

RECEIPT # **104684**

INVOICE # _____

RECEIVED FROM: Scott D. Walling APPLICATION R-87773
 BY: _____ PERMIT _____
 TRANSFER _____
 CASH: CHECK # 119 OTHER: (IDENTIFY) TOTAL REC'D \$ 875.00

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:
 0201 SURFACE WATER Att/Res EXAM FEE \$ 475.00 0202 \$ _____
 0203 GROUND WATER \$ _____ 0204 \$ _____
 0205 TRANSFER \$ _____

WELL CONSTRUCTION
 0218 WELL DRILL CONSTRUCTOR EXAM FEE \$ _____
 LANDOWNER'S PERMIT \$ _____
 OTHER (IDENTIFY) _____

RECORD FEE	
\$	<u>400.00</u>
\$	

LICENSE FEE	
\$	
\$	

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 (FWWRD) \$ _____
 0231 HYDRO LICENSE FEE (FWWRD) \$ _____
 HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX
 FUND _____ TITLE _____
 OBJ. CODE _____ VENDOR # _____
 DESCRIPTION _____ \$ _____

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

REPAIR OF A RETURN.

Application R 87773 County MULT
Priority Date 12-15-2011 Township IN Range 5E Section 21 Taxlot 100 & 600
Use MULTI-P Caseworker KERRY K
Amount (AF) 6.825 AF Watermaster DIST # 20

Rept. 104624

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: 6.825

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)* YES

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\$ 175

plus\$ 400 R.F.

± 7 AF
#25

Total Paid \$ 875

Total Fees \$ 875

Completeness Check by: HERB MORGAN

Date: 12/15/2011

Revised 2011-3-3