

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **113654**

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-88017</u>
PERMIT	
TRANSFER	

BY: _____

CASH: ☐ CHECK: # 5562 ☒ OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 1340.00

1063 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>890.00</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 /

**RECEIVED
OVER THE COUNTER**

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

RECEIPT: **113654**

DATED: 10/15/14 BY: [Signature]

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 R-88017 County Clac
Priority Date 10-8-14 Township ZS Range 3E Section 13 Taxlot 300
Use Multipurpose Caseworker Barke
Amount (AF) 18.0 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: 18.0 - 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\$ 350.00 Permit Recording Fee\$ 450.00
plus\$ 540.00
plus\$ 1340.00
- Total Paid \$** 980.00 **Total Fees \$** 1340.00
- Completeness Check by: [Signature] Date: 10-8-14

18.0 - AF

RECEIVED

OCT 08 2014

OWRD