

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **103889**

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

INVOICE # _____

RECEIVED FROM: Judith + Richard
BY: Hutson

APPLICATION	<u>R-8775A</u>
PERMIT	
TRANSFER	

CASH: CHECK.# 6186 OTHER: (IDENTIFY)

TOTAL REC'D \$ 400⁰⁰

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES 43272 \$ _____
~~0408~~ OTHER: (IDENTIFY) _____ \$ _____

0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS 46111

0407 COPY & TAPE FEES \$ _____
0410 RESEARCH FEES \$ _____
0408 MISC REVENUE: (IDENTIFY) _____ \$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____
0240 EXTENSION OF TIME \$ _____

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
\$ _____		\$ <u>400⁰⁰</u>	
0203 GROUND WATER	EXAM FEE	0204	RECORD FEE
\$ _____		\$ _____	
0205 TRANSFER	EXAM FEE		
\$ _____			

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
\$ _____		\$ _____	
LANDOWNER'S PERMIT	EXAM FEE	0220	LICENSE FEE
\$ _____		\$ _____	

OTHER (IDENTIFY) _____

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE \$ _____ CARD # _____
0210 MONITORING WELLS \$ _____ CARD # _____
OTHER (IDENTIFY) _____

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233 POWER LICENSE FEE (FW/WRD) \$ _____
0231 HYDRO LICENSE FEE (FW/WRD) \$ _____
HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____
OBJ. CODE _____ VENDOR # _____
DESCRIPTION _____ \$ _____

RECEIPT: **103889**

DATED: 9-7-11 BY: [Signature]

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **103890**

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

INVOICE # _____

RECEIVED FROM: Judith + Richard
 BY: HUTSON

APPLICATION	R-87754
PERMIT	
TRANSFER	

CASH: CHECK:# 6185 OTHER: (IDENTIFY)

TOTAL REC'D \$ 32500

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES \$
 OTHER: (IDENTIFY) \$
 0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS 46111

0407 COPY & TAPE FEES \$
 0410 RESEARCH FEES \$
 0408 MISC REVENUE: (IDENTIFY) \$
 TC162 DEPOSIT LIAB. (IDENTIFY) \$
 0240 EXTENSION OF TIME \$

WATER RIGHTS:

EXAM FEE		
\$ <u>32500</u>	0202	RECORD FEE
\$	0204	\$
\$		

WELL CONSTRUCTION

EXAM FEE		
\$	0219	LICENSE FEE
	0220	\$

0201 SURFACE WATER
 0203 GROUND WATER
 0205 TRANSFER
 0218 WELL DRILL CONSTRUCTOR
 LANDOWNER'S PERMIT
 OTHER (IDENTIFY) _____

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE \$ CARD #
 0210 MONITORING WELLS \$ CARD #
 OTHER (IDENTIFY) _____

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233 POWER LICENSE FEE (FW/WRD) \$
 0231 HYDRO LICENSE FEE (FW/WRD) \$
 HYDRO APPLICATION \$

TREASURY OTHER / RDX

FUND _____ TITLE _____
 OBJ. CODE _____ VENDOR # _____
 DESCRIPTION _____ \$

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DATED: 9-7-11 BY: RR

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Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R-87754 County JEFFERSON
Priority Date 9-7-11 Township 13S Range 9E Section 16 Taxlot 3300
Use MULTI PURPOSE Caseworker KERRY KAVANAUGH
Amount (AF) 0.01 Watermaster Jeremy GIFFIN

Minimum Requirements (ORS 537.409)

- 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 **If NO, return the application.**
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 NO
If YES, can conditions be applied to mitigate the impact? YES NO **If NO, return the application.**
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 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: _____
- Proposed Use of the water**....Cannot accept application for use of this stored water at the same time (E2)
- Property ownership indicated?** If applicant does not own all the land is the affected landowner's name and mailing address listed? (Including: lands not owned by applicant, upon which the source is locatedor..... that are crossed by the diversion works. This includes any roads or rights-of-way.)
- Environmental Impact** section completed?
- Application signed by the landowner(s)?** All parties noted as applicants must sign the application.
Must be an original "wet" signature.
- 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 **
 - 1/4'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\$ 300 Permit Recording Fee\$ 400
plus\$ 25
plus\$ _____

Total Paid \$ 725

Total Fees \$ 725

Completeness Check by: Jme

Date: 9/7/11

Revised 2011-3-3