## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

725 Summer St. N.E. Ste. A RECEIPT # 95575 INVOICE # \_ SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) RECEIVED FROM: Rocky Pointe Marina Portland APPLICATION PERMIT BY: TRANSFER CHECK:# CASH: OTHER: (IDENTIFY) X 5907 TOTAL REC'D \$ 700.00 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** \$ 0410 RESEARCH FEES \$ 0408 MISC REVENUE: (IDENTIFY) DEPOSIT LIAB. (IDENTIFY) TC162 \$ EXTENSION OF TIME 0240 RECORD FEE WATER RIGHTS: **EXAM FEE** 0201 SURFACE WATER 0202 \$ \$ 0203 **GROUND WATER** 0204 700,00 0205 **TRANSFER** LICENSE FEE EXAM FEE WELL CONSTRUCTION 0219 \$ 0218 WELL DRILL CONSTRUCTOR \$ 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) **WELL CONST. START FEE TREASURY** 0437 0536 0211 WELL CONST START FEE CARD # 0210 MONITORING WELLS \$ CARD # OTHER (IDENTIFY) 0467 HYDRO ACTIVITY 0607 **TREASURY** \$ POWER LICENSE FEE (FW/WRD) 0233 \$ 0231 HYDRO LICENSE FEE (FW/WRD) \$ HYDRO APPLICATION **TREASURY** OTHER / RDX TITLE VENDOR # OBJ. CODE \$ DESCRIPTION

RECEIPT:

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

Standard Applicate Minimum Requirement			heckii	St
		'00	76 1	tousettor DS EXPANDED
			Dom	EXPANDED
Application G 17176	Township	3~	<u>'</u>	
Priority Date FEB 19, 2009				
Use(s) Dom Exprobed	Section	36		
Use(s) Dom Expanded  1.223  Rate CFS  GrM	PO <b>p</b> Loc	55	SE	
County MULT.	POU Loc	E 1/2	SE 14	
W.M. DIST # 18 DARREZE H.	Caseworker	BRECIE	G	
Applicant/Organization Name, Mailin	g Address and T	elephone Number.		
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. The proposed source is or is not circ	ded. (ORS 537.4 or Alt Reservoir ( [2]).	00) NOTE; A surfa if it will be for the u	ace water a se of the st	pplication cannot ored water under
it is, return application and fees.		f	opriming,	
Property ownership indicated.	TATES	NO.		
If applicant does not own all t mailing address must be liste	d. Docur	cted landowner's na	UBMITT	E-D
written authorization or an ea canal or other work must be s	sement permitti			
Groundwater development section (Pa	ge 3 and 4, Sect	ion B) or a well log	report.	5
Proposed use of water. If supplementa	l, list primary w	ater right acreage if	applicable	
O Finelosed Supplemental Form for each	proposed-use.			
N/R O Form I (Irrigation)	O Form M (M	lunicipal or Quasi-N	Municipal)	
O Form R (Mining)	O Form Q (C	ommercial or Indus	trial)	
O Spring Description Sheet				
Amount of water from each source in feet (AF)	gallons per mini	ite (GPM), cubic fe	et per seco	nd (CFS), or acre
Period of use  Water management section (Please es	stimate if the war	er system has not b	een designe	ed).

Resource Protection Section (Page 6, Section 5).	
Project schedule (If system is already completed, indicate "existing").	
O 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 cheeked, the map must be prepared by a CWRE.	
All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink. Signature must be an original "wet" signature.	
You must include a Legal description of the property involved that includes a metes and bounds, or other government survey description. A copy of the deed, land sales contract or title insurance policy can provide this information, or you may submit a lot book report prepared by a title company. The Department will not accept a copy of the tax bill.	
A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. Date of signature must be within the past 12 months. Signature must be an original "wet" signature.	
The map must meet all the minimum requirements of OAR 690-310-0050.	
Township, Range, Section  Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)	
O 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.)	
Location of each diversion point  Well or dam by reference to a recognized  public land survey corner	
W/A O-Number of acres per 1/4, 1/4, if O Other LOCATION COOR FOR WEST Irrigation, nursery, or agriculture  O Other LOCATION COOR FOR WEST NEW WEST	
Reference corner on map	
Each point of diversion coordinate  0.223  100	
Fees: Amount of water requested	
Base Fee \$ 500 Additional Use @	
1st CFS/AF Zag Total Exam Fees \$ 700	
Addtn'l CFS/AF@ Total Paid \$ 700  Addtn' POD @ Amount Due \$ REC FEE DUE	
Reviewed by: H/M Date: Fors 10 2009	