STATE OF OREGON

				RCES DEPARTI ner St. N.E. Ste. A	MENT				
REC	EIPT#	L25005	SALEM,	OR 97301-4172 / (503) 986-0904 (fax)	INVOICE #				
RECI	EIVED FRO	M: leland	Hards	1	APPLICATION	P.88470			
BY:			/		PERMIT				
5		; ====================================		***************************************	TRANSFER				
CASI	H: C	CHECK:# O	THER: (IDENTIF	Y)	Literature construction of the construction of	1.0.00 00			
X] 				TOTAL REC'D	\$2,080.00			
	1083	TREASURY	4170 WRI	D MISC CASH A	CCT	, 4			
	0407	COPIES			-	\$			
	-	_ OTHER: (II	DENTIFY)	***************************************	****************	\$			
>	0243 I/S L	ease 0244		t. Plan 024		and the second s			
	L		4270 WRI	O OPERATING A	CCT				
		MISCELLANEOUS	4	6111					
,	0407	COPY & TAPE FEE	s /	fly / · ·		\$			
-	0410	RESEARCH FEES				\$			
	0408	MISC REVENUE:	•	******************	**************	\$			
	TC162	DEPOSIT LIAB. (ID	•	*******************		\$			
	0240	EXTENSION OF TI	ME						
		WATER RIGHTS:		EXAM FEE		RECORD FEE			
	0201	SURFACE WATER	•	\$ 1560.0	C) 0202	\$ 570.00			
	0203	GROUND WATER		\$	0204	<u>\$</u>			
	0205	TRANSFER	•	\$					
		WELL CONSTRUCT	TION	EXAM FEE		LICENSE FEE			
•	0218	WELL DRILL CONS	TRUCTOR	\$	0219	\$			
		LANDOWNER'S PE	RMIT		0220	\$			
^		OTHER	(IDENTIFY)	*****************************	*				
	0536	TREASURY	0437 WEI	LL CONST. STAF	RT FEE				
	0211	WELL CONST STAI	RT FEE	\$	CARD#				
•	0210	MONITORING WEL	LS	\$	CARD#				
	-	OTHER	(IDENTIFY)						
	0607	TREASURY	0467 HYE	ORO ACTIVITY	LIC NUMBER				
	0233	POWER LICENSE	FEE (FW/WRD)			\$			
	0231	HYDRO LICENSE F	EE (FW/WRD)			\$			
		HYDRO APPLICATI	ION -	•		\$			
********		TREASURY	OTH	IER / RDX	*				
	FUND		7171.5	REC	EIVED	# 1			
	FUND		TITLE	OVER THI	E COUNT	ER			
	OBJ. COD		VENDOR #	1					
	DESCRIP.	TION				\$			
RECEIPT: 125005 DATED! 0-24-17 BY: Willand:									
r. Linkingene	Dist	tribution - White Copy -	Customer, Yellov	w Copy - Fiscal, Blue C	opy - File, Buff Cop	y - Fiscal			

Application Number:	R-98470
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Standard Reservoir Application Completeness Checklist

Minimum Requirements
This is the checklist used by WRD staff

County: Township: 55 Range: 5W Section: 9 16
Amount: WM Dist #
Applicant Name: Montagi Family
Receipt Number: 125 505 Case Worker: WM TVMM
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.
L 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 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 fo each reservoir for all standard reservoir applications

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V	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.	,
	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.	
	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 Other	
В	Fees: Amount of water requested	
1	st CFS/AF Permit Recording Fees \$	
-	Addtnl CFS/ AF @ = Total Paid \$ Addtnl POD/POA @ = Amount Due \$ Addtnl Use @ = Amount Returned \$	
R	eviewed by:	14,

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