

STATE OF OREGON
WATER RESOURCES DEPARTMENT

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

(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # 113767

INVOICE # _____

RECEIVED FROM:

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CASH:

CHECK:

OTHER: (IDENTIFY)

✓ 2177

\$ 300.00

Stephen B Hancy
Elizabeth A Hancy

11-5024

0407 COPIES \$
OTHER: (IDENTIFY) \$

0243 VS Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

MISCELLANEOUS

46111

0407 COPY & TAPE FEES \$
0410 RESEARCH FEES \$
0408 MISC REVENUE: (IDENTIFY) \$
TC162 DEPOSIT LIAB. (IDENTIFY) \$
0240 EXTENSION OF TIME \$

WATER RIGHTS:

0201 SURFACE WATER (Alt. Res) \$ 450.00 0202 \$ 450.00
0203 GROUND WATER \$ 0204 \$
0205 TRANSFER \$

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR \$ 0219 \$
LANDOWNER'S PERMIT. 0220 \$

OTHER (IDENTIFY) _____

0211 WELL CONST START FEE \$
0210 MONITORING WELLS \$

OTHER (IDENTIFY) _____

0233 POWER LICENSE FEE (FW/WRD) _____
0231 HYDRO LICENSE FEE (FW/WRD) _____
HYDRO APPLICATION _____

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

RECEIPT: 113767

DATED: 10/20/14

BY: Elizabeth Hancy

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

pond 1

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R-88024 County Lane
 Priority Date 10-22-2014 Township 205 Range 5W Section 20 Taxlot 302
 Use multi purpose Caseworker RARG
 Amount (AF) 0.01 Watermaster Michael Mattick

Minimum Requirements (ORS 537.409)

both ponds on one form

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.

both ponds on one form

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.

both ponds on one form

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.

need deed

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: 0.01 ac/ft
 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') ** 1" = 50'
 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 \$ _____
 plus \$ _____

Total Paid \$ 800 **Total Fees \$** 800
 Completeness Check by: Jacq Pot Date: 10-22-2014