STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **118874**
725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)
INVOICE # _____

RECEIVED FROM: Christie Farms; Jonathan E. Christe; Cheryl J Christie
BY:

APPLICATION	R-88174
PERMIT	
TRANSFER	

CASH: ☐ CHECK:# ☒ 1108 OTHER: (IDENTIFY) ☐ _____ TOTAL REC'D $ 380.40

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 4611

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

WATER RIGHTS:

		EXAM FEE		RECORD FEE
0201	SURFACE WATER	$ 380.00	0202	$
0203	GROUND WATER	$	0204	$
0205	TRANSFER	$		

WELL CONSTRUCTION

		EXAM FEE		LICENSE FEE
0218	WELL DRILL CONSTRUCTOR	$	0219	$
	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 / RDX

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

RECEIPT: **118874** DATED: 2/8/16 BY: _____

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

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **118878**
725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)
INVOICE # _____

RECEIVED FROM: Christie Farms; Jonathan E. Christe; Cheryl J Christie
BY:

APPLICATION	R-88174
PERMIT	
TRANSFER	

CASH: ☐ CHECK:# ☒ 1109 OTHER: (IDENTIFY) ☐ _____ TOTAL REC'D $ 30.00

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 4611

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

WATER RIGHTS:

		EXAM FEE		RECORD FEE
0201	SURFACE WATER	$ 30.00	0202	$
0203	GROUND WATER	$	0204	$
0205	TRANSFER	$		

WELL CONSTRUCTION

		EXAM FEE		LICENSE FEE
0218	WELL DRILL CONSTRUCTOR	$	0219	$
	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 / RDX

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

RECEIPT: **118878** DATED: 2/8/16 BY: _____

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-88174 County Linn
Priority Date 8-Feb-16 Township 10 S Range 1W Section 22 Taxlot 301
Use Multipurpose Caseworker Barbra
Amount (AF) 2.00 Watermaster 2

118874
118878

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: ~~.97 af~~ 2.0
☒ **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 located .....**or**..... 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 **
☒ ¼¼'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$_____ Permit Recording Fee$_____
plus$_____
plus$_____

RECEIVED BY OWRD
FEB 08 2016
SALEM, OR

Total Paid $_____ **Total Fees $**_____
Completeness Check by:_____ Date:_____ *Revised 2011-3-3*