

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **119256**

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

INVOICE # _____

RECEIVED FROM: **GARY ENGLE;**
BY: **PATTI ENGLE**

APPLICATION	R-88195
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # **1473** OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ **1,550.00**

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		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	EXAM FEE \$ 1100.00	0202	RECORD FEE \$ 450.00
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 / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____ \$ _____

RECEIPT: **119256** DATED **3/21/16** BY: **S. Phillips**

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-88195 County Grant
Priority Date 23-Mar-16 Township 10 S Range 27 E Section 25 Taxlot 2502
Use multipurpose Caseworker Lisa
Amount (AF) 4.3 af Watermaster 4

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: 4.3 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 Permit Recording Fee\$ 450
plus\$ 150
plus\$ _____

Total Paid \$ 1550

Total Fees \$ 950

Completeness Check by: Jeffrey Date: 23-Mar-16

Revised 2011-3-3

\$600 refund due

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application _____ County Grant
Priority Date _____ Township 16 Range 27 Section 25 Taxlot 2502
Use multi purpose Caseworker _____
Amount (AF) 4.3 Watermaster Eric W Julsrud

RECEIVED BY OWRD

MAR 21 2016

Minimum Requirements (ORS 537.409)

SALEM, OR

■ **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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■ **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: 4.3 Acre 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?

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■ **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\$ 800 Permit Recording Fee\$ 450

plus\$ 300

plus\$

Total Paid \$ 1550

Total Fees \$ 1550

Completeness Check by: _____ **Date:** 3/17

Revised 2011-3-3

R-88195