

This is the checklist used by WRD staff

Application 1-87891 County WASHINGTON
Priority Date 4/25/2013 Township IN Range 3W Section 15 Taxlot 0300
Use _____ Caseworker m-rohling
Amount (AF) 9.2 Watermaster 18

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 0.0
 Total Quantity of Storage Requested: 9.2

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\$ 300 Permit Recording Fee\$ 150 *150 separate recpt - (WBA check)*
plus\$ 250 25 x 10 *(250 not paid)*
plus\$ _____

Total Paid \$ 550

Total Fees \$ 550

Completeness Check by: JWC

Date: 4/24/13

Revised 2011-3-3

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **108629**

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

INVOICE # _____

RECEIVED FROM: <u>Grace Dinsdale</u>	APPLICATION <u>R87891</u>
BY: <u>Mr. Planning Director</u>	PERMIT
CASH: <input type="checkbox"/>	TRANSFER
CHECK # <u>182^A</u>	TOTAL REC'D \$ <u>550⁰⁰</u>
OTHER: (IDENTIFY) _____	

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:		
0201 SURFACE WATER	EXAM FEE \$ <u>550⁰⁰</u> J202	RECORD FEE \$
0203 GROUND WATER	\$ _____ 0204	\$
0205 TRANSFER	\$ _____	
WELL CONSTRUCTION		
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____ 0219	LICENSE FEE \$
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	\$ _____

**RECEIVED
OVER THE COUNTER**

TREASURY OTHER / RDX

FUND _____	TITLE _____	\$ _____
OBJ. CODE _____	VENDOR # _____	
DESCRIPTION _____		\$ _____

RECEIPT: **108629** DATED: 4-25-13 BY: R. Braun

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