STATE OF OREGON

WATER RESOURCES DEPARTMENT

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

INVOICE # _____

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J1.						NSFER		
CASH: 0	12/8	OTHER: (ID	DENTIFY)		TOTAL	REC'D	\$1,12	2500
1083	TREASURY	4170	WRD M	ISC CASH A	ACCT			
0407	COPIES						\$	
	_ OTHER: (IDENTIFY)					\$	
0243 I/S L	_ease 0244	4 Muni Wate	er Mgmt. Pla	.n 02	45 Cons. W	ater	_	
		4270	WRD O	PERATING	ACCT			
	MISCELLANEOUS	S	11./	111				
0407	COPY & TAPE FE	ES	70	111			\$	
0410	RESEARCH FEES	6					\$	
0408	MISC REVENUE:	(IDENTIFY	()				\$	
TC162	DEPOSIT LIAB. (I	DENTIFY)					\$	
0240	EXTENSION OF T	IME					\$	
	WATER RIGHTS:			EXAM FEE			RECOF	ID FEE
0201	SURFACE WATER	3		\$7259	2 020)2	\$ 900	700
0203	GROUND WATER			\$	020)4	\$	
0205	TRANSFER			\$				
	WELL CONSTRU	CTION		EXAM FEE			LICENS	E FEE
0218	WELL DRILL CON	STRUCTO	9	\$	02	19	\$	
	LANDOWNER'S F	ERMIT			022	20	\$	
	OTHER	(IDENTIF	=Y)					
		(
0536	TREASURY	0437	WELL (CONST. STA	RT FEE			_101
0211	WELL CONST STA	ART FEE		\$		CARD#		
0210	MONITORING WE	LLS		\$		CARD#		
	_ OTHER	(IDENTIF	=Y)					
0607	TREASURY	0467	HYDRO	ACTIVITY	LIC NUN	IB ER	•	
0233	POWER LICENSE	FEE (FW/	WRD)				\$	
0231	HYDRO LICENSE	FEE (FW/V	VRD)				\$	
	_ HYDRO APPLICA	TION					\$	
	TREASURY		OTHER	/ RDX	<u></u>			
FUND		TITI F						
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DESCHIP	PTION						L.´	
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RECEIPT: 100495

DATED: 7-7-10 BY:_

BY:____

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Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff This is the checklist used by WRD staff This is the checklist used by WRD staff
Application R 87636 County TILL Priority Date 7-7-2010
Township Section Section
Amount (AF) 0.51 Use MucTi-P Watermaster D157#
□ Brook Ceffen Jeana Eastman □ Foel Plahn □ Kerry Kavanagh □ Michele McAleer
*Minimum Requirements (ORS 537.409)
Landawnay Nama Mailing Addward and Talanhana Namhar
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: Cl. 5/
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 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?
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. MASSIST WM GREG BEAM
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 **
741/4'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.**
survey corner* If no dam, use coordinates to center of reservoir.** Fees enclosed*? Base Fee\$ 300
plus\$ 25
Permit Recording Fee \$ 400 Referred Partial Form \$ 725
Total Paid \$ 1125 Total Fees \$ 725
Completeness Check by: H/W Date: 7-8-2010

7-01-2009

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