STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT# 122078

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

INVOICE # ____

EIVED FRO	om: Mckee Family	River	PERMIT TRANSFER	XSee Belo
:H: (CHECK:# OTHER: (IDENTIFY	7)		
	X 10081 -		TOTAL REC'D	\$ 3710.00
1083	TREASURY 4170 WRD	MISC CASH	ACCT	
0407	COPIES			\$
	_ OTHER: (IDENTIFY)			\$
0243 I/S L	_ease 0244 Muni Water Mgmt	Plan	0245 Cons. Water	
	4270 WRD	OPERATING	ACCT	
	MISCELLANEOUS	46111	- 00445000	
0407	COPY & TAPE FEES 🗸 🗸 .	88338-1	580°°+450°°	\$
0410	RESEARCH FEES	0022012	2.30°0+ 450°0	\$
0408	MISC REVENUE: (IDENTIFY)	יו דיככפס		\$
TC162	DEPOSIT LIAB. (IDENTIFY)			\$
0240	EXTENSION OF TIME			\$
	WATER RIGHTS:	EXAM FE		RECORD FEE
0201	SURFACE WATER	\$ 2010	3,35,113,4	\$ 900.00
0203	GROUND WATER	\$ FOIL	0204	\$
0205	TRANSFER	\$		
0200	WELL CONSTRUCTION	EXAM FE	:p	LICENSE FEE
0218	WELL DRILL CONSTRUCTOR	\$	0219	\$
0210	LANDOWNER'S PERMIT		0220	\$
	OTHER (IDENTIFY)			
0536	TREASURY 0437 WEL	L CONST. ST	ART FEE	
0211	WELL CONST START FEE	\$	CARD #	1
0210	MONITORING WELLS	\$	CARD #	
	OTHER (IDENTIFY)			
0607	TREASURY 0467 HYD	RO ACTIVITY	/ LIC NUMBER	
0233	POWER LICENSE FEE (FW/WRD)			\$
0231	HYDRO LICENSE FEE (F			\$
	HYDRO APPLICATION	0505		\$
	TREASURY OTH	FA-FRAY	IVED	
ELIN'S		VEN THE	COUNTER	
	TITLE		-	
	DE VENDOR #		_	\$
DESCRIP	PHON			LŦ
	100070 15	2 (2.1)	4.1	. 0
EIPT:	122078 DATED: 1	-4-10 B	Y: Alie	1000

Application Number: <u>88338</u>

Standard Reservoir Application Completeness Checklist

Minimum Requirements
This is the checklist used by WRD staff

County: Pock Township: 9 Range: S'M Section: 4					
Amount: 700 AC/FT Use: IRR STORIGE WM Dist # 16					
Applicant Name: Document Hoket					
Receipt Number: 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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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.					
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 each reservoir for all standard reservoir applications					

crossed, and used. The Legal description is survey description. A copy of the deed, la	all the properties involved where water is diverted, includes a metes and bounds, or other government and sales contract or title insurance policy can provide book report prepared by a title company. The tax bill.
officials. Please be certain that the Land-	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"
A map prepared by a CWRE for a standar acre feet and having a dam height of more	d reservoir application proposing to store more than 9.2 than 10 feet
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, v land survey corner. Multiple wells logs if existing. Reference corner on map North Directional Symbol Number of acres per 1/4, 1/4, if for Other	ipelines or flumes (if POA/POD is outside of clearly identified I mile (example: I" = 100 ft, I" = 200 ft, etc.) well or dam by reference to a recognized public shall be uniquely labeled, and identified on well rirrigation, nursery, or agriculture
Base Fee \$	Total Exam Fees \$
1st CFS/AF	Permit Recording Fees \$
Addtnl CFS/ AF @ = Addtnl POD/POA @ = Addtnl Use @ =	Total Paid \$Amount Due \$Amount Returned \$
Reviewed by:	Date : 12/8/201

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