Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff

| Application R-88067 County Columbia Priority Date - Apr. 15 Township OpRange SwSection 30 Taxlot 70 Use Storage wult: Caseworker Kerri Amount (AF) Watermaster Verni Watermaster 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. |
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| 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 NO NO The Watermaster review sheet must have been completed within the last 6 months. |
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| 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: 10 Acles |
| Proposed Use of the waterCannot 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 ** |
| 44'4'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\$ 650 Permit Recording Fee\$ 450 |
| plus\$ |
| Total Paid \$ \ Posts Total Fees \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Total Paid \$ 1200 Completeness Check by: Telfon Date: 2 - Apr - 1 S Revised 2011-3-3 |

STATE OF OREGON

WATER RESOURCES DEPARTMENT

| CEIVED FROM: Nahia M. Nauven | | | APPLICATION R-88067 | |
|---------------------------------------|-----------------------------|-------------|---------------------|-------------------------|
| ceived from: Nation M. Nauyen | | PERMIT | 00007 | |
| | | | TRANSFER | |
| SH: CHECK:# OTHER: (IDENTIFY) 1243 | | | TOTAL REC'D | \$1,200.00 |
| 1083 | TREASURY 4170 WRD | MISC CASH A | сст | |
| 0407 | COPIES | | | \$ |
| | _ OTHER: (IDENTIFY) | | | \$ |
| 0243 I/S L | .ease 0244 Muni Water Mgmt. | Plan 024 | 5 Cons. Water | |
| | 4270 WRD | OPERATING A | ССТ | |
| | MISCELLANEOUS | 46111 | | |
| 0407 | COPY & TAPE FEES | 10111 | | \$ |
| 0410 | RESEARCH FEES | | | \$ |
| 0408 | MISC REVENUE: (IDENTIFY) | | | \$ |
| TC162 | DEPOSIT LIAB. (IDENTIFY) | | | \$ |
| 0240 | EXTENSION OF TIME | | | \$ |
| | WATER RIGHTS: | EXAM FEE | 3) | RECORD FEE |
| 0201 | SURFACE WATER | \$ 75.0.00 | 0202 | \$450,00 |
| 0203 | GROUND WATER | \$ | 0204 | \$ |
| 0205 | TRANSFER | \$ | - | |
| | WELL CONSTRUCTION | EXAM FEE | | LICENSE FEE |
| 0218 | WELL DRILL CONSTRUCTOR | \$ | 0219 | \$ |
| 0210 | LANDOWNER'S PERMIT | | 0220 | \$ |
| | OTHER (IDENTIFY) | | | |
| | , | | | EBBOOKA9200. ABO - E SO |
| 0536 | TREASURY 0437 WELI | CONST. STAF | IT FEE | |
| 0211 | WELL CONST START FEE | \$ | CARD | |
| 0210 | MONITORING WELLS | \$ | CARD A | â |
| | OTHER (IDENTIFY) | | | |
| 0607 | TREASURY 0467 HYDE | RO ACTIVITY | LIC NUMBER | |
| 0233 | POWER LICENSE FEE (FW/WRD) | | | \$ |
| 0231 | HYDRO LICENSE FEE (FW/WRD) | | | \$ |
| | _ HYDRO APPLICATION | | | \$ |
| | TREASURY OTHE | A / RDX | | |
| | TITLE | | | |
| | DE VENDOR # | | | |
| | TION | | | \$ |

RECEIPT: 115375

DATED: 4/1/15 BY: Man

BY: Marie Ardra

 ${\sf Distribution-White\ Copy\ -\ Customer,\ Yellow\ Copy\ -\ Fiscal,\ Blue\ Copy\ -\ File,\ Buff\ Copy\ -\ Fiscal}$