

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **105651**

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

INVOICE # _____

RECEIVED FROM: Stanley Rand, LLC
BY: _____

APPLICATION	<u>R87806</u>
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # 14047 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 750.00

1083 TREASURY 4172 WRD MISC CASH ACCT

0407	COPIES		\$
	OTHER: (IDENTIFY)		\$
0243	I/S Lease		
0244	Muni Water Mon. 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	\$ <u>350.00</u>	0202 \$ <u>400.00</u>
0203	GROUND WATER	\$	0204 \$
0205	TRANSFER	\$	
WELL CONSTRUCTION			
0218	WELL DRILL CONSTRUCTOR	\$	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		\$

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DATED: 5/7/12 BY: 22

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-87806 County Wheeler
Priority Date 5-7-12 Township 63 Range 20E Section 7 Taxlot 100
Use MP Caseworker Kerry
Amount (AF) 21.8 Watermaster Eric #4

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\$ 350 Permit Recording Fee\$ 400
plus\$ _____
plus\$ _____

Total Paid \$ 750
Completeness Check by: SD

Total Fees \$ 750

Date: 5/7/12

Revised 2011-3-3