STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT# 125811

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

INVOICE # ____

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0243 I/S Lease 0244 Muni Water Mgmt. Plan 0245 Cons. Water 4270 WRD OPERATING ACCT										
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	0410	RESEARCH FEES						\$		
	0408	MISC REVENUE:		Y)				\$		
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	0205	TRANSFER			\$	'				
		WELL CONSTRUC	CTION	ŗ	EXAM FEE	===		LICEN	ISE FEE	
	0218	WELL DRILL CON		R	\$		219	\$		
		LANDOWNER'S P			<u> </u>	02	220	\$		
		OTHER	(IDENTI	FY)						
								-		
	0536	TREASURY	0437	WELL (CONST. STA	ART FEE	<u>:</u>			
-	0211	WELL CONST STA	RT FEE		\$		CARD#			
	0210	MONITORING WE	LLS		\$		CARD#			
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	0607	TREASURY	0467	HYDRO	ACTIVITY	LIC NUI	MBER	7		
	0233	POWER LICENSE	FEE (FW/	WRD)				\$		
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Distribution – White Conv - Customer Yellow Conv - Fiscal Blue Conv - File Buff Conv - Fiscal

Application Number: 2-88510

Standard Reservoir Application Completeness Checklist

Minimum Requirements
This is the checklist used by WRD staff

County: Union Township: 15 Range: 39E Section: 23,29							
Amount: 233.1 Af. Use: Multi. WM Dist # 6							
Applicant Name: Imbler Framens LLC. & Peter Westenskon							
Receipt Number: 1258// Case Worker: Scott							
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.							
1. 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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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 for each reservoir for all standard reservoir applications							

crossed, and used. The Legal description is survey description. A copy of the deed, larthis information, or you may submit a lot be Department will not accept a copy of the transport of the completed Land-Use Form or receipt significant.	gned and dated by the appropriate planning department
Date of signature must be within the past I signature. Copies cannot be accepted.	Use form lists all lands involved and all uses proposed. 12 months. Signature must be an original "wet"
acre feet and having a dam height of more	d 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, w	mile (example: 1" = 100 ft, 1" = 200 ft, etc.) ell or dam by reference to a recognized public shall be uniquely labeled, and identified on well
Fees: Amount of water requested _	
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: £6.	Date :

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