STATE OF OREGON

WATER RESOURCES DEPARTMENT

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RECEIPT#	J		U		()

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

INVOICE # _____

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		4270	WRD O	PERATING	ACC.	<u> </u>			
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0410	RESEARCH FEE	3						\$	
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0240	EXTENSION OF	ΓIME							
	WATER RIGHTS:			EXAM FEE				RECOR	ID FEE
0201	SURFACE WATE	3		\$		020)2	\$	
0203	GROUND WATER	{		\$ 1500.6	0	020)4	\$ 30.	0.00
0205	TRANSFER			\$					
	WELL CONSTRU	CTION		EXAM FEE			_	LICENS	SE FEE
0218	WELL DRILL CON	ISTRUCTO	R	\$		021		\$	_
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0210	MONITORING WE	ELLS		\$			CARD#		
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0607	TREASURY	0467	HYDRO	ACTIVITY	LłC	NUN	IBER		
0233	POWER LICENSE	FEE (FW/	WRD)					\$	
0231	HYDRO LICENSE	FEE (FW/	WRD)					\$	
	HYDRO APPLICA	TION						\$	
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	05600		2/-	مام		پر	Pall	2	
ECEIPT:	95698	DAT	ED: 4/0	3/09 BY:		2	rey	•	

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Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

This is the checklist used by WRD staff

Application G-1718C	Township	1 ~	1	
Priority Date 2-23-Z	aa9 Range	IE		
Use(s) IRRIG MANTER	Section	2		
Rate 9.50 CF3	POH Loc 6) Wezes	SEE M	40
County MULT.	POU Loc	See	mar-	
W.M. D(ST # 20	Caseworker	Kenny	· /<	
Applicant/Organization Name, N	Mailing Address and T	Telephone Numbe	er.	
Source of water. If stored water agreement for stored water must be be filled at the same time as a Reser the PROPOSED Reservoir applicate	included. (ORS 537.4 voir or Alt Reservoir	(00) NOTE: A su	ırface water app	lication cannot
The proposed source is or is no it is, return application and fees		vn from further a	opropriation, or	Division 538. In
Property ownership indicated.	STATES	· 105.	ſ	
— O If applicant does not ow — mailing address must b		cted landowner's	name and	
→ If applicant does not ow — written authorization or — canal or other work mu	an easement permitti	_		
Groundwater development section	on (Page 3 and 4, Sect	ion B) or a well l	og report.	
Proposed use of water. If supple	mental, list primary w	ater right acreage	if applicable.	
Enclosed Supplemental Form fo	r each proposed use.		•	
Form I (Irrigation)	O Form M (M	Iunicipal or Quas	i-Municipal)	
O Form R (Mining)	O Form Q (C	ommercial or Ind	ustrial)	
O Spring Description Shee	et	224		
Amount of water from each sour feet (AF)	rce in gallons per min	ute (GPM), eubic	feet per second	(CFS), or acre
Period of use Water management section (Ple	ase estimate if the wa	ter system has no	t been designed)	

P	Kesource Protection Section (Page 6, Section	on 5).					
Ø.	Project schedule (If system is already comp	pleted, indicate "existing").					
0	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.						
٠,	O If the above is statement is checked, the	e map must be prepared by a CWRE.					
\$	sign the application in ink. Signature must	title or authority if for an organization or corporation), respectively. The an original "wet" signature. The property involved that includes a metes and bounds, or	nust				
b	other government survey description. A cocan provide this information, or you may so Department will not accept a copy of the tage.	py of the deed, land sales contract or title insurance policability a lot book report prepared by a title company. The	•				
7		the past 12 months. Signature must be an original "wet					
X	The map must meet all the minimum requir						
	Township, Range, Section	Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)					
	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	North Directional Symbol 50 3 -					
,	Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture Reference corner on map	O Other CMRE #624-92" STEVE BRUCE GOVIRO LOGIC	74				
*	Each point of diversion coordinate	9.50 CFT "CHARCES"	700				
,	Base Fee \$500	-Additional Use @	1500				
	1st CFS/AF Zoo	Total Exam Fees \$ 1570					
	Addtn'l CFS/AF@	Total Paid \$ 1800 Amount Due \$ Acc Feet (2)					
	Reviewed by: 711	Date: 2-23-2009					