STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 95284

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

INVOICE # _

| | | (303) 30 | 16-0900 / (5I | 03) 986-0904 (fa: | x) | |
|---------------|------------------|---|---------------|-------------------|----------------|--|
| RECEIVED FROM | : David M. | DK S | arah | L. | APPLICATI | ION R-7372 |
| BY: | | | Ehlen | <u>/</u> S | PERMIT | |
| CASH: CH | ECK:# | OTHER: (IC | NENTIEV) | | TRANSFE | :R |
| | 3291 | | | | TOTAL REC | \$260,00 |
| 1083 | REASURY | 4170 | WAD M | ISC CASH | ACCT | |
| 0407 | COPIES | | | | | \$ |
| | OTHER: (| IDENTIFY) | | | | \$ |
| 0243 I/S Lea | se 0244 | Muni Wate | er Mgmt. Pla | an 02 | 45 Cons. Water | |
| | | | | PERATING | | |
| <i>31</i> | MISCELLANEOUS | 3 | N 1 2 1 2 2 | | | p |
| 0407 | COPY & TAPE FEI | | 4 | ۱۵۱۱ | | \$ |
| 0410 | RESEARCH FEES | ; | } | וויוש | | \$ |
| 0408 | MISC REVENUE: | (IDENTIFY | () | | | \$ |
| TC162 | DEPOSIT LIAB. (1 | DENTIFY) | | | | \$ |
| 0240 | EXTENSION OF T | IME | | | | \$ |
| | WATER RIGHTS: | | | EXAM FEE | | RECORD FEE |
| 0201 | SURFACE WATER | ALTE | LES | \$ 260000 | 0202 | \$ |
| 0203 | GROUND WATER | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | \$ | 0204 | \$ |
| 0205 | TRANSFER | | | \$ | | |
| | WELL CONSTRUC | CTION | | EXAM FEE | | LICENSE FEE |
| 0218 | WELL DRILL CON | STRUCTO | R | \$ | 0219 | \$ |
| | LANDOWNER'S P | ERMIT | | | 0220 | \$ |
| | OTHER | (IDENTIF | FY) | | | |
| 0700 7 | TOT COLLOW | 0407 | 300=11 | | AT PPP | |
| 0536_7 | REASURY | 0437 | AAETT (| CONST. STA | RIFEE | Injection of |
| 0211 | WELL CONST STA | ART FEE | | \$ | CAF | RD# |
| 0210 | MONITORING WE | LLS | | \$ | CAF | RD# |
| | OTHER | (IDENTII | FY) | | | |
| 0607 | TREASURY | 0467 | HYDRO | ACTIVITY | LIC NUMBER | 1 |
| 0233 | POWER LICENSE | FEE (FW/ | WRD) | | | \$ |
| 0231 | HYDRO LICENSE | FEE (FW/V | WRD) | | | \$ |
| | HYDRO APPLICAT | ΓΙΟΝ | | | | \$ |
| | TREASURY | | OTHER | / RDX | | to an account of a second of a |
| | | | | | | _ |
| | | TITI E | | | | |
| FUND | | | | | | |
| FUNDOBJ. CODE | | | R# | | | \$ |

RECEIPT: 95284

DATED: 1/6/09 BY: 175

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

| Application R 87372 County 13 = NTON NW/NE Priority Date JAN 6 2009 Township 10.5 Range 6 Section 32 Taxlot 100 Use Mucti-R Watermaster Name, Watermaster Name, Mailing Address* and Telephone Number. **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!! |
|--|
| Landowner Name, Mailing Address* and Telephone Number. Source* and tributary listed. NO WELLS-MUST HAVE GW APP TO USE A WELL AS A |
| 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 4 / EE 7 |
| Total Quantity * of Storage Requested: 7 |
| Proposed Use of the waterCannot accept application for use of this stored water at the same time |
| 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 locatedor 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 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 ** Reservoir 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.** |
| Base Fee\$ 80 Plus\$ 180 9 ~ 21 Plus\$ |
| Total Paid \$ 260 Total Fees \$ 260 Completeness Check by: $1/M$ Date: $1/A$ 6 200 9 |
| Completeness Check by: X/M Date: JAN 6 2009 |
| Groups/wr/Customer Service Group/Alt-Review-checklist.doc 11-26-2007 jks |