STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT# 112363

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

INVOICE # _____

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1083	- TRIEASURY	ATO THE		ect :		
0407	COPIES				\$	
	OTHER: (ID	ENTIFY)			\$	
0243 I/S	Lease 0244 N	Muni Water Mgmt. F	Plan 024	5 Cons. Water _		
-			PAGE PROPERTY AND ADDRESS OF THE OWNERS OF T	667		1
	MISCELLANEOUS	/1/	111			
0407	COPY & TAPE FEES	46	<i>ll</i>		\$	
0410	RESEARCH FEES	• • • •				
0408	MISC REVENUE: (IDENTIFY)				\$	
TC162	DEPOSIT LIAB. (IDENTIFY)				\$	
0240	EXTENSION OF TIM	ΙE	•		\$	
	WATER RIGHTS:		EXAMPLE			-
0201	SURFACE WATER		\$ (20) 00	0202	\$ 450,02)
0203	GROUND WATER		\$	0204	\$	
0205	TRANSFER		\$			
•	WELL CONSTRUCT	ION	EXAMPLE.		TOTAL PE	E
0218	WELL DRILL CONST	RUCTOR	\$	0219	\$	
	LANDOWNER'S PER	RMIT		0220	\$	
	OTHER	(IDENTIFY)				
	<u> </u>	(
0536	TREABURY	6437 WELL	CONSTRUCT	IT FEE		
0211	WELL CONST STAR	TFEE	\$	CASI		
0210	MONITORING WELL	.s	\$	CAN	Z.e	
	_ OTHER	(IDENTIFY)				
0607	TREASURY	OLGY LYON	O ACTIVITY	LIC NUMBER		
0233	POWER LICENSE F	EE (FW/WRD)			\$	
0231	HYDRO LICENSE FI				\$	
	HYDRO APPLICATIO	ON			\$	
	TREASURY	OTHE	P/BOY			
Terres designation						Mary Co.
		TITLE				
OBJ. CO	DE	VENDOR #			6	
DESCRI	PTION				\$	
				0.1	1.	
ECEIPT:	L12363	DATED: 6	12-14 BY:	(HIMA	rad	
_				9 (77)		

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, But Copy - Fiscal

Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff

0 (222								
Application R-87987 County	Jackson							
Priority Date 6-12-14 Towns	hip 355 Range W Section	on 3 Taxlot 100						
Use Multipur vo Se Casew	orker KIM FRENCH							
Amount (AF) 9 Watern	naste (13) TRAVIS KOL	LY						
rinount (rir)	Thus to Carlot	- 1						
\$611	Demoirements (ODS	F27 400\						
winimum	Requirements (ORS	537.409)						
\.								
Completed Watermaster review shee		ster.						
Will the reservoir injure an existing water	•	If NO material the small section						
If YES, can conditions be applied to mitigate the injury? \square YES \square NO If NO, return the application.								
Did the watermaster determine when water is available for the proposed use? YES NO The Watermaster review sheet must have been completed within the last 6 months.								
	•							
If the watermaster determined that was Completed ODFW review sheet sign								
Will the reservoir pose a significant detri								
If YES, can conditions be applied to mitig								
The ODFW review sheet must have been	•							
Completed Land-Use Form or receip								
Does the use on land-use form match the								
within the last 12 months.	proposed use on the application	. The second of						
Landowner Name, Mailing Address	and Telephone Number.							
Source and tributary listed. NO WELL		USE A WELL AS A SOURCE!!						
Reservoir Location- Township, Range								
Dam height, if applicable 9.54								
Total Quantity of Storage Requested:	9 AF —							
Proposed Use of the waterCannot		s stored water at the same time (E2)						
Property ownership indicated? If ap	plicant does not own all the land	d is the affected landowner's name and						
mailing address listed? (Including: lands	not owned by applicant, upon w	thich the source is locatedor that						
are crossed by the diversion works. This i								
Provide the legal description of all th		plication. You may include a copy of						
. your deed land sales contract or title insur	•							
Environmental Impact section compl								
Application signed by the landowner	r(s)? All parties noted as applica	ants must sign the application.						
Must be an original "wet" signature.								
Acceptable map ** Indicates requir	ements of standards set forth	by the Commission and causes fatal						
flaw if not provided by the applicant.	Dance Section 1/4 1/4 and To	av I at mumbar(s)*						
Reservoir Location - noting Township Scale of the Map (not less than 1" = 1:		ax Lot number(s)						
Scale of the Map (not less than 1" = 1: Reference corner on map	320)							
✓ North Directional Symbol **								
1/2 North Directional Symbol 1/41/4's clearly identified								
Reservoir clearly identified **								
✓ Dam or POD (If off channel) Locatio	n coordinates referenced to a go	overnment land						
survey corner* If no dam, use coordinates	s to center of reservoir.**							
Fees enclosed**? Examination: Base Fee\$ 353 Permit Recording Fee\$ 450								
	plus\$ 270							
1 -	plus\$							
Total Paid \$ 1070	Total Fees \$ 1070							
Completeness Check by:	Date:	Revised 2011-3-3						