

STATE OF OREGON  
**WATER RESOURCES DEPARTMENT**

725 Summer St. N.E. Ste. A

SALEM, OR 97301-4172

(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # **97428**

INVOICE # \_\_\_\_\_

RECEIVED FROM: Han Janet Krusi APPLICATION see below  
 BY: \_\_\_\_\_ PERMIT \_\_\_\_\_  
 TRANSFER \_\_\_\_\_  
 CASH:  CHECK: # 5124 OTHER: (IDENTIFY)   
 TOTAL REC'D \$ 1500<sup>00</sup>

**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	<u>R87511</u>	<u>\$ 350</u>	<u>\$ 400</u>	\$ _____
0407 COPY & TAPE FEES				\$ _____
0410 RESEARCH FEES	<u>R87512</u>	<u>\$ 350</u>	<u>\$ 400</u>	\$ _____
0408 MISC REVENUE: (IDENTIFY)		<u>exam</u>	<u>REC.</u>	\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY)				\$ _____
0240 EXTENSION OF TIME	<u>PCA 4/6/11</u>			\$ _____
<b>WATER RIGHTS:</b>		<b>EXAM FEE</b>		<b>RECORD FEE</b>
0201 SURFACE WATER <u>Alt. Res</u>		<u>\$ 700<sup>00</sup></u>	0202	<u>\$ 800<sup>00</sup></u>
0203 GROUND WATER		\$ _____	0204	\$ _____
0205 TRANSFER		\$ _____		
<b>WELL CONSTRUCTION</b>		<b>EXAM FEE</b>		<b>LICENSE FEE</b>
0218 WELL DRILL CONSTRUCTOR		\$ _____	0219	\$ _____
LANDOWNER'S PERMIT			0220	\$ _____
OTHER (IDENTIFY)				

**0536 TREASURY 0437 WELL CONST. START FEE**

0211 WELL CONST START FEE \$ \_\_\_\_\_ CARD # \_\_\_\_\_  
 0210 MONITORING WELLS \$ \_\_\_\_\_ CARD # \_\_\_\_\_  
 OTHER (IDENTIFY) \_\_\_\_\_

**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 \_\_\_\_\_ \$ \_\_\_\_\_

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DATED: 8.10.09 BY: LAG

# Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

POD # 2

Application IR 87512 County Doug  
 Priority Date AUG 10 2009 Township 25 S Range 6 W Section 28 Taxlot 600  
 Use M-P Caseworker BROOK G  
 Amount (AF) 1.50 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: 1.50 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 located .....or..... 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. OK 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
  - 1/4 1/4's 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.\*\*
  - North Directional Symbol \*\*
  - Reservoir clearly identified \*

Fees enclosed\*? Base Fee\$ 300  
ONE CHECK plus\$ 50  
for 2 APP(S) plus\$ RF 400  
\$1500 1.5 -> #2  
2 x 25  
 Total Paid \$ 750 (All Fees) Total Fees \$ 750  
EXAM  
\$350

Completeness Check by: HTM Date: AUG 10 2009