## **STATE OF OREGON** WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 120001 INVOICE # SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) APPLICATION RECEIVED FROM: PERMIT BY: TRANSFER OTHER: (IDENTIFY) CASH: TOTAL REC'D 4170 WRD MISC CASH ACCT TREASURY \$ COPIES 0407 \$ (IDENTIFY) OTHER: 0244 Muni Water Mgmt. Plan\_ 0245 Cons. Water 0243 I/S Lease 4270 WRD OPERATING ACCT 46111 **MISCELLANEOUS** \$ 0407 **COPY & TAPE FEES** \$ RESEARCH FEES 0410 \$ 0408 MISC REVENUE: (IDENTIFY) \$ DEPOSIT LIAB. (IDENTIFY) TC162 EXTENSION OF TIME

EXAM FEE 30.00

**EXAM FEE** 

0202

0204

0219

0220

LIC NUMBER

RECEIVED

OVER THE COUNTER

CARD#

CARD#

RECORD FEE

LICENSE FEE

\$

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0240

0201

0203 0205

0218

0536

0211

0210

0233

0231

RECEIPT:

OBJ. CODE

DESCRIPTION

WATER RIGHTS:

SURFACE WATER

**GROUND WATER** 

WELL CONSTRUCTION

LANDOWNER'S PERMIT

WELL CONST START FEE

MONITORING WELLS

HYDRO APPLICATION

TREASURY

120001

WELL DRILL CONSTRUCTOR

(IDENTIFY)

(IDENTIFY)

0607 TREASURY 0467 HYDRO ACTIVITY

POWER LICENSE FEE (FW/WRD)

HYDRO LICENSE FEE (FW/WRD)

TREASURY 0437 WELL CONST. START FEE

\$

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TRANSFER

OTHER

OTHER

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

Application 1 - 88236 County Clackamas  Priority Date 5/31/16 Township 3 S Range 2 E Section 18 Taxlot/900  Use MULTIPUTE Caseworker FROM Watermaster Amy Kim
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  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:  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 **  1/4/4's clearly identified  Reservoir 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\$ 530 Permit Recording Fee\$ 450
Total Paid \$ Total Fees \$ 78 9  Completeness Check by: 7 5 ## C Date: 5 73 1 1/1 Revised 2011-3-3