## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT # 117442

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 3) 986-0900 / (503) 986-0904 (fax)

INVOICE # \_\_

RECEIVED FI BY:	ROM: The	meador ry Pond	, 112	APPLICATION PERMIT TRANSFER	R-88129
CASH:	CHECK:# OTHER: (IDENTIFY)		TOTAL REC'D	\$ \40.	
1083	TREASURY	4170 WRD	MISC CASH A	CCT	
0407	COPIES				\$
	OTHER:	(IDENTIFY)			\$
0243 1/5	Lease 0	244 Muni Water Mgmt.	Plan 024	5 Cons. Water	_
		4270 WRD	OPERATING A	CCT	
	MISCELLANEC	ous	46111		
0407	COPY & TAPE	FEES	10111		\$
0410	RESEARCH FE	ES			\$
0408	MISC REVENU	E: (IDENTIFY)			\$
TC162	DEPOSIT LIAB	(IDENTIFY)			\$
0240	EXTENSION O	FTIME			\$
	WATER RIGHT	S:	EXAM FEE	3	RECORD FEE
0201	SURFACE WAT	ER	\$ 560,0	0202	\$ 450,00
0203	GROUND WAT	ER	\$	0204	\$
0205	TRANSFER		\$	7	
	WELL CONSTR	RUCTION	EXAM FEE		LICENSE FEE
0218	WELL DRILL CO	ONSTRUCTOR	\$	0219	\$
	LANDOWNER'S	S PERMIT		0220	\$
	OTHER	(IDENTIFY)			
50-7-7-9					
0536	THEASUNT	0437 WEL	L CUNSI. SIAF		•
0211	WELL CONST START FEE		\$	CARD#	
0210	MONITORING V	WELLS	\$	CARD #	
	OTHER	(IDENTIFY)			
060	TREASURY	0467 HYD	RO ACTIVITY	LIC NUMBER	
0233	233 POWER LICENSE FEE (FV				\$
0231 HYDRO LICENSE F		SE FEE (FW/WRD)			\$
	HYDRO APPLIC	CATION			\$
	_ TREASURY	OTH	ER / RDX		
FUND		TITLE			
OBJ. CO	DDE	VENDOR #			

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DATED: 9-18-15 BY Tralett Cyc

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

Application R-88129 County Law
Priority Date 18 - Sect- 15 Township 165 Range 4 Section 6 Taxlot 900
Use Multipurpose Caseworker Pour be
Amount (AF) 6. 7 Watermaster 2
Amount (Art)
Minimum Requirements (ORS 537.409)
$\bigvee$
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? $\square$ YES $\square$ NO If NO, return the application.
Did the watermaster determine when water is available for the proposed use?   YES MYNO
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.
Win the reservoir pose a significant detrimental impact to an existing fishery resource?   YES  NO
If YES, can conditions be applied to mitigate the impact? SYES SNO 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 englaced?
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. 7
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 <b>legal description</b> 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
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 **
1/4/4'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\$ 210
plus\$
Total Paid \$ 1010 Total Fees \$ 1010
Completeness Check by: Jeff Date: 18 - Revised 2011-3-3