

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # 120474

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

INVOICE # _____

RECEIVED FROM: Kenneth E Szeu

APPLICATION R-88258

BY: _____

PERMIT

TRANSFER

CASH:

CHECK: #

OTHER: (IDENTIFY)

☐

☒ 2024

☐

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:

0201 SURFACE WATER

EXAM FEE

\$

0202

\$

0203 GROUND WATER

\$ 380.00

0204

\$ 450.00

0205 TRANSFER

\$

WELL CONSTRUCTION

EXAM 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: 120474

DATED: 7-11-16 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 R-88258 County Josephine
Priority Date 7-12-16 Township 35S Range 6W Section 18 Taxlot 2500
Use MUL Caseworker RANNE
Amount (AF) 0.5 Watermaster #14 Prater

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:** 0.5
☒ **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 \$ 430 Total Fees \$ 430
Completeness Check by: Lauren W Date: 7-12-16

Revised 2011-3-3