

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **96016**

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

INVOICE # _____

RECEIVED FROM: <u>Bernie + Mary Reinbold</u>	APPLICATION <u>R 87432</u>
BY: _____	PERMIT _____
	TRANSFER _____
CASH: <input type="checkbox"/> CHECK:# _____ OTHER: (IDENTIFY) _____	TOTAL REC'D \$ <u>180.00</u>
<input type="checkbox"/> <input checked="" type="checkbox"/> <u>6218</u> <input type="checkbox"/>	

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

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: **96016** DATED: 4/1/09 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

REMANUFACTURE OF A RES. PERMIT

Application R 87432 County CORUM SW NE
 Priority Date 4-1-2009 Township 8N Range 4W Section 34 Taxlot 1800
 Use MULTI-P Caseworker BROOK G
 Amount (AF) 5 Watermaster DIST #18

*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: 5 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 O.R. 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*? Base Fee\$ 20
 plus\$ 100 20 x 5
 plus\$ _____

Total Paid \$ 180 Total Fees \$ 180

Completeness Check by: HLM Date: APRIL 1 2009