

This is the checklist used by WRD staff

Application R-87868 County Union
Priority Date 2-19-13 Township 3 R Range 36 E Section 12 Taxlot 300
Use Small Municipal Caseworker Kerry K.
Amount (AF) 6 ac/ft Watermaster 6

Minimum Requirements (ORS 537.409)

- Completed Watermaster review sheet signed and dated by Watermaster. Will the reservoir injure an existing water right? YES NO
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
Completed Land-Use Form or receipt signed by the appropriate planning department official enclosed?
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 af
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?
Environmental Impact section completed?
Application signed by the landowner(s)? All parties noted as applicants must sign the application.
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 \$ 4300 Permit Recording Fee \$ 400
plus \$ 150
plus \$

Total Paid \$ 150

Total Fees \$ 4300

Completeness Check by: Laura W Date: 2-19-13

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **108119**

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

INVOICE # _____

RECEIVED FROM: The Hampton Family Trust
BY: _____

APPLICATION	R-87868
PERMIT	
TRANSFER	

CASH: CHECK:# 5207 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 850.00

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			
0407	COPY & TAPE FEES	\$	
0410	RESEARCH FEES	\$	
0408	MISC REVENUE: (IDENTIFY)	\$	
TC162	DEPOSIT LIAB. (IDENTIFY)	\$	
0240	EXTENSION OF TIME	\$	
WATER RIGHTS:		EXAM FEE	RECORD FEE
0201	SURFACE WATER <u>PCA 46111</u>	\$ <u>450.00</u>	0202 \$ <u>400.00</u>
0203	GROUND WATER	\$	0204 \$
0205	TRANSFER	\$	
WELL CONSTRUCTION		EXAM FEE	LICENSE FEE
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 _____ \$ _____

RECEIPT: **108119** DATED: 2-19-13 BY: C. Andrews

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