

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **106504**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: Penny Jo + John  
BY: Foster

APPLICATION	R-87830
PERMIT	
TRANSFER	

CASH:  CHECK:# 6697 OTHER: (IDENTIFY)

TOTAL REC'D \$ 725.00

**1083 TREASURY 4170 WRD MISC GASH ACCT**

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

**4270 WRD OPERATING ACCT**

<b>MISCELLANEOUS</b>				
0407	COPY & TAPE FEES <u>46111</u>	\$		
0410	RESEARCH FEES	\$		
0408	MISC REVENUE: (IDENTIFY)	\$		
TC162	DEPOSIT LIAB. (IDENTIFY)	\$		
0240	EXTENSION OF TIME	\$		
<b>WATER RIGHTS:</b>				
0201	SURFACE WATER	<b>EXAM FEE</b> \$ <u>375.00</u>	0202	<b>RECORD FEE</b> \$ <u>400.00</u>
0203	GROUND WATER	\$	0204	\$
0205	TRANSFER	\$		
<b>WELL CONSTRUCTION</b>				
0218	WELL DRILL CONSTRUCTOR	<b>EXAM FEE</b> \$	0219	<b>LICENSE FEE</b> \$
	LANDOWNER'S PERMIT		0220	\$
	OTHER (IDENTIFY)			

**0536 TREASURY 0497 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: 8/13/12 BY: 2R

# Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application 07830 County JA SESE  
Priority Date 8/13/2012 Township 35S Range 1W Section 07 Taxlot \_\_\_\_\_  
Use Multi-Purpose Caseworker Kerry K.  
Amount (AF) \$725 Watermaster Larry Mentzer

## 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 located .....or..... 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: R. THOMPSON

Date: 8.13.2012

Revised 2011-3-3