## STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT # 124289

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

INVOICE # \_\_\_\_\_

ECEIVED FROM: TWIN BUHIER, Runch.						CATION RMIT	R-8844
					TRAI	NSFER	
SH: C		OTHER: (IDEN	ITIFÝ)	.'			
	X 10368				TOTAL	REC'D	\$ 23600
1083	TREASURY	4170 W	/RD M	ISC CASH	ACCT	, , , , , , , , , , , , , , , , , , ,	
0407	COPIES						\$
	_ OTHER: (I	DENTIFY)					\$
0243 I/S L	ease 0244	Muni Water N	/lgmt. Pla	in · 0	245 Cons. W	ater	
		4270 W	/RD O	PERATING	ACCT	M /p	
	MISCELLANEOUS	4	611	1			
0407	COPY & TAPE FEE	S					\$
0410	RESEARCH FEES						\$
0408	MISC REVENUE:	(IDENTIFY)			-,		\$
TC162	DEPOSIT LIAB. (II	DENTIFY)					\$
0240	EXTENSION OF T	ME					\$
	WATER RIGHTS:			EXAM FEE			RECORD FEE
0201	SURFACE WATER			\$ 1,840.		)2	\$ 520.0
0203	GROUND WATER		-	\$	020		\$
0205	TRANSFER			\$		, ,	
0200		TION		EXAM FEE			LICENSE FEE
0040	WELL CONSTRUC				021	0	\$
0218	WELL DRILL CONS			\$	022		\$
	LANDOWNER'S PI	=HIVII I			OZZ	-0	
	OTHER	(IDENTIFY)					
0536	TREASURY	0437 W	/ELL C	ONST. STA	ART FEE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0211	WELL ĆONST STA	RT FEE		\$		CARD#	
0210	MONITORING WEI	LLS	٠.	\$		CARD#	
	OTHER	(IDENTIFY)					
0607	TREASURY	0467 H	YDRO	ACTIVITY	LIC NUM	BER	2 1 V
0233	POWER LICENSE	FEE (FW/WR	D)	:			\$
0231	HYDRO LICENSE	•	•				\$
	HYDRO APPLICAT		-,	'			\$
			THE	(DD)			
	TREASURY		HHER	/ RDX	•		
FUND		TITLE					
	E	VENDOR#	·				
							\$
						e i	<u> </u>
OBJ. COD					1/-	ei 2., /	

<b>Application Number:</b>	R-88 443
Application Number:	10 00 0100

## Standard Reservoir Application Completeness Checklist Minimum Requirements This is the checklist used by WRD staff

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County:	HOOV Township: 185 Range: UE Section: U	·
Amount: 196	5 KT Use: PEC/WLDLE/From WM Dist # 11	
Applicant Name:	: DREGON EMPCHING CO.	
Receipt Numbe	er: 124289 — Case Worker: Boxbe. —	· · ·
,		1
Applicar	ant/Organization Name, Mailing Address, and Telephone Number.	
or corpo	licants or the applicant's authorized agent (include title or authority if for an organ oration), must sign the application in ink. Signature must be an original "wet" signature be accepted.	
Source o	of water.	
withdray	posed source <b>is</b> or <b>is not</b> (circle one) withdrawn from further appropriation. If it is withdrawn by other not under ORS 538, then return application and fees. If it is withdrawn by other not application and a negative IR will be issued.	
Property	y ownership indicated.	
If applic be listed	cant does not own all the land, the affected landowner=s name and mailing addres d.	ss must
authoriz	cant does not own all the land, a signed statement declaring the existence of either zation or an easement permitting access to land crossed by the proposed ditch can rork must be submitted.	written al or
Propose	ed use of stored water.	
Amount acre feet	at of water from each source in gallons per minute (GPM), cubic feet per second (Get (AF) 195	CFS), or
Project s	schedule (If system is already completed, indicate "existing").	
	nary plans and specifications including dam height, width, crest width and surface servoir for all standard reservoir applications	e area for

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I the properties involved where water is diverted, includes a metes and bounds, or other government d sales contract or title insurance policy can provide ook report prepared by a title company. The ix bill.
officials. Please be certain that the Land-U	ned and dated by the appropriate planning department is se form lists all lands involved and all uses proposed. 2 months. Signature must be an original "wet"
A map prepared by a CWRE for a standard acre feet and having a dam height of more	reservoir application proposing to store more than 9.2 than 10 feet
The map must meet all the minimum requi	rements of OAR 690-310-0050.
POU) Place of use, 1/4, 1/4=s and tax lot of Even map scale not less than 4" = 1 Location of each diversion point, we	mile (example: 1" = 100 ft, 1" = 200 ft, etc.) ell or dam by reference to a recognized public hall be uniquely labeled, and identified on well
Fees: Amount of water requested	
Base Fee \$	Total Exam Fees \$ See mintont
1st CFS/AF	Permit Recording Fees \$
Addtnl CFS/ AF @ = Addtnl POD/POA @ = Addtnl Use @ =	Total Paid \$ 2366 SE  Amount Due \$ 2360 SE  Amount Returned \$ SE
Reviewed by:	Date: 8.15.17.

 $S: \label{lem:standard} S: \$