

WATER RESOURCES DEPARTMENT

RECEIPT # 120112

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

INVOICE # _____

RECEIVED FROM: Glenn A Wisbeck
BY: Jeanine D WisbeckAPPLICATION R-88244
PERMIT _____
TRANSFER _____CASH: ☐ CHECK: # 1453 OTHER: (IDENTIFY) ☐TOTAL REC'D \$ 830.00**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** 461110407 COPY & TAPE FEES \$ _____
0410 RESEARCH FEES \$ _____
0408 MISC REVENUE: (IDENTIFY) _____ \$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____
0240 EXTENSION OF TIME \$ _____**WATER RIGHTS:**0201 SURFACE WATER \$ 380.00 0202 \$ 450.00
0203 GROUND WATER \$ _____ 0204 \$ _____
0205 TRANSFER \$ _____**WELL CONSTRUCTION**0218 WELL DRILL CONSTRUCTOR \$ 0219 \$ _____
LANDOWNER'S PERMIT 0220 \$ _____

OTHER (IDENTIFY) _____

0536 TREASURY 0437 WELL CONST. START FEE0211 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 \$ _____

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DATED: 6-10-14 BY: Carlos O. Turner

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 12-88244 County CLACKAMAS
Priority Date 6-10-16 Township 15 Range 4E Section 33 Taxlot 1204
Use MULTIPURPOSE Caseworker ~~XXXX~~ PARK
Amount (AF) 0.12 AF Watermaster A. KIM

RECEIVED BY OWRC

JUN 19 2016

SALEM, OR

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:** 0.12 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\$ 30

plus\$

Total Paid \$ 830

Total Fees \$ 830

Completeness Check by: Scott CSG Date: 6-13-16

Revised 2011-3-3