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

Dear Customer Service Group :

This application has received our assistance here in Watermaster District $\underline{2}$.

by Michael Mattick Phone # 541 682-3620 (Name)

Please let us know if there is anything else that might be needed.

Assistance was provided in the preparation of the:

ApplicationMapOther

RECEIVED BY OWRD

NOV 15 2012

SALEM, OP.

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application <u>R 87943</u>	County Lane
Priority Date 11/15/2013	Township 185 Range 5W Section 19 Taxlot 3500
Use Multiplupose	Caseworker <u>Mani</u>
Amount (AF) <u>2.0</u>	Watermaster 2

Minimum Requirements (ORS 537.409)

Completed Watermaster review sheet signed and dated by Watermaster.

Will the reservoir injure an existing water right? I YES INO

If YES, can conditions be applied to mitigate the injury? **TYES D** NO **If NO, return the application.**

Did the watermaster determine when water is available for the proposed use? -YES DO

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? \Box YES \swarrow NO If YES, can conditions be applied to mitigate the impact? \Box YES \Box NO If NO, return the application. (NA) 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 GWAPP TO USE A WELL AS A SOURCE !!

Reservoir Location- Township, Range, Section, Quarter Quarter, Taxlot

Dam height, if applicable

Total Quantity of Storage Requested: <u>2.0 AF</u>

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.)

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.

 \square 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)*

 \square Scale of the Map (not less than 1'' = 1320') **

 \square Reference corner on map

S North Directional Symbol **

□ ¹/₄¹/₄'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\$ 360, 00 Permit Recording Fee\$ 460, 00

plus\$ <u>CO.CO_</u> (ZAF) plus\$	410 exom
Total Paid \$ 750,00 Total Fees \$ 410+450 860.00	340 recording
Completeness Check by: Audra Martin Date: 11/18/13 Revised 2011-3-3	750 received

due 110 recording