

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **95250**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: Tan Ag, Inc.  
BY: \_\_\_\_\_

APPLICATION	R 8737D
PERMIT	
TRANSFER	

CASH:  CHECK:#  1062 OTHER: (IDENTIFY)

TOTAL REC'D \$ \_\_\_\_\_

**1083 TREASURY 4170 WRD MISC CASH ACCT**

0407 COPIES \_\_\_\_\_ RECEIVED OVER THE COUNTER \$ \_\_\_\_\_  
 OTHER: (IDENTIFY) \_\_\_\_\_ \$ \_\_\_\_\_  
 0243 I/S Lease \_\_\_\_\_ 0244 Muni Water Mgmt. Plan \_\_\_\_\_ 0245 Cons. Water \_\_\_\_\_

**4270 WRD OPERATING ACCT**

**MISCELLANEOUS**

0407 COPY & TAPE FEES 46111 \$ \_\_\_\_\_  
 0410 RESEARCH FEES \$ \_\_\_\_\_  
 0408 MISC REVENUE: (IDENTIFY) \_\_\_\_\_ \$ \_\_\_\_\_  
 TC162 DEPOSIT LIAB. (IDENTIFY) \_\_\_\_\_ \$ \_\_\_\_\_  
 0240 EXTENSION OF TIME \_\_\_\_\_ \$ \_\_\_\_\_

**WATER RIGHTS:**

0201 SURFACE WATER <u>ALT RES</u>	EXAM FEE	\$ 220.75	0202	RECORD FEE	\$ _____
0203 GROUND WATER		\$ _____	0204		\$ _____
0205 TRANSFER		\$ _____			

**WELL CONSTRUCTION**

0218 WELL DRILL CONSTRUCTOR	EXAM FEE	\$ _____	0219	LICENSE FEE	\$ _____
LANDOWNER'S PERMIT			0220		\$ _____

OTHER (IDENTIFY) \_\_\_\_\_

**0536 TREASURY 0437 WELL CONST. START 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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DATED: 12-30-08 BY: LTB

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

# Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

OVER COUNTER

Application R 87370 County LINN SEW/SW  
Priority Date 12-30-2008 Township 12 S Range 3W Section 28 Taxlot 400  
Use WATER FOWL & IRRIGATION Caseworker BROOK G  
Amount (AF) 6.10 Watermaster DIST #2

## \*Minimum Requirements (ORS 537.409)

- Landowner Name, Mailing Address\* and Telephone Number.
- Source\* and tributary listed. **NO WELLS-MUST HAVE GW APP TO USE A WELL AS A SOURCE !!**
- Reservoir Location- Township, Range, Section, Quarter Quarter, Taxlot
- Dam height\*, if applicable
- Total Quantity \* of Storage Requested: 6.10 AF
- Proposed Use of the water....Cannot accept application for use of this stored water at the same time (E2)
- Property ownership indicated? \* If applicant does not own all the land, is the affected landowner's name and mailing address listed? (Including: lands not owned by applicant, upon which the source is located .....or..... that are crossed by the diversion works. This includes any roads or rights-of-way.)
- Environmental Impact section completed? Not fatal if omitted
- Application signed by the landowner(s)? All parties noted as applicants must sign the application. *Must be an original "wet" signature.*
- Completed Land-Use Form \* or receipt signed by the appropriate planning department official Follow up Required enclosed? *Does the use on land-use form match the proposed use on the application? Must be an original "wet" signature within the last 12 months.*
- Acceptable map \*\* Indicates requirements of standards set forth by the Commission and causes fatal flaw if not provided by the applicant.
  - Reservoir Location - noting Township, 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 \*\*
  - 1/4 1/4's clearly identified
  - Reservoir clearly identified \*
  - Dam or POD (If off channel) Location coordinates referenced to a government land survey corner\* If no dam, use coordinates to center of reservoir.\*\*

Fees enclosed\*?

Base Fee\$ 80

plus\$ 7+20=140

plus\$ \_\_\_\_\_

Total Paid \$ 220

Total Fees \$ 220

Completeness Check by: HJM

Date: 12-30-2008