

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **106961**

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

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

|                                  |                            |
|----------------------------------|----------------------------|
| RECEIVED FROM: <u>Ben Cayton</u> | APPLICATION <u>R-87841</u> |
| BY: _____                        | PERMIT _____               |
|                                  | TRANSFER _____             |

CASH:  CHECK: # A 2 OTHER: (IDENTIFY)

TOTAL REC'D \$ 750.00

**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 \_\_\_\_\_ \$ \_\_\_\_\_

|                      |                  |      |                   |
|----------------------|------------------|------|-------------------|
| <b>WATER RIGHTS:</b> | <b>EXAM FEE</b>  |      | <b>RECORD FEE</b> |
| 0201 SURFACE WATER   | \$ <u>350.00</u> | 0202 | \$ <u>400.00</u>  |
| 0203 GROUND WATER    | \$ _____         | 0204 | \$ _____          |
| 0205 TRANSFER        | \$ _____         |      |                   |

|                             |                 |      |                    |
|-----------------------------|-----------------|------|--------------------|
| <b>WELL CONSTRUCTION</b>    | <b>EXAM FEE</b> |      | <b>LICENSE FEE</b> |
| 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: 9-26-12 BY: ABell

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-87841 County Jose  
Priority Date 11/20/12 Township 354 Range 6W Section 17 Taxlot 400  
Use imp Caseworker rand  
Amount (AF) 1.7 Watermaster K. Smith

## 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\$ 50

plus\$ \_\_\_\_\_

Total Paid \$ 750

Total Fees \$ 750

Completeness Check by: Joe

Date: 11/20/12

Revised 2011-3-3