

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **112952**

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

INVOICE # _____

RECEIVED FROM: Robert + Amanda Andersen
BY: At Last Farm

APPLICATION	<u>R-88001</u>
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # 1022 ☒ OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 1,070.00

1003 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:

0201	SURFACE WATER	EXAM FEE \$ <u>620.00</u>	0202	RECORD FEE \$ <u>450.00</u>
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	\$

TREASURY OTHER / RDX

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

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DATED: 8-4-14 BY: Chngsk

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

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application 3-88001 County Lane
Priority Date 8-4-14 Township 153 Range 5 Section 9 Taxlot 400
Use MP Caseworker KIM R.
Amount (AF) 9 Watermaster Mike Mattick

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. *NA*

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. *yes*

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. *-yes*

☒ **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. *see comments*

☒ **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** 9'

☒ **Total Quantity of Storage Requested:** 9 AC FT

☒ **Proposed Use of the water....** Cannot accept application for use of this stored water at the same time (E2) *MP*

☒ **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') ** 1" = 300'

☒ **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 \$ 350 - Permit Recording Fee \$ 450 -

plus \$ 270 -

plus \$

Total Paid \$ 1070 -

Total Fees \$ 1070 -

Completeness Check by: Tracy **Date:** 8-4-14

Revised 2011-3-3