

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **104576** , 725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172 INVOICE # _____
(503) 986-0900 / (503) 986-0904 (fax)

RECEIVED FROM: <u>Michael & Lani Smith</u>	APPLICATION <u>R-87770</u>
BY: _____	PERMIT _____
	TRANSFER _____
CASH: ☐ CHECK: # <u>2329</u> ☒ OTHER: (IDENTIFY) _____	TOTAL REC'D <u>\$325⁰⁰</u>

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	
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 \$ <u>325⁰⁰</u> 0202 \$ _____
0203 GROUND WATER	0204 \$ _____
0205 TRANSFER	\$ _____
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____ 0219 \$ _____
LANDOWNER'S PERMIT	0220 \$ _____
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: **104576** DATED: 12-11 BY: AR
Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87770 County LANE
Priority Date 11-28-2011 Township 16S Range 2E Section 29 Taxlot 400
Use MULTI-P Caseworker JENNIFER
Amount (AF) 0.28 Watermaster DIST #2 M. MATTICK

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:** 0.28
- ☒ **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\$ NOT PAID
plus\$ 25
plus\$ 400
- Total Paid \$** _____ **Total Fees \$** 325
- Completeness Check by: HPM Date: Dec 02, 2011 Revised 2011-3-3