CEIPT #	103323	SALE	nmer St. N.E. Ste. A M, OR 97301-4172 00 / (503) 986-0904 (fa	INVOICE #	
EIVED FRO	M: Rol	portL	+ Loann	APPLICATION	Exc Baloi
	Me	Ka		PERMIT	
				TRANSFER	
зн: с	CHECK:# (		IFY)	TOTAL REC'D	\$ 4508
1083	TREASURY	4170 W	RD MISC CASH	ACCT	
0407	COPIES				\$
	OTHER: (	RECEIV	ED		\$
0243 I/S L		THE C	OUNTER	245 Cons. Water	
02431/51	ease 0244	-Muni water Mg	and the second		
			TO OPERATING		
	MISCELLANEOUS			338.00 CXU	\$
0407	COPY & TAPE FEE	· · ·	734= 4		\$
0410	RESEARCH FEES	S	474 = 91	17500 1	\$
0408	MISC REVENUE:	, ,			\$
TC162	DEPOSIT LIAB. (II	,			\$
0240	EXTENSION OF T	IME			L
	WATER RIGHTS:		EXAM FEE		RECORD FEE
0201	SURFACE WATER		\$ 3333	0202	\$
0203	GROUND WATER		\$ 1175	0204	\$
0205	TRANSFER		\$		
	WELL CONSTRUC	TION	EXAM FEE		LICENSE FEE
0218	WELL DRILL CON	STRUCTOR	\$	0219	\$
	LANDOWNER'S P	ERMIT		0220	\$
	OTHER	(IDENTIFY)			
0536	TREASURY	0437 W	ELL CONST. STA	DT EEE	
					·····
0211	WELL CONST STA		\$	CARD #	
0210	MONITORING WE	LLS	\$	CARD #	
	OTHER	(IDENTIFY)			
0607	TREASURY	0467 HY	DRO ACTIVITY	LIC NUMBER	
0233	POWER LICENSE	FEE (FW/WRD	)		\$
0231	HYDRO LICENSE	FEE (FW/WRD)			\$
	HYDRO APPLICAT				\$
	TREASURY		HER / RDX		1
	1111 1111 1111				
FUND		TITLE			
OBJ. COD	)E	VENDOR #			
DESCRIP	TION				\$

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

Application <u>G-17474</u>	County	JAMIHILL_	Priorit	y Date Jac 1 6, 20/1	
Township <u><u>S</u>. 6<u>S</u></u>	Range	4 N	Section _	37	
Amount 6.4 ac/	Use <u>Storag</u>	E FOR IREI	WI	M Dist #	
Caseworker Assigned	) Jeana Eastman	O Kerry Kava	nagh ØMiche	le McAleer	
Applicant/Organization	Name, Mailing Ado	dress, and Telep	hone Number.		
Source of water. If store agreement for stored water to be filed at the same time as the PROPOSED Reservoir	nust be included. ( a Reservoir or Alt application (E2).	ORS 537.400) 1 Reservoir if it wi	<b>NOTE:</b> A surface v Il be for the use of	vater application cannot the stored water under	
	pplication and fees.			ation. If it is withdrawn under accept the application and a	
Ø Property ownership indi	cated.				
O If applicant does	s not own all the lar	nd, the affected l	andowner's name a	and mailing address must be listed	
	an easement perm	-	-	e existence of either written proposed ditch canal or other	
O Well Development (Sect	ion 3) or a well log	report Jan	WFICED ACCELS-	Red Scoremoe	
Proposed use of water. If supplemental, list primary acreage.					
C Enclosed Supplemental Form for each proposed use.					
Form I (Irrigatio	n) O I	Form M (Munici	pal or Quasi-Muni	cipal)	
O Form R (Mining	;) O I	Form Q (Comme	ercial or Industrial)		
O Spring Descript	ion Sheet				
6 Amount of water from e	ach source in gallo	ns per minute (G	PM), cubic feet pe	er second (CFS), or acre feet (AF)	
O Period of use					
Water management sect	ion (Please estimat	e if the water sys	stem has not been o	lesigned).	
Ø Resource Protection Sec	ction			RECEIVED	
6 Project schedule (If syst	em is already comp	pleted, indicate "	existing").	JUL 0 6 2011 WATER RESOURCES DEPT SALEM, OREGON	

Preliminary plans and specifications including dam height	width, crest width and surface area for each reservoir
for all standard reservoir applications	

A map prepared by a CWRE for a standard reservoir application proposing to store more than 9.2 acre feet and having a dam height of more than 10 feet

All applicants or the applicant's authorized agent (include title or authority if for an organization or corporation), must sign the application in ink. Signature must be an original "wet" signature. Copies cannot be accepted.

You must include a Legal description of all the properties involved where water is diverted, crossed, and used. The Legal description includes a metes and bounds, or other government survey description. A copy of the deed, land sales contract or title insurance policy can provide this information, or you may submit a lot book report prepared by a title company. The Department will not accept a copy of the tax bill.

O A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. Please be certain that the Land-Use form lists all lands involved and all uses proposed. Date of signature must be within the past 12 months. Signature must be an original "wet" signature. Copies cannot be accepted.

<sup>(</sup>O The map must meet all the minimum requirements of OAR 690-310-0050.

D Township, Range, Section

O Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)

O Place of use, 1/4, 1/4's and tax lot clearly identified

O Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.)

O Location of **each** diversion point, well or dam by reference to a recognized public land survey corner. Multiple wells shall be uniquely labeled, and identified on well logs if existing.

O Reference corner on map

O North Directional Symbol

O Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture

O Other

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Base Fee \$ 000	Additional Use @=
lst CFS/AF	Total Exam Fees \$ 1175
Addtn'l CFS/AF@_35 = 450	Total Paid \$_4 1175
Addtn' POD/POA @=	Amount Due \$
	Amount Returned \$ 6
/	
Reviewed by: <u>Jf/mm</u>	Date : 7/6/01

to re.

Groups\wr\Customer Service Group\templates\standard app checklist

11-9-2010 jks