

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **95751**

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

INVOICE # _____

RECEIVED FROM: <u>Tim Terzian</u>	APPLICATION <u>R-87404</u>
BY: _____	PERMIT _____
CASH: <input type="checkbox"/> CHECK:# <u>1550</u> OTHER: (IDENTIFY) <input type="checkbox"/>	TRANSFER _____
	TOTAL REC'D \$ <u>180.00</u>

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 <u>46111</u>	\$ _____
0410 RESEARCH FEES	\$ _____
0408 MISC REVENUE: (IDENTIFY) _____	\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$ _____
0240 EXTENSION OF TIME	\$ _____
WATER RIGHTS:	EXAM FEE
0201 SURFACE WATER <u>ALT RES</u>	\$ <u>180.00</u>
0203 GROUND WATER	\$ _____
0205 TRANSFER	\$ _____
WELL CONSTRUCTION	EXAM FEE
0218 WELL DRILL CONSTRUCTOR	\$ _____
LANDOWNER'S PERMIT	\$ _____
OTHER (IDENTIFY) _____	\$ _____
	RECORD FEE
	\$ _____
	\$ _____
	LICENSE FEE
	\$ _____
	\$ _____

0536 TREASURY	0437 WELL CONST. START FEE
0211 WELL CONST START FEE	\$ _____
0210 MONITORING WELLS	\$ _____
OTHER (IDENTIFY) _____	CARD # _____
	CARD # _____

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 _____	\$ _____

RECEIPT: **95751** DATED: 2/26/09 BY: A. 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

Application R 87404 County MAHEUR NW SW
Priority Date 2-26-2009 Township 16S Range 47E Section 20 Taxlot 7300
Use FISH & WILDLIFE Caseworker BRAK G
Amount (AF) 4.50 Watermaster DIST #9

*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 on map TC 7300
- Dam height*, if applicable 0
- Total Quantity * of Storage Requested: 4.50 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 JD
- 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'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.** REMOVED BY E MAIL

Fees enclosed*? Base Fee\$ 80
plus\$ 100
plus\$ _____

Total Paid \$ 180

Total Fees \$ 180

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

Alternate Reservoir Application Completeness Checklist

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Application R-87404 County _____
Priority Date _____ Township _____ Range _____ Section _____ Taxlot _____
Use _____ Caseworker _____
Amount (AF) _____ Watermaster _____

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Fees enclosed**?

Base Fee\$ 80.00

plus\$ 100.00

plus\$ _____

Total Paid \$ 180.00

Total Fees \$ 180.00

Completeness Check by: [Signature]

Date: 02-18-09

Groups/wr/Customer Service Group/Alt-Review-checklist.doc

11-26-2007 jks

RECEIVED

FEB 26 2009

WATER RESOURCES DEPT
SALEM, OREGON