ROBINSON FARMS, LLC

Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff

Application R-87919 County Family
Priority Date 1-24/3 Township IT Panga (4) Section (4) Towlet
Priority Date 7-24-13 Township 55 Range 41 Section 647 Taxlot 100 Use ALLIC PAGE Caseworker May Rohling Amount (AF) 7.0 AF Watermaster
Use AUGITAGE Caseworker Way Rohling
Amount (AF) Watermaster
Minimum Requirements (ORS 537.409)
Completed Watermaster review sheet signed and dated by Watermaster.
Will the reservoir injure an existing water right? TYES DNO
Will the reservoir injure an existing water right? TYES INO If YES, can conditions be applied to mitigate the injury? TYES INO If NO, return the application. Did the watermoster determine when water is excitable for the proposed was? TYES INO
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? DYES DNO If NO, return the application.
The ODFW review sheet must have been completed within the last 6 months. Dec - May, WQ, Ripariar,
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.
B. Landowner Name Mailing Address and Telephone Number 6 1966 1975 19 19 19 19 19 19 19 19 19 19 19 19 19
Source and tributary listed. NO WELLS-MUST HAVE GW APP TO USE A WELL AS A SOURCE!!
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
Dam height, if applicable 15 44
□ Total Quantity of Storage Requested:
Proposed Use of the waterCannot 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.)
Provide the legal description of all the property involved with this application. You may include a copy of
your deed land sales contract or title insurance to meet this requirement
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 **
√√√√√√√√√√√√√√√√√√√√√√√√√√√√√√√√√√√
□ 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.**
Dam or POD (If off channel) Location coordinates referenced to a government land survey corner* If no dam, use coordinates to center of reservoir.** Differenced to a government land find 9875 Permit Recording Fee\$ Gyam 9560 plus\$

Revised 2011-3-3

plus\$

Total Paid \$ 675
Completeness Check by:

This is the checklist used by WRD staff

RECEIVED BY OWRD

Application	County	• •			JUL 2 4 2013
Priority Date	Township	Range	Section	Taxlot	1 2 1 2013
Use	Caseworker	_	· · ·		SALEM, OR
Amount (AF)	Watermaster			RECEIV	ED BY OWRD
	 , , _				
	Minimum Req	uirement	s (ORS 537	.409) JUN	1 2 A 2013
☐ Completed Waterman	ster review sheet signed	and dated by	Watermaster	SA	LEM, OR
	ure an existing water right		□ NO		
	ns be applied to mitigate			NO. return t	he application
	determine when water is				
The Watermaster review					
	determined that water				
□ Completed ODFW re					
	se a significant detriment				YES D NO
	as be applied to mitigate				
The ODFW review sheet				110, Ictain ti	ic application.
	Form or receipt signed			nartment offic	ial enclosed?
Does the use on land-use					
signature within the last	12 months	a use on the up	picanon masi	oc an original	· Prot
∠ Landowner Name, M		nhone Numbe	r		
□ Source and tributary 1				WELL AS A	SOURCE !!
□ Reservoir Location-				77 LIZE 713 71 1	BOOKCE ::
□ Dam height, if applica	hle	i, Qualities Que	itor, raziot		
☐ Total Quantity of Store		L			
✓ Proposed Use of the	water Cannot accept at	nlication for a	ise of this stored	water at the sa	ome time (F2)
✓ Property ownership					
and mailing address listed					
or that are crossed l					iocaicu
✓ Environmental Impac	of section completed?	ms merades a	ny roads of right	3-01- <i>way.)</i>	
Application signed by		narties noted a	s annlicants mus	t sion the anni	cation
Must be an original "wet"	" sionature	om nos notou a	з аррионии иниз	t sign and appli	oanon,
□ Acceptable map ** Ir		f standards se	et forth by the C	ommission a	nd carrees
fatal flaw if not provided	by the applicant		-		
	on - noting Township, R	ange Section	1/4 1/4 and Tax	Lot number(s)	*
	(not less than $1" = 1320$	n **	27 1 27 1 0020 2 002	201111111001(0)	tech,
☑ Reference corner	on man	,		اسم	us no
✓ North Directiona	1 Symbol **		8 0	archan sky	armid child
	ntified		SHEKM,	1,d5 "	mall ak (alid)
Reservoir clearly	identified **	Jif Server	wed for	1500 16C	am is in five
	off channel) Location co	ordinates refe	renced to a gove	rnment land	alving & put
	f no dam, use coordinate	s to center of r	eservoir **	immont rand	outerfrom
	? Examination: Base I	Fee\$ 200	Permit Rec	cording Fee\$	* our noted, our noted, our noted, our of the (8 tod) our of the plant of the
<u></u>	. Daminanon, Dase i	lus\$ 175	1 0111111100		pullul /
		lus\$			Millaund
Total Paid \$ 57	-		\$ 875		$\mathcal{U}_{\mathcal{A}\mathcal{I}}$
Completeness Check		Date:		Danis	d 2011-3-3
Completeness Check	Jac .	Date	4/35/13	Aevise	16/12
	R-8779				90/17

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 109392

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

INVOICE #

		(503) 986-	0900 / (50	3) 986-0904 (fa	x)		<u> </u>
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0203	GROUND WATER \$			020	4	\$	
0205	TRANSFER \$						
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ROBINSON NURSERY, INC.

Oregon Water Resources Department

7/23/2013

875.00

19930

Store water in Pond permit

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JUL 24 2013

SALEM, OR

Robinson Nursery Inc

875.00