

WATER RESOURCES DEPARTMENT

RECEIPT # 119680

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

INVOICE # _____

RECEIVED FROM: Paul P. Arlauskas APPLICATION R-88220

BY: _____ PERMIT _____

TRANSFER _____

CASH: CHECK:# 499 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 980.00

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

0407 COPY & TAPE FEES 4611 \$ _____

0410 RESEARCH FEES \$ _____

0408 MISC REVENUE: (IDENTIFY) _____ \$ _____

TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____

0240 EXTENSION OF TIME \$ _____

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE \$ <u>530.00</u>	0202	RECORD FEE \$ <u>450.00</u>
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 (FWWRD) \$ _____

0231 HYDRO LICENSE FEE (FWWRD) \$ _____

HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____ \$ _____

RECEIPT: 119680 DATED: 5/2/16 BY: K. J. Wood

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-80220 County CLACKAMAS
Priority Date 5-2-16 Township 3S Range 1W Section 27 Taxlot 701
Use SRM MULTI Caseworker A GRAHAM
Amount (AF) 5.6 AF Watermaster PLANN

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: 5.6 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\$ 180
plus\$ 530

Total Paid \$ 980 Total Fees \$ 980
Completeness Check by: Scott CSG Date: 5-2-16

Revised 2011-3-3

ALCEND
LEGIN
JS