STATE OF OREGON

WATER RESOURCES DEPARTMENT # 10692 **TOP OF THE STREET O

CEIVED FRO	OM: Jackass M	OLUTICALIL APPLIC	<u> </u>
	- ACHOV	TRANS	
SH: (CHECK:# OTHER: (IDENTIFY		
_ ·	264790	TOTAL RI	s2650 °
1083	TREASURY 4170 WRD	MISCICASH ACCT	
0407	COPIES	,	\$
	_ OTHER: (IDENTIFY)		
0243 I/S L	0244 Muni Water Mgmt.	Plan 0245 Cons. Wat	er
	4270 WRD	OPERATING ACCT	
	MISCELLANEOUS	46111	,
0407	COPY & TAPE FEES	76111	\$
0410	RESEARCH FEES		\$
0408	MISC REVENUE: (IDENTIFY)		_ \$
TC162	DEPOSIT LIAB. (IDENTIFY)		_ \$
0240	EXTENSION OF TIME	•	\$
	WATER RIGHTS:	EXAM FEE	RECORD FE
0201	SURFACE WATER	\$ 0202	
0203	GROUND WATER	\$775000 0204	\$40000
0205	TRANSFER	\$	
	WELL CONSTRUCTION	EXAM FEE	LICENSE FE
0218	WELL DRILL CONSTRUCTOR	\$ 0219	\$
	LANDOWNER'S PERMIT	0220	\$
	_ OTHER (IDENTIFY)		
0536	TREASURY 0437 WEL	L CONST. START FEE	
0211	WELL CONST START FEE	6.00	ARD #
0210	MONITORING WELLS	\$	ARD #
	OTHER (IDENTIFY)		
0607	TREASURY 0467 HYDI	RO ACTIVITY LIC NUMB	
0233	POWER LICENSE FEE (FW/WRD)		\$
0231	HYDRO LICENSE FEE (FW/WRD)		
	_ HYDRO APPLICATION	t company of the control of the cont	\$
1 45 E	TREASURY OTH	ER / RDX	VED
FUND	TITLE	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OBJ. COL	DE VENDOR #	OVER THE	COUNTER
DESCRIP		*	\$
	, , , , , , , , , , , , , , , , , , , ,		

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

Application 6-17586	County LUNN	Priority Date	501.27,2012
Township 10 S	Range 3 W	Section 17	
Amount 1006 QU 2.2	2.2.4. Use <u>A.G.</u>	WM Dist # _	_ 7
Applicant Name _CL	- Machaegh		
Receipt No			
Caseworker Assigned	≰eana Eastman □ Kerry Kava	anagh	
Applicant/Organization 1	Name, Mailing Address, and Tele	ephone Number.	
	icant's authorized agent (include n in ink. Signature must be an o		
agreement for stored wat be filed at the same time to	I water, is the stored water composer must be included. (ORS 537.4 as a Reservoir or Alt Reservoir if application, Expedited Seconds	00) NOTE: A surface water ap	plication cannot
☐ If for stored water not und Certificate number	er contract, is the source valid / I	Permit or Certificate issued Y/	N List Permit or
• •	r is not (circle one) withdrawn frolication and fees. If it is withdrawl.		
1 Property ownership indicate	ated.		
☐ If applicant does	not own all the land, the affected	landowner=s name and mailing	; address must be listed.
☐ If applicant does authorization or work must be su	not own all the land, a signed star an easement permitting access to	tement declaring the existence land crossed by the proposed	Seither written
			SEP 27 2012
☐ Supplemental data sheet	supplemental, list primary acreag		NATER RESOURCES DEPT tion together, 15 2 uses)
☐ Spring Descriptio			
✓ Amount of water from each	ch source in gallons per minute (GPM), cubic feet per second (CI	FS), or acre feet (AF)
Deriod of use			

XI	Water management section (Please estimate if the water system has not been designed).				
√/ _r □	Resource Protection Section (N/A for Groundwater)				
Ø	Project schedule (If system is already completed, indicate "existing").				
<u>~</u> []	Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications				
Λ,□	A map prepared by a CWRE for a standard reservoir application proposing to store more than 9.2 acre feet and having a darn height of more than 10 feet				
Ø	The Legal description includes a metes and b	e properties involved where water is diverted, crossed, and used ounds, or other government survey description. A copy of the licy can provide this information, or you may submit a lot book artment will not accept a copy of the tax bill.			
Ø	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.				
\(\delta\)	The map must meet all the minimum requirem	ents of OAR 690-310-0050.			
	☑ Place of use, 1/4, 1/4=s and tax lot clearly ☑ Even map scale not less than 4" = 1 mile	(example: 1" = 100 ft, 1" = 200 ft, etc.) dam by reference to a recognized public land ely labeled, and identified on well logs if			
Ø	Fees: Amount of water requested				
	Base Fee \$ (900	Total Exam Fees \$ 2750			
	1st CFS/AF \$ 750	Permit Recording Fees \$ (10)			
	Addtnl CFS/ AF @ 250 = 500 Addtnl POD/POA @ = = Addtnl Use @ = =	Mitigation Fee \$ Control Total Paid \$ 2650 Amount Due \$ 2650 Amount Returned \$			
	Reviewed by:	Date: 4/27/12			