Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff MICHAEL MAT TICK	< WM
Application R87604 County LINN Priority Date S-11-2010	2
Township 12 S Range 1 W Section 15	
Amount (AF) 8.8 AF Use Much - P Watermaster DIST 2	
□ Brook Geffen Jeana Eastman □ Joel Plahn □ Kerry Kavanagh □ Michele M	i cAleer
*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 So	OURCE!!
Reservoir Location- Township, Range, Section, Quarter Quarter, Taxlot	
Dam height*, if applicable	
Total Quantity * of Storage Requested: 8,8 AF	٤
Proposed Use of the waterCannot accept application for use of this stored water at the same to Property ownership indicated? * If applicant does not own all the land, is the affected landow	
and mailing address listed? (Including: lands not owned by applicant, upon which the source is loca	
that are crossed by the diversion works. This includes any roads or rights-of-way.)	01
Environmental Impact section completed? Not fatal if omitted	
Application signed by the landowner(s)? All parties noted as applicants must sign the application	ation. 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 "we	
within the last 12 months. 3-31-2009	
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 **	
1/41/4'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.**	
	4
Fees enclosed*? Base Fee\$ 3 Cld	25
MRTAL 1285 plus 225 AF	× 9
EXAM CIC#/ Dormit Popording Foo \$ 400	225
260	4525
Total Paid \$ 525 Total Fees \$ 925	EXAV
Completeness Check by: Tuy Date: Myria 2010	-260

7-01-2009

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STATE OF OREGON

RECEIPT #	9989 ^{wa}	SALEM, OF	CES DEPARTN St. N.E. Ste. A 3 97301-4172 503) 986-0904 (fax)	MENT INVOICE #	
RECEIVED FRO	om: Jennyt	A.+Darre	1 R.	APPLICATION	R8760A
BY:	Pote	1500		PERMIT	1181651
				TRANSFER	
CASH: (X4059	OTHER: (IDENTIFY)		TOTAL REC'D	\$260,90
1083	TREASURY	4170 WRD I	MISC CASH AC	CT	
0407	COPIES				\$
	OTHER:	(IDENTIFY)			\$
0243 I/S L	024-	4 Muni Water Mgmt. F	Plan 0245	Cons. Water	
		4270 WRD	OPERATING A	CCT	
	MISCELLANEOU	s 4611	. 1		
0407	COPY & TAPE FE	ES (Q)	` (\$
0410	RESEARCH FEES	3			\$
0408	MISC REVENUE:	(IDENTIFY)			\$
TC162	DEPOSIT LIAB. (IDENTIFY)			\$
0240	EXTENSION OF T	TIME			\$
	WATER RIGHTS:		EXAM FEE	7	RECORD FEE
0201	SURFACE WATER	AH ROS	\$21000	0202	\$
0203	GROUND WATER	•	\$	0204	\$
0205	TRANSFER		\$	-	
	WELL CONSTRU	CTION	EXAM FEE	1	LICENSE FEE
0218	WELL DRILL CON		\$	0219	\$
0210	LANDOWNER'S F		Ψ	0220	\$
	OTHER	(IDENTIFY)			
0536	TREASURY	0437 WELL	CONST. STAR	TFEE	
0211	WELL CONST ST	ART FEE	\$	CARD #	
0210	MONITORING WE	ELLS	\$	CARD #	
	OTHER	(IDENTIFY)			

0211 0210	WELL CONST START FEE	\$ \$	CARD#	
	OTHER (IDEN	ITIFY)		
0607	TREASURY 046	7 HYDRO ACTIVITY	LIC NUMBER	
0233	POWER LICENSE FEE (F	W/WRD)	\$	
0231	HYDRO LICENSE FEE (F	W/WRD)	\$	
	HYDRO APPLICATION		\$	
	TREASURY	OTHER / RDX		- :
FUND	TITLE	<u> </u>		

RECEIPT: 99897

DESCRIPTION _

OBJ. CODE ______ VENDOR # _

DATED: 5-6-10 BY:

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STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT#

99934

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

INVOICE # ____

1083	TREASURY	4170 WRD	MISC CASH AG	TOTAL REC'D	1265,¤
0407	COPIES	(ID-1) IT IS 0			\$
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0408	MISC REVENUE:				\$
TC162	DEPOSIT LIAB. (,			\$
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0203	GROUND WATER	.,,,,,,	\$	0204	\$
0205	TRANSFER		\$		
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0231	HYDRO LICENSE	FEE (FW/WRD)			\$
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