DRILL CO	ONSTRUCTOR	\$	0219	\$
	LANDOWNER'S	S PERMIT		0220	\$
	OTHER	(IDENTIFY)			
053	6 TREASURY	0487 WEL	L CONST.	MANTEE :	
0211	WELL CONST	START FEE	\$	CAR	3) 6.
0210	MONITORING	WELLS	\$	CAR	0.0
	OTHER	(IDENTIFY)			
060	7 TREASURY	0467 HYD	RO ACTIVI	TY LIC NUMBER	
0233		ISE FEE (FW/WRD)	An Bon Askala		\$
0231		SE FEE (FW/WRD)			\$
	HYDRO APPLIC				\$
	TREASURY		EF//FDX		
FUND		TITLE			
	ODE				
	RIPTION				\$
,	95158	_ 1/	2/11/08	_ 120	
ECEIPT:					

STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 95137 INVOICE # _ SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) APPLICATION 6-17151 RECEIVED FROM: BY: CASH: CHECK:# OTHER: (IDENTIFY) TOTAL REC'D \$ 190.00 X WAD MISC CASH ACCT \$ 0407 COPIES \$ OTHER: (IDENTIFY) 0245 Cons. Water 0243 I/S Lease 0244 Muni Water Mgmt. Plan_ 4270 WRD GREEATING ACC **MISCELLANEOUS** 46111 0407 **COPY & TAPE FEES** \$ RESEARCH FEES 0410 RECEIVED \$ MISC REVENUE: (IDENTIFY) 0408 DEPOSIT LIAB. (IDENTIFY) OVER THE COUNTER \$ TC162 \$ **EXTENSION OF TIME** 0240 RECORD FEE WATER RIGHTS: EXAM FEE SURFACE WATER 0202 0201 \$ 0203 **GROUND WATER** \$ 0204 100.00 TRANSFER 0205 \$ LICENSE FEE EXAM PEE **WELL CONSTRUCTION** \$ 0219 WELL DRILL CONSTRUCTOR 0218 \$ 0220 LANDOWNER'S PERMIT OTHER 0536 TREASURY 0437 WELL CONST. START FEE 0211 WELL CONST START FEE \$ CARD# CARD# 0210 MONITORING WELLS \$ OTHER (IDENTIFY) 0607 TREASURY OAST HYORO ACTIVITY LIC NUMBER POWER LICENSE FEE (FW/WRD) \$ 0233 \$ HYDRO LICENSE FEE (FW/WRD) 0231 \$ **HYDRO APPLICATION** FUND TITLE OBJ. CODE **VENDOR #** \$ DESCRIPTION

12/1/0% BY:_

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

DATED:_

95137

ECEIPT: