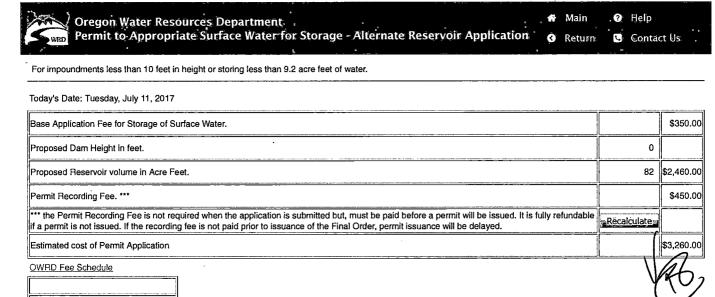
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RECEIPT # _	L23930	S	ALEM, OR	97301-4172 03) 986-0904 (fax		OICE #	
RECEIVED FROM: GSI Water Solutions, Inc.					APPL	CATION	R-8842
BY:				•		RMIT	
CASH: CHECK:# OTHER: (IDENTIFY)					TRA	NSFER	
						REC'D	\$3260.00
1083	TREASURY	4170	WRD M	IISC CASH A	ССТ		
0407	COPIES						\$
	_ OTHER:	(IDENTIFY)	I	·			\$
0243 I/S L	.ease 024	4 Muni Wat	er Mgmt. Pla	an 024	15 Cons. W	/ater	
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0407	COPY & TAPE FE	ES	-				\$
0410	RESEARCH FEE	5					\$
0408	MISC REVENUE:	(IDENTIF	Y)				\$
TC162	DEPOSIT LIAB. (	IDENTIFY)		·			\$
0240	EXTENSION OF 1	IME					\$
	WATER RIGHTS:			EXAM FEE			RECORD FEE
0201	SURFACE WATER	7		\$291D.D	020	02	\$450,00
0203	GROUND WATEF	l		\$	020	04	\$
0205	TRANSFER			\$	_		
	WELL CONSTRU	CTION		EXAM FEE	-1		LICENSE FEE
0218	WELL DRILL CONSTRUCTOR \$					19	\$
	LANDOWNER'S F	PERMIT		· · · ·	022	20	\$
	OTHER	(IDENTI	FY)				
0536	TREASURY	0437	WELL (	CONST. STAI			
0211				\$		CARD #	
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0233	POWER LICENSE	EFEE (FW/	WRD)				\$
0231	HYDRO LICENSE	FEE (FWA	NRD)				\$ ·
	HYDRO APPLICA	TION					\$
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Application 0.000 months of the second secon	Alternate Reservoir Application Completeness Checklist								
Completed Watermaster review sheet signed and dated by Watermaster.         Will the reservoir injure an existing water right? □ YES □ NO         If YES, can conditions be applied to mitigate the injury? □ YES □ NO         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.         If the watermaster determined that water is NOT available, return the application.         Completed ODFW review sheet signed and dated by ODFW representative.         Will the reservoir pose a significant detrimental impact to an existing fishery resource? □ YES INO         If YES, can conditions be applied to mitigate the impact? □ YES □ NO         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 enclosed?         Does the use on land-use form match the proposed use on the application? Must be an original "wet" signature within the last 12 months.         Landowner Name, Mailing Address and Telephone Number.         Source and tributary listed. NO WELLE>MUST HAVE GW APP TO USE A WELL AS A SOURCE 1!         Reservoir Location - Township, Range, Section, Quarter Quarter, Taxlot         Dam height, if applicable       Total Quantity of Storage Requested: 82	Priority Date 7.10.1017 Township <u>176</u> Range <u>146</u> Section <u>4</u> Taxlot <u>300</u> Use <u>Wulting</u> , <u>Wan</u> Caseworker <u>Scott 5000</u>								
Will the reservoir injure an existing water right? □ YES □ NO         If YES, can conditions be applied to mitigate the injury? □ YES □ NO         If watermaster determine when water is available for the proposed use? □ YES □ NO         The watermaster determine different water is available for the proposed use? □ YES □ NO         The watermaster determine when water is available, return the application.         Completed ODFW review sheet signed and dated by ODFW representative.         Will the reservoir pose a significant detrimental impact to an existing fishery resource? □ YES NO         If NO, return the application.         Completed Land-Use Form or receipt signed by the appropriate planning department official enclosed?         Does the use on land-use form match the proposed use on the application? Must be an original "wet" signature within the last 12 months.         Landowner Name, Mailing Address and Telephone Number.         Source and ributary listed. NO WELLS-MUST HAVE GW APP TO USE A WELL AS A SOURCE !!         Reservoir Location- Township, Range, Section, Quarter Quarter, Taxlot         Dam height, if applicable         Total Quantity of Storage Requested: <u>\$2</u> .         Proposed Use of the waterCannot accept application for use of this stored water at the same time (E2)         Proposed Use of the waterCannot accept application for use of this stored water at the same time (E2)         Proposed Use of the waterCannot accept application for use of this stored water at the same time (E2)	Minimum Requirements (ORS 537.409)								
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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)* Scale of the Map (not less than 1" = 1320') ** Reference corner on map North Directional Symbol ** V/4's clearly identified Reservoir clearly identified ** Dam or POD (If off channel) Location coordinates referenced to a government land survey corner* If no dam, use coordinates to center of reservoir.** Fees enclosed**? Examination: Base Fee\$ Permit Recording Fee\$									
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