STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT# 121376

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

INVOICE # _____

1011	7 M. D	ehr en s	APPLICATION	K-8829
100			PERMIT	1
			TRANSFER	
CK:# O	THER: (IDENTIFY)	_	MANSIER	
2381			TOTAL REC'D	\$ 2,135.0
REASURY	4170 WRD	MISC CASH A	ССТ	
COPIES				\$
	DENTIFY)			\$
e 0244	Muni Water Mgmt. I	Plan 024	5 Cons. Water	
MISCELLANEOUS		LI(01/1		
OPY & TAPE FEE	s	-14111		\$
RESEARCH FEES				\$
MISC REVENUE: ((IDENTIFY)			\$
DEPOSIT LIAB. (ID	ENTIFY)			\$
EXTENSION OF TIM	ME			\$
WATER RIGHTS:		EXAM FEE		RECORD FEE
SURFACE WATER			00 0202	\$ 450.00
GROUND WATER		\$ 1.000	0204	\$
RANSFER			-	
WELL CONSTRUCT	TION	EXAM FEE	7	LICENSE FEE
		\$	0219	\$
			0220	\$
OTHER	(IDENTIFY)			
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
REASURY	0437 WELL	. CONST. STAF	RT FEE	
VELL CONST STAF	RT FEE	\$	CARD #	
MONITORING WEL	LS	\$	CARD #	
OTHER	(IDENTIFY)			
REASURY	0467 HYDR	O ACTIVITY	LIC NUMBER	
OWER LICENSE F	EE (FW/WRD)			\$
HYDRO LICENSE F	EE (FW/WRD)			\$
HYDRO APPLICATI	ON			\$
		R / RDY		
	VENDOR #			\$
N				
	COPIES DTHER: (IE DTHER: (IE DTHER: (IE DTHER: (IE DEPOSIT LIAB. (ID EXTENSION OF THE NATER RIGHTS: GURFACE WATER GROUND WATER FRANSFER WELL CONSTRUCT WELL DRILL CONS LANDOWNER'S PE DTHER DTHER REASURY POWER LICENSE FRYDRO LICENSE FRYDRO APPLICATION REASURY REASURY REASURY	COPIES OTHER: (IDENTIFY) 2	COPIES OTHER: (IDENTIFY) 2	COPIES OTHER: (IDENTIFY) 2

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Application Number: R - 88293

Standard Reservoir Application Completeness Checklist

Minimum Requirements
This is the checklist used by WRD staff

County: Marion Township: BS Range: F Section: 17 & ZO Amount: 179-1 Use: ag widt & WM Dist # 16
Applicant Name: Terry Behrens
Receipt Number: 12 13 74 Case Worker:
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 The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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.
A mount 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 each reservoir for all standard reservoir applications

crossed, and used. The Legal description is survey description. A copy of the deed, lar	Il the properties involved where water is diverted, ncludes a metes and bounds, or other government and sales contract or title insurance policy can provide book report prepared by a title company. The ax bill.
officials. Please be certain that the Land-l	gned and dated by the appropriate planning department Use form lists all lands involved and all uses proposed. 12 months. Signature must be an original "wet"
acre feet and having a dam height of more	
The map must meet all the minimum requi	irements of OAR 690-310-0050.
Township, Range, Section	a (in polymorphism)
POU) Place of use, 1/4, 1/4=s and tax lot Even map scale not less than 4" = 1 Location of each diversion point, w land survey corner. Multiple wells s logs if existing. Reference corner on map North Directional Symbol Number of acres per 1/4, 1/4, if for Other	mile (example: 1" = 100 ft, 1" = 200 ft, etc.) well or dam by reference to a recognized public shall be uniquely labeled, and identified on well
Fees: Amount of water requested _	
Base Fee \$ 800	Total Exam Fees \$ 2135 1685 Permit Recording Fees \$ 450 Total Paid \$ 2135
1st CFS/AF	Permit Recording Fees \$ \Geq SO
Addtnl CFS AF @ = Addtnl POD/POA @ = Addtnl Use @ =	Total Paid \$ 2 \ 3 \ 5 Amount Due \$ Amount Returned \$
Reviewed by: Jeffer ex	Date: 22- 5-10

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