STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT# 95991

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

INVOICE # ____

EIVED FRO	DM: <i>/V\as/</i>	o rar	ms L	LC_		ICATION	6-171
					-	RMIT	
н: с	CHECK:#	OTHER: (ID	ENTIFY)		TRA	NSFER	
]	X 213				TOTAL	REC'D	\$700.0
1083	TREASURY	4170	WRD M	ISC CASH A	ACCT		
0407	COPIES						\$
	_ OTHER:	(IDENTIFY)					\$
0243 I/S L	ease 024	4 Muni Wate	er Mgmt. Pla	n 02	45 Cons. V	Vater	_
		4270	WRD O	PERATING A	ACCT		
	MISCELLANEOU	s	,	0.771			
0407	COPY & TAPE FE	ES	•	46111			\$
0410	RESEARCH FEE	S					\$
0408	MISC REVENUE:	(IDENTIFY	')				\$
TC162	DEPOSIT LIAB.	(IDENTIFY)					\$
0240	EXTENSION OF	TIME					\$
	WATER RIGHTS:			EXAM FEE			RECORD F
0201	SURFACE WATE	R		\$	02	02	\$
0203	GROUND WATER	3		\$ 700.0	02	04	\$
0205	TRANSFER			\$	•		
	WELL CONSTRU	ICTION		EXAM FEE			LICENSE F
0218	WELL DRILL COM	NSTRUCTOR	₹	\$	02	19	\$
	LANDOWNER'S I	PERMIT			02	20	\$
	OTHER	(IDENTIF	Y)				
0536	TREASURY	0437	WELL	ONST. STA	RT FFF		
		_	******	_	111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
0211	WELL CONST ST			\$		CARD#	
0210	MONITORING WI			Ф		CARD #	
	OTHER	(IDENTIF	Y)				
0607	TREASURY	0467	HYDRO	ACTIVITY	LIC NUM	/BER	
0233	POWER LICENSI	FEE (FW/V	VRD)				\$
0231	HYDRO LICENSE	FEE (FW/W	/RD)	L			\$
	HYDRO APPLICA	TION					\$
	TREASURY		OTHER	/ RDX			
FUND _		T!TLE					
OBJ. COD	E	VENDOF	R #				
	TION						\$

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STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 96083

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 INVOICE #

EIVED FRO		Maslo Farms U.C			PERMIT		6-17/97
ł: C	HECK:# 218	OTHER: (ID	ENTIFY)		TOTAL	REC'D	\$700.00
1083	TREASURY	4170	WRD MI	SC CASH	ACCT		
0407	COPIES OTHER: (IDENTIFY)					\$
	ease 024		er Mgmt. Plai	n 0	245 Cons. V	Vater	_
		4270	WRD OF	PERATING	ACCT		
	MISCELLANEOUS	S	(U)	111			
0407	COPY & TAPE FE	ES	46	(()			\$
0410	RESEARCH FEES	3					\$
0408	MISC REVENUE:	(IDENTIFY	")				\$
TC162	DEPOSIT LIAB. (I	DENTIFY)					\$
0240	EXTENSION OF T	IME					\$
	WATER RIGHTS:			EXAM FEE			RECORD FEE
0201	SURFACE WATER	?		\$	02	02	\$
0203	GROUND WATER			\$ 400.0	20 02	04	\$300.00
0205	TRANSFER			\$			
	WELL CONSTRU	CTION		EXAM FEE			LICENSE FEE
0218	WELL DRILL CON		2	\$	02	19	\$
0210	LANDOWNER'S F				02:	20	\$
			-\(\alpha\)				
	OTHER	(IDENTIF	- Y)				
0536	TREASURY	0437	WELL C	ONST. STA	RT FEE		
0211	WELL CONST STA	ART FEE		\$		CARD#	
0210	MONITORING WE	LLS		\$		CARD#	
	OTHER	(IDENTIF	-Y)				1
0607	TREASURY			ACTIVITY	LIC NUM	/BER	
0233	POWER LICENSE						\$
0231	HYDRO LICENSE	,	,				\$
020.	HYDRO APPLICA	`	,				\$
		IION	0-1:	/ DDV			
	TREASURY		OTHER	/ RDX			
FUND		_ TITLE _					
OBJ. COD	E	_ VENDO	R #				
DESCRIPT	TION						\$
	36083 ribution – White Copy	DAT		09 BY	Ct	Belf) V. Figoal

Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff

Application G 17197 County CLACK Priority Date 3 -26-2009
Township 3 Range 3 Section 12
Township 3 8 Range 3 E Section 12 90 PRIM 16 Amount GM Use IRRIG ACRES Watermaster Dist. # 20
Caseworker Assigned □ Brook Geffen □ Jeana Eastman □ Joel Plahn □ Kerry Kavanagh Michele McAleer
Applicant/Organization Name, Mailing Address, and Telephone Number.
Source of water. If stored water, is the stored water component filed out, including a non-expired agreement for stored water must be included. (ORS 537.400) NOTE: A surface water application cannot be filed at the same time as a Reservoir or Alt Reservoir if it will be for the use of the stored water under the PROPOSED Reservoir application (E2).
The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.
Property ownership indicated.
O If applicant does not own all the land, the affected landowner's name and mailing address must be listed
O If applicant does not own all the land, a signed statement declaring the existence of either written authorization or an easement permitting access to land crossed by the proposed ditch canal or other work must be submitted.
Groundwater development section (Page 3 and 4, Section B) or a well log report.
Proposed use of water. If supplemental, list primary acreage.
Enclosed Supplemental Form for each proposed use.
Form I (Irrigation) O Form M (Municipal or Quasi-Municipal)
O Form R (Mining) O Form Q (Commercial or Industrial)
O Spring Description Sheet
Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF
Period of use
Water management section (Please estimate if the water system has not been designed).
Resource Protection Section (Page 6, Section 5).
Project schedule (If system is already completed, indicate "existing").

0		so store more than 9.2 acre feet, and a dam height of more than 10 and impoundment are required. In addition, the map must be)
*	* *	nt (include title or authority if for an organization or corporation), st be an original "wet" signature. Copies cannot be accepted.	
if	The Legal description includes a metes and bou	properties involved where water is diverted, crossed, and used. ands, or other government survey description. A copy of the cy can provide this information, or you may submit a lot book ment will not accept a copy of the tax bill.	
b	Please be certain that the Land-Use form lists of	and dated by the appropriate planning department officials. all lands involved and all uses proposed. Date of signature must e an original "wet" signature. Copies cannot be accepted.	
	Place of use, 1/4, 1/4's and tax lot clearly in Even map scale not less than 4" = 1 mile (expression of each diversion point, well or discurvey corner Reference corner on map North Directional Symbol Number of acres per 1/4, 1/4, if for irrigation Each point of diversion coordinate	or flumes (if POA/POD is outside of POU) dentified example: 1" = 100 ft, 1" = 200 ft, etc.) am by reference to a recognized public land on, nursery, or agriculture	
	TOM WAZE	cer #137	
8	Fees: Amount of water requested Base Fee \$ 1st CFS/AFAddtn'l CFS/ AF @ =Addtn' POD @ =	Acriculture Dock not include irr. So Acriculture = Additional Use @ $200 = 200$ Soo Case 200 is 1 cft Total Exam Fees \$ 700 700	
	Reviewed by: $47M$	Date: 3-26-2009	