STATE OF OREGON WATER RESOURCES DEPARTMENT

725 Summer St. N.E. Ste. A RECEIPT # 121243 INVOICE # _ SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) APPLICATION PERMIT BY: TRANSFER CHECK:# CASH: OTHER: (IDENTIFY) TOTAL REC'D X 0253 **TREASURY** 4170 WRD MISC CASH ACCT 1083 \$ 0407 COPIES \$ OTHER: (IDENTIFY) 0243 I/S Lease 0244 Muni Water Mgmt. Plan____ 0245 Cons. Water 4270 WRD OPERATING ACCT **MISCELLANEOUS** R-88284 \$3211.00 Obj 0201 0407 **COPY & TAPE FEES** \$ 0410 RESEARCH FEES **S**-88285 \$2000.00 Obj 0201 \$ 0408 MISC REVENUE: (IDENTIFY) R-88284 \$450.00 Obj 0202 TC162 DEPOSIT LIAB. (IDENTIFY) 0240 **EXTENSION OF TIME 3**-88285 \$450.00 Obj 0202 RECORD FEE WATER RIGHTS: SURFACE WATER 0201 0202 GROUND WATER 0203 0204 0205 **TRANSFER** LICENSE FEE **EXAM FEE** WELL CONSTRUCTION \$ 0219 0218 WELL DRILL CONSTRUCTOR \$ 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) **TREASURY** 0437 WELL CONST. START FEE 0536 0211 WELL CONST START FEE \$ CARD# CARD # 0210 MONITORING WELLS OTHER (IDENTIFY) 0607 **TREASURY** 0467 HYDRO ACTIVITY LIC NUMBER \$ 0233 POWER LICENSE FEE (FW/WRD) \$ HYDRO LICENSE FEE (FW/WRD) 0231 \$ HYDRO APPLICATION **TREASURY** OTHER / RDX __ TITLE **FUND** OBJ. CODE _ VENDOR # DESCRIPTION

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RECEIPT:

Application Number: R-88284

Standard Reservoir Application Completeness Checklist

Minimum Requirements
This is the checklist used by WRD staff

| County: LINN Township: 15 5/Range: 3W Section: 2 13 |
|---|
| Amount: 318.4 Use: Fragation/RicoWM Dist # 2 |
| Applicant Name: Drue Rogers |
| Receipt Number: 121245 Case Worker: Barbra |
| 10 reservoirs |
| 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. |
| The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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. |
| If applicant does not own all the land, the affected landowner=s name and mailing address must be listed. |
| 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. |
| Proposed use of stored water. |
| Amount of water from <i>each</i> source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF) |
| Project schedule (If system is already completed, indicate "existing"). |
| Preliminary plans and specifications including dam height, width, crest width and surface area for |

| You must include a Legal description of all the processed, and used. The Legal description includes a survey description. A copy of the deed, land sales of this information, or you may submit a lot book report Department will not accept a copy of the tax bill. | metes and bounds, or other government ontract or title insurance policy can provide | |
|---|---|--|
| 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. | | |
| A map prepared by a CWRE for a standard reservo acre feet and having a dam height of more than 10 to | • • • • | |
| The map must meet all the minimum requirements | of OAR 690-310-0050. | |
| Township, Range, Section Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU) Place of use, 1/4, 1/4=s and tax lot clearly identified Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) 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. Reference corner on map North Directional Symbol Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture Other Other | | |
| Fees: Amount of water requested | | |
| Base Fee \$ Total E Permit St CF8/AE | xam Fees \$ 2824 Recording Fees \$ 450 aid \$ 3.274 t Due \$ 3274 t Returned \$ 12 - Sept-110 | |
| Date: | ic addi , d | |

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