

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **113655**

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

INVOICE # _____

RECEIVED FROM: Townsend Farms, Inc.

APPLICATION	<u>R-88018</u>
PERMIT	
TRANSFER	

BY: _____

CASH: ☐ CHECK # 5561 OTHER: (IDENTIFY) ☐ _____

TOTAL REC'D \$ 980.00

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	\$
0410 RESEARCH FEES	\$
0408 MISC REVENUE: (IDENTIFY)	\$
TC162 DEPOSIT LIAB. (IDENTIFY)	\$
0240 EXTENSION OF TIME	\$

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE \$ <u>532.00</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

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

RECEIPT: **113655**

DATED: 10/8/14 BY: CHungate

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

**RECEIVED
OVER THE COUNTER**

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R-88018 County Clac.
Priority Date 10-8-14 Township 2S Range 3E Section 13 Taxlot 300
Use Multipurpose Caseworker Kim F.
Amount (AF) 6.0 AF Watermaster 20

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

☒ **Total Quantity** of Storage Requested: 6.0 AF

☒ **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.

☐ **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\$ 350 Permit Recording Fee\$ 450.00

plus\$ 180

plus\$

Total Paid \$ 980.00

Total Fees \$ 980.00

Completeness Check by:  **Date:** 10-8-14

Revised 2011-**OCT 08 2014**

OWRD