STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT # 120276

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

INVOICE # _____

RECEIVED FROM: Surpris	e Valley		APPL	CATION	R-88250
		mp.	PE	RMIT	
		•	TRA	NSFER	
CASH: CHECK:#	OTHER: (IDENTIFY)	Г	TOTAL	REC'D	6 2000 M
<u> </u>	<u> </u>	L	IUIAL	neu U	\$3800.00
1083 TREASURY	4170 WRD M	ISC CASH AC	CCT		
0407 COPIES					\$
OTHER: (I	DENTIFY)				\$
0243 I/S Lease 0244	Muni Water Mgmt. Pla	an 0245	Cons. W	ater	
	4270 WRD O	PERATING A	CCT		
MISCELLANEOUS		46111			
0407 COPY & TAPE FEE	:S	V			\$
0410 RESEARCH FEES					\$
0408 MISC REVENUE:	(IDENTIFY)				\$
TC162 DEPOSIT LIAB. (II	DENTIFY)				\$
0240 EXTENSION OF T	ME				\$
WATER RIGHTS:		EXAM FEE	7		RECORD FEE
0201 SURFACE WATER		\$3,350.0	020)2	\$450,00
0203 GROUND WATER		\$	020)4	\$
0205 TRANSFER		\$	+		
WELL CONSTRUC	TION	EXAM FEE	1		LICENSE FEE
0218 WELL DRILL CONS		\$	021	19	\$
LANDOWNER'S PI	ERMIT		022	20	\$
OTHER	(IDENTIFY)				
0536 TREASURY	0437 WELL 0	CONST. STAR	T FEE		
0211 WELL CONST STA	RT FEE	\$		CARD#	
0210 MONITORING WEI	LS	\$		CARD#	
OTHER	(IDENTIFY)				
0607 TREASURY	0467 HYDRO	ACTIVITY	LIC NUM	IBER	
0233 POWER LICENSE					\$
0231 HYDRO LICENSE	FEE (FW/WRD)				\$
HYDRO APPLICAT	ION				\$
TREASURY		/ RDY			
					:
FUND					
OBJ. CODE	VENDOR #			1	¢
DESCRIPTION				l	\$

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

DATED GOLZY LILE BY Carlos O. Turner

120276

RECEIPT:

This is the checklist used by WRD staff	St .				
Application (2-88250 County LAKE Priority Date 6-24-16 Township 335 Range 18 E Section 23 Taxlot 130 &					
Priority Date 6-24-16 Township 335 Range 18 E Section 23 Taxlot 130 w	•				
Use Multi Purpose Caseworker PARK Amount (AF) 106 Watermaster MAYER (012)					
Amount (AF) 106 Watermaster MAYER (012)					
Minimum Damuinam auta (ODS 527 400)					
Minimum Requirements (ORS 537.409)					
Completed Watermaster review sheet signed and dated by Watermaster.					
Will the reservoir injure an existing water right? YES DNO					
If YES, can conditions be applied to mitigate the injury? ✓ YES □ 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.					
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
Completed ODFW review sheet signed and dated by ODFW representative.					
1	□ NO				
If YES, can conditions be applied to mitigate the impact? \Box YES \Box NO If NO, return the appli	cation.				
The ODFW review sheet must have been completed within the last 6 months. Completed Land-Use Form or receipt signed by the appropriate planning department official e	malacad?				
Does the use on land-use form match the proposed use on the application? Must be an original "w					
within the last 12 months.	ei signature				
Landowner Name, Mailing Address and Telephone Number.					
Source and tributary listed. NO WELLS-MUST HAVE GW APP TO USE A WELL AS A SOU	URCE!!				
Reservoir Location- Township, Range, Section, Quarter Quarter, Taxlot					
Dam height, if applicable					
Total Quantity of Storage Requested: 100 Af					
Proposed Use of the waterCannot accept application for use of this stored water at the same	e time (E2)				
Property ownership indicated? If applicant does not own all the land is the affected landowned					
mailing address listed? (Including: lands not owned by applicant, upon which the source is locatedor that					
are crossed by the diversion works. This includes any roads or rights-of-way.)					
Provide the legal description of all the property involved with this application. You may include a copy of					
your deed land sales contract or title insurance to meet this requirement					
Environmental Impact section completed? Application signed by the landowner(s)? All parties noted as applicants must sign the applicant	tion				
Must be an original "wet" signature.	non.				
Acceptable map ** Indicates requirements of standards set forth by the Commission and	causes fatal				
flaw if not provided by the applicant.					
Reservoir Location - noting Township, Range, Section, 1/4 1/4 and Tax Lot number(s)*					
	RECEIVED BY OWRD				
Reference corner on map	RECEIVED BY OWNE				
North Directional Symbol **	1 2040				
½¼¼'s clearly identified	jun 2 4 2016				
Reservoir clearly identified **					
Dam or POD (If off channel) Location coordinates referenced to a government land	SALEM, OR				
survey corner* If no dam, use coordinates to center of reservoir.**					
Fees enclosed**? Examination: Base Fee\$ 350 Permit Recording Fee\$ 450					
plus\$ 5 6 6 6 9 10 10 10 10 10 10 10 10 10 10 10 10 10					
Total Paid \$ 3800					
Completeness Check by: Date: 6-13-16 Revised 2011-3	3-3				
16-27-16					
V (Q 21 14					