

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **120129**

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

INVOICE # _____

RECEIVED FROM: Phil Fogg & Angie Fogg JT WROS Marquis CO.	APPLICATION R-88245
BY: _____	PERMIT _____
	TRANSFER _____

CASH: CHECK # **180** 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		46111	
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	\$ 450.00
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: **120129** DATED: **6-13-16** BY: **Carlos O. Turner**

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Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R-88245 - County CLACKAMAS -
Priority Date 6-13-16 - Township 3S - Range 1E - Section 19 - Taxlot 400 -
Use Multi purpose - Caseworker L. Graham -
Amount (AF) 0.35 AF - Watermaster Joel Plahn -

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 \emptyset
 - Total Quantity** of Storage Requested: 0.35 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* 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 CSJ Date: 6-14-16 Revised 2011-3-3