STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 104245

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

INVOICE # _____

)3) 986-0904 (Iax	,					_
RECEIVED FROM: JUNES, JOHNSON						CATION	S.	87	776	21
BY:	PE	PERMIT								
CASH: C	CHECK:#	OTHER: (IE	CENTIEV)		TRA	NSFER				
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1083	TREASURY	4170	WRD M	ISC CASH A	CCT					_
0407	COPIES						\$			
	_ OTHER:	(IDENTIFY)					\$			
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_	MISCELLANEOL	JS	410	17/						
0407	COPY & TAPE FE	EES	142	1 11			\$			
0410	RESEARCH FEE	S					\$			
0408	MISC REVENUE	: (IDENTIFY	r)				\$			
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0240	EXTENSION OF	TIME					\$			
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	OTHER	(IDENTIF	=Y)							
0536	TREASURY	0437	WELL C	CONST. STAI	RT FEE					
0211	WELL CONST ST	TART FEE		\$		CARD#				
0210	MONITORING W	ELLS		\$		CARD#				
	OTHER	(IDENTIF	FY)							
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0233	POWER LICENS						\$			
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0201			VII.D.)				\$			
	_ HYDRO APPLICA	411014					<u> </u>			
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FUND		TITLE _								
OBJ. COD	E	VENDOR	ጓ #							
DESCRIP	TION						\$			

DATED: 10 | BY:

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Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

This is the checklist used by WRD staff

Application S 87761 County Douc Priority Date 10-14-2011
Township 26 S Range 4 W Section 17
Amount (1, 01 CFS Use Dom. = x Cubb WM Dist # 15
Applicant Name JANE JOHNSON
Receipt No. 104245
Caseworker Assigned O Jeana Eastman O Kerry Kavanagh Michele McAleer
Applicant/Organization Name, Mailing Address, and Telephone Number.
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.
Source of water. If stored water, is the stored water component filed out, including a non-expired agreement for stored water must be included. (ORS 537.400) NOTE: A surface water application cannot be filed at the same time as a Reservoir or Alt Reservoir if it will be for the use of the stored water under the PROPOSED Reservoir application, Expedited Secondary(E2).
O If for stored water not under contract, is the source valid / Permit or Certificate issued Y / N List Permit or Certificate number
The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.
Property ownership indicated. 574785
O If applicant does not own all the land, the affected landowner's name and mailing address must be listed
O If applicant does not own all the land, a signed statement declaring the existence of either written authorization or an easement permitting access to land crossed by the proposed ditch canal or other work must be submitted.
O Well Development (pg. 4 & 5) or a well log report.
Proposed use of water. If supplemental, list primary acreage.
Supplemental data sheets enclosed if needed? O Form M (Municipal or Quasi-Municipal) O Spring Description Sheet
Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)
Period of use

P	Water management section (Please estimate if the water system has not been designed).
	Resource Protection Section
1	Design ashadula (If avatom is almost, assumbed in disets "avaisting")
	Project schedule (If system is already completed, indicate "existing").
Ó	Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications
0	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 40 feet
$\int_{\mathcal{L}}$	You must include a Legal description of all the properties involved where water is diverted, crossed, and used.
4	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
i	report prepared by a title company. The Department will not accept a copy of the tax bill.
	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.
<i>,</i>	The map must meet all the minimum requirements of OAR 690-310-0050.
S 2.1	O 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 Douce Garage Agriculture
Ø	Fees: Amount of water requested 0.01 CTS Base Fee \$ 760 Total Exam Fees \$
	1st CFS/AF 257 Permit Recording Fees \$ 400
	Addtnl POD/POA @ = Amount Duc \$ Acc (See 5 PA)
	Addtnl Use @ = Amount Returned \$
	Reviewed by: 4761 Date: 10-14-2011