

This is the checklist used by WRD staff

Application R-87005 ALT County Wasco
Priority Date 4/5/2013 Township 25 Range 12E Section 11 Taxlot 2101
Use multipurpose Caseworker KERRY K. 2102
Amount (AF) 2.0 AF Watermaster 3

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 4

Total Quantity of Storage Requested: 2AF

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\$ 300⁰⁰ Permit Recording Fee\$ 400⁰⁰

plus\$ 50⁰⁰

plus\$ _____

Total Paid \$ 750⁰⁰

Total Fees \$ 750⁰⁰

Completeness Check by: [Signature]

Date: 4/5/2013

Revised 2011-3-3

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **108461**

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

INVOICE # _____

RECEIVED FROM: <u>Chad A. Johnson</u>	APPLICATION <u>R 87885</u>
BY: <u>Jenise C. Johnson</u>	PERMIT _____
	TRANSFER _____

CASH: CHECK: # 1111 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			
0407 COPY & TAPE FEES		<u>46111</u>	\$ _____
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>350.00</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: **108461** DATED: 4-5-12 BY: P. Williamson

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal