

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **121986**

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

INVOICE # _____

RECEIVED FROM: Dan & Nancy Mullin	APPLICATION R-88318
BY: Family Trust; Daniel Mullin	PERMIT
Trustee; Nancy Mullin	TRANSFER
CASH: <input type="checkbox"/>	TOTAL REC'D \$ 1715.00
CHECK: # 7784 <input checked="" type="checkbox"/>	
OTHER: (IDENTIFY) Trustee	

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES	\$
OTHER: (IDENTIFY)	\$
0243 I/S Lease	0244 Muni Water Mgmt. Plan
0245 Cons. Water	

4270 WRD OPERATING ACCT

MISCELLANEOUS			
0407 COPY & TAPE FEES	40111	\$	
0410 RESEARCH FEES		\$	
0408 MISC REVENUE: (IDENTIFY)		\$	
TC162 DEPOSIT LIAB. (IDENTIFY)		\$	
0240 EXTENSION OF TIME		\$	
WATER RIGHTS:		EXAM FEE	RECORD FEE
0201 SURFACE WATER		\$ 1715.00	0202 \$
0203 GROUND WATER		\$	0204 \$
0205 TRANSFER		\$	
WELL CONSTRUCTION		EXAM FEE	LICENSE FEE
0218 WELL DRILL CONSTRUCTOR		\$	0219 \$
LANDOWNER'S PERMIT			0220 \$
OTHER (IDENTIFY)			

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE	\$	CARD #
0210 MONITORING WELLS	\$	CARD #
OTHER (IDENTIFY)		

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233 POWER LICENSE FEE (FWWRD)		\$
0231 HYDRO LICENSE FEE (FWWRD)		\$
HYDRO APPLICATION		\$

TREASURY OTHER / RDX

FUND	TITLE	
OBJ. CODE	VENDOR #	
DESCRIPTION		\$

RECEIPT: **121986**

DATED: **11-28-10** BY: **Felicia B.**

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

Application Number: E-88318

Standard Reservoir Application Completeness Checklist

Minimum Requirements

This is the checklist used by WRD staff

4 PONDS

County: GRANT Township: 135 Range: 33E Section: 4 32, 33, 28

Amount: 17.5 ac/ft Use: ¹⁴⁵ livestock fire, IVV WM Dist # 4

Applicant Name: Blw Mt. Angus, LLC

Receipt Number: 121986 Case Worker: BORSE

- 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.
- ^{ISD} The proposed source **is** or **is not** (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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.
- ^{N/A} If applicant does not own all the land, the affected landowner's name and mailing address must be listed.
- ^{N/A} 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.
- ^{4 AF, 2.5 AF, 7 AF, 4 AF} Amount of water from *each* 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

✓ You must include a Legal description of all the properties involved where water is diverted, crossed, and used. The Legal description includes a metes and bounds, or other government survey description. A copy of the deed, land sales contract or title insurance policy can provide this information, or you may submit a lot book report prepared by a title company. The Department will not accept a copy of the tax bill.

✓ 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 reservoir application proposing to store more than 9.2 acre feet and having a dam height of more than 10 feet

✓ _____ 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 _____

Fees: Amount of water requested _____

Base Fee \$ 800

1st CFS/AF _____

___ Addtnl CFS/ AF @ 175 = 540

___ Addtnl POD/POA @ 4 = 375

___ Addtnl Use @ _____ = _____

Total Exam Fees \$

Permit Recording Fees \$ 450

Total Paid \$ 1715

Amount Due \$ _____

Amount Returned \$ _____

Reviewed by: TS

Date : 11.29.16