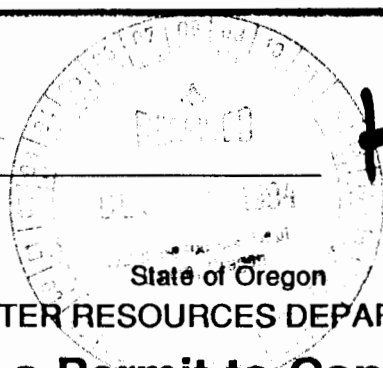


Application No.

12-75135



HB 2153
Pre 1993

State of Oregon
WATER RESOURCES DEPARTMENT

Application for a Permit to Construct a Reservoir

Applicant(s) JOSEPH P. and Jeri D. McElligott
(Please print or type - use dark ink)

Mailing Address: P.O. Box 4
IONE OR 97843 422-7257
City State Zip Daytime Phone No.

I (We) make application for a permit to construct 10 reservoir and store the following described waters of the State of Oregon:

1. **SOURCE OF WATER** for the proposed use: Misc Canyons,
a tributary of Rhea Creek and Rock Creek.
If not in channel of a stream, state how it is to be filled: _____
2. **THE DAM:** The maximum height of the structure will be less than 10 feet above stream bed or ground surface at the centerline.
The dam will be (check one) ☒ earthfill, _____ concrete, _____ flashboard, _____ other.
If "other" give description: _____

Give the location, description, and dimensions of the outlet conduit: Does not
apply, channel has no flow normally

NOTE: All dams across natural stream channels must be provided with an outlet conduit, minimum diameter of 8", or be of such capacity and location as to pass the normal flow of the stream at any time.

3. **THE USE(s)** of the impounded water will be: 1) livestock water
2) maintain pond level for seepage and evaporation
loss

4. THE AMOUNT OF WATER to be stored is: Less than 3 acre-feet.
The area submerged by the reservoir, when filled, will be Less than .3 acres,
and the maximum depth of water will be 12 feet.

5. SPILLWAY DESCRIPTION (location and dimensions). State whether over or around the dam. Spillway located on end of reservoir and
extends past toe of Dam.

6. PROJECT SCHEDULE: (List month and year)

Proposed date construction work will begin Pre 1993

Proposed date construction work will be completed Pre 1993

Proposed date water use will be completed Pre 1993

NOTE: A map prepared by a Certified Water Right Examiner (CWRE) and a complete legal description of the subject property are required under ORS 537.140 and OAR 690 as a part of your application. The legal description may be copied from your deed, title insurance policy, or land sales contract.

7. a) In the event any deficiencies are noted involving the application map enclosed herein, please return the map with instructions for correction to (check one):

X Applicant CWRE Other (Identify in REMARKS section)

b) In the event any deficiencies are noted involving the application, please return the application with instructions for correction to (check one):

X Applicant CWRE Other (Identify in REMARKS section)

8. Are all lands involved (including the proposed diversion site, place of use, and access for conveying the water) under your ownership? yes. If not, list in the REMARKS section below, or on an attached sheet, the names and mailing addresses of the legal owners of all property involved in the proposed development.

REMARKS:		SE 1/4	NE 1/4	Sec	12	TSS	R2SE Wm	Morrow County
NW 1/4	SE 1/4	Sec	12	"	"	"		
NW 1/4	NW 1/4	Sec	7	"	R 26E	"		
NW 1/4	NW 1/4	Sec	7	"	R 26E	"		
SE 1/4	NE 1/4	Sec	7	"	"	"		
SE 1/4	SW 1/4	Sec	7	"	"	"		
SE 1/4	SE 1/4	Sec	18	"	"	"		
SE 1/4	SE 1/4	Sec	5	"	"	"		
NW 1/4	SW 1/4	Sec	8	"	"	"		
NE 1/4	SW 1/4	Sec	8	"	"	"		

I/We certify that the information I have provided in this application is an accurate representation of the proposed water use and is true and correct to the best of my knowledge.

NOTE: The permit, when issued, is for the beneficial use of water without waste. By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan. It is possible the land use you propose may not be allowed if it is not in keeping with the goals and acknowledged plan. Your city or county planning agency can advise you about the land-use plan in your area.

Joseph P. McElgott
Signature of Applicant

11-17-94
Date

Kristin McElgott
Signature of Co-Applicant, if any

11/17/94
Date

FOR WATER RESOURCES DEPARTMENT USE ONLY

Dear Applicant:

I certify that I have examined the foregoing application, together with the accompanying information, and am returning it to you for:

In order to retain its tentative priority, this application must be returned with the requested corrections or additions on or before:

_____, 19____.

WITNESS my hand this _____ day of _____, 19____.

Water Resources Director

By: _____

This instrument was first received in the office of the Water Resources Director at Salem, Oregon, on the 1 day of December, 1994, at 8:00 o'clock, A M.

Priority 1/1/93

APPLICATION NO: VR-75135