

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **95764**

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

INVOICE # _____

R 87406

RECEIVED FROM: **Stephens Smokin' Boot Ranch Inc.**
 BY: **Richard D. + Nina A. Stephens**

| | |
|-------------|----------------|
| APPLICATION | R 87407 |
| PERMIT | |
| TRANSFER | |

CASH: CHECK:# **8795** OTHER: (IDENTIFY)

TOTAL REC'D \$ **960.00**

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 | 4bill R 87406 \$260.00 | \$ | |
| 0410 RESEARCH FEES | R 87407 \$700.00 | \$ | |
| 0408 MISC REVENUE: (IDENTIFY) | | \$ | |
| TC162 DEPOSIT LIAB. (IDENTIFY) | | \$ | |
| 0240 EXTENSION OF TIME | | \$ | |
| WATER RIGHTS: | | | |
| 0201 SURFACE WATER ALT RES | EXAM FEE \$ 960.00 | 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: **2/27/09** BY: **L. Bill**

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

Application R 87406 County BAKER NW NW
Priority Date 2-27-2009 Township 7S Range 38E Section 23 Taxlot 4000
Use MULTI-P Caseworker JENNA E
Amount (AF) 9 Watermaster DIST #8

*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 25 FEET
- Total Quantity * of Storage Requested: 9 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. LAND-USE OK JS
- 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*?
ONE CHECK
2 RET(S)
Base Fee\$ 80
plus\$ 180
plus\$ _____

Total Paid \$ 260

Total Fees \$ 260

Completeness Check by: HJM Date: 3-3-2009