

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **95439**

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

INVOICE # _____

RECEIVED FROM: Shane A + Sharyn L. Parsons
BY: _____

APPLICATION	R-87883
PERMIT	
TRANSFER	

CASH: ☐ CHECK:# ☒ 7388 OTHER (IDENTIFY) ☐ _____

TOTAL REC'D \$ 100.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES \$ _____
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 ALT RES \$ 100.00 0202 \$ _____
0203 GROUND WATER \$ _____ 0204 \$ _____
0205 TRANSFER \$ _____

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR \$ 0219 \$ _____
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: 1/23/09 BY: X. Bell

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

Follow up
PHONE

REPAIR OF A RETURN

Application R 87383

County LINC

Priority Date 1-23-2009

Township 11 S Range 11 W Section 10 Taxlot 401

Use MULTI-P

Caseworker BRAD G

Amount (AF) 0.14

Watermaster DIST #1

*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: 0.14 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 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. REPAIR MAP WITH SIGN & DATE

☒ 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\$ 20

plus\$

Total Paid \$ 100

Total Fees \$ 100

Completeness Check by: NTM

Date: 1-26-2009