Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff R - 86 11 8 AFRICA
Application R 87445 County Nou C II County Priority Date 4-22-2009 Township 23 \$ Range 8 W Section \$12 Taxlot 600 Use Mucti-P Caseworker Seana E Amount (AF) 7 Watermaster Dist # 15
*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:
Proposed Use of the waterCannot 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 ocatedor 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. 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
Fees enclosed*? Base Fee\$ 80 plus\$ 140 7×20 plus\$
Total Paid \$ 220 Total Fees \$ 220
Completeness Check by: 77 Date: 4-22-2009 Groups/wr/Customer Service Group/Alt-Review-checklist.doc 11-26-2007 iks

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 96228

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

INVOICE # ____

		(000) 000 0000 (0	503) 986-0904 (fax)		
CEIVED FROM: Hanse		ramily Trust		APPLICATION	R-8744
		C+ Patricia	B Harsch,	PERMIT	
SH: C	CHECK:#	OTHER: (IDENTIFY)	Trustees	TRANSFER	
	X 1967	CITIEN. (IDENTIFY)		TOTAL REC'D	\$ 220.0
1083	TREASURY	4170 WRD N	MISC CASH AC	СТ	Г.
0407	COPIES				\$
	_ OTHER:	(IDENTIFY)			\$
0243 I/S L	ease 024	4 Muni Water Mgmt. P	lan 0245	Cons. Water	
		4270 WRD 0	PERATING AC	ССТ	
	MISCELLANEOU				
0407	COPY & TAPE FE	s 46111			\$
0410	RESEARCH FEES	3			\$
0408	MISC REVENUE:	(IDENTIFY)			\$
TC162	DEPOSIT LIAB. (IDENTIFY)			\$
0240	EXTENSION OF T	IME			\$
	WATER RIGHTS:		EXAM FEE	7	RECORD FE
0201	SURFACE WATER	ALT RES	\$ 220.00	0202	\$
0203	GROUND WATER	•	\$	0204	\$
0205	TRANSFER		\$	1	
	WELL CONSTRU	CTION	EXAM FEE	1	LICENSE FE
0218	WELL DRILL CON		\$	0219	\$
	LANDOWNER'S F			0220	\$
	OTHER	(IDENTIFY)			
0536	TREASURY	0437 WELL	CONST. STAR	T FEE	
0211	WELL CONST ST	ART FEE	\$	CARD#	
0210	MONITORING WE	ELLS	\$	CARD#	
	OTHER	(IDENTIFY)			
0607	TDEAGIIDV	0467 HYDRO	ACTIVITY	LIC NUMBER	
0233	POWER LICENSE		J AOIIVIII	LIGITOMBEN	\$
0233	HYDRO LICENSE	, ,			\$
0201		, ,			\$
	_ HYDRO APPLICA				Ψ
	TREASURY	OTHER	R / RDX		
		TITLE			
FUND					
	E	VENDOR #			