Alternate Reservoir Application Completeness Checklist Minimum Requirements (ORS 537.409) For use by WRD staff only

Application #:	R-89654	Receipt #:	143296			
Applicant Name:	Saul Javier Gonsales Herrera	Amount Requested:	1.28 af			
Priority Date:	7/12/2024	Proposed Use:	Multipurpose			
County:	Marion	POD TRS & TL:	5S 1W 6; 900			
WM #:	16	Caseworker:	Adam			
Reviewed by:	Corie	Reviewed Date: 7/15/2024				
 ■ ORS 538. Is the source withdrawn by ORS 538? ☐ YES ☐ NO [if yes, return application and fees] ■ Landowner name, mailing address and telephone number provided. ■ Source and tributary listed. Notes: NO WELLS-MUST HAVE GW APP TO USE A WELL AS A SOURCE. Cannot accept an E2 application and a storage application at the same time. ■ Reservoir Location. TRSQQ and tax lot provided. Note: only 1 reservoir/pond per application ■ Dam height, if applicable: 5 ■ Property ownership indicated? 						
<u></u>	es <u>not</u> own all the land is the affec NO (Note: this includes lands not owned by diversion works, and any roads or right	y applicant, upon which the so				
Application sign	ned by the landowner(s)? All parti	es noted as applicant	s must sign the application.			
■ Completed Wa	atermaster review sheet, signed	and dated. Note: Must be	completed within last 12 months.			
 Will the rese 	Will the reservoir injure an existing water right? YES NO					
If YES, can conditions be applied to mitigate injury? ☐ YES ☐ NO						
■ Completed OD	PFW review sheet, signed and da	ted. Note: Must be complet	ed within last 12 months.			
Will reservoir pose a significant detrimental impact to an existing fishery resource? ✓ YES ☐ NO						
If YES, can compared to the second compa	onditions be applied to mitigate t	the impact? 🗹 YES 🗌] NO □ N/A			
	nd-Use Form or receipt signed by on land-use form match the proposed use on the proposed use of the propos		ning department official enclosed ed within the last 12 months.			
_	al Description of all the property or title insurance meets this requir	• •	lication. A copy of a deed, land			

Acce	ptable	Map	. Note:	Requirements set forti	າ by the Co	mmission;	causes fatal	flaw if not	provided b	v the apr	plicant
 					,				D. D. 1. G. G. Z.	,	o

- Reservoir Location noting Township, Range, Section, 1/4 1/4 and Tax Lot number(s)
- Scale of the Map, even scale such as 1'' = 400', 1'' = 1000', or 1'' = 1320'
- Reference corner on map
- North directional symbol
- 1/41/4's clearly identified
- Reservoir clearly identified
- Dam, or POD (if off-channel), coordinates referenced to a government land survey corner Note: If no dam, use coordinates to the center of reservoir.

Fees: Amount of Water Requested: 1.28 af Name on Check: Soul J. Gonsalez & Feliza Cruse Gon

Exam Fee Due:	\$562
Exam Fee Submitted:	\$562
Difference:	\$0
Recording Fee Paid?	Yes □No \$ 610
Total:	\$1172

Oregon Water Resources Department Alternate Reservoir Application

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For impoundments less than 10 feet in height or storing less than 9.2 acre feet of water.

Today's Date: Monday, July 15, 2024

Base Application Fee.	·	\$480.00
Proposed Dam Height in feet.	5	
Proposed Reservoir volume in Acre Feet.	1.28	\$82.00
	Subtotal:	\$562.00
Permit Recording Fee. ***		\$610.00
*** the Permit Recording Fee is not required when the application is submitted but, must be paid before a permit will be issued. It is fully refundable if a permit is not issued. If the recording fee is not paid prior to issuance of the Final Order, permit issuance will be delayed.	Recalculate	
Estimated cost of Permit Application		\$1,172.00

MONEY SLIP

DAT	E: 7-12-2024	RECEIPT #: /	43296	0	
	ED FROM: Soul J		APPLICATION PERMIT TRANSFER	8964	
CASH	CHECK# 6508	OTHER (IDENTIFY)	TOTAL REC'D	\$ 1,172.00	
0407	COPIES OTHER: (IDENTIFY)	IISC CASH ACCT.		\$	
	nstream Lease 0244 MREASURY 4270 W	Muni Water Mgmt. Plan		ons. Water	
0407 0410 0408 TC162 0240 0201 0203 0205	MISCELLANEOUS COPY & TAPE FEES RESEARCH FEES MISC REVENUE (IDENTIFY)	EXAM FEE \$562,00 \$ \$	0202 0204 0219 0220	\$	
0607 TREASURY 0467 HYDROELECTRIC					
0233 0231	POWER LICENSE FEE (FW/WFHYDRO LICENSE FEE (FW/WFHYDRO APPLICATION		LIC NUMBER	\$ \$	

SPECIAL INSTRUCTIONS:

RECEIVED
OVER THE COUNTER

DETUDN TO	ADDI ICANIT	1 FTFF	ATTACHED
RETURN TO	APPLICANT	LEITER	ATTACHED