STATE OF OREGON

CEIVED FRO	M: Scot	TAK	<i>Sew</i>	i MD		RMIT	R	-8815
	NIEOK #	OTHER #D			TRA	NSFER		
SH: C	3657	OTHER: (IDI	=NTIFY)		TOTAL	REC'D	\$	890.0
1083	TREASURY	4170	WRD M	ISC CASH	ACCT			
0407	COPIES						\$	
	_ OTHER:	(IDENTIFY)					\$	
0243 I/S L	ease 024	4 Muni Wate	r Mgmt. Pla	n 0:	245 Cons. V	/ater		
		4270	WRD O	PERATING	ACCT			
	MISCELLANEOL	IS		461	1			
0407	COPY & TAPE FE	ES		(Cg t			\$	
0410	RESEARCH FEE	S					\$	
0408	MISC REVENUE	(IDENTIFY)				\$	
TC162	DEPOSIT LIAB.	(IDENTIFY)					\$	
0240	EXTENSION OF	TIME					\$	
	WATER RIGHTS:			EXAM FEE			1	RECORD FE
0201	SURFACE WATE	R		\$ 890,		02	\$	
0203	GROUND WATER	3		\$	02	04	\$	
0205	TRANSFER			\$				
	WELL CONSTRU	ICTION		EXAM FEE			i	ICENSE FE
0218	WELL DRILL COI	NSTRUCTOR		\$	02	19	\$	
	LANDOWNER'S	PERMIT			02	20	\$	
	OTHER	(IDENTIF	Y)					
0536	TREASURY	0437	WELL C	ONST. STA	RT FEE			
0211	WELL CONST ST	ART FEE		\$		CARD#		
0210	MONITORING W	ELLS		\$		CARD#	+-	
	OTHER	(IDENTIF	Y)					
0607	TREASURY	0467	HYDRO	ACTIVITY	LIC NUM	MBER		
0233	POWER LICENS	E FEE (FW/W	/RD)				\$	
0231	HYDRO LICENSE	•	•				\$	
	HYDRO APPLICA	ATION					\$	
	TREASURY		OTHER	/ BDX				
FLIND	IIILAGOIII			71107				
	E	VENDOR	#				\$	
	TION						Ψ	

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STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT # 120475 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

		(303) 300-03007 (3		7	0-00
RECEIVED FRO	om: Scot	t A Russ	SI MD	APPLICATION	R-88257
BY:				PERMIT	
CASH: C	CHECK:#	OTHER: (IDENTIFY)		TRANSFER	
	X3458		[TOTAL REC'D	\$ 450.00
1083	TREASURY	4170 WRD N	IISC CASH A	CCT	
0407	COPIES				\$
		(IDENTIFY)			\$
		14 Muni Water Mgmt. Pl	an 024	5 Cons. Water	
		4270 WRD C			-
	MISCELLANEOL		4611		
0407	COPY & TAPE FE		ושוו		\$
0410	RESEARCH FEE				\$
0408	MISC REVENUE	: (IDENTIFY)			\$
TC162	DEPOSIT LIAB.				\$
0240	EXTENSION OF				\$
	WATER RIGHTS:	:	EXAM FEE	٦	RECORD FEE
0201	SURFACE WATE	R	\$	0202	\$ 450.00
0203	GROUND WATER	3	\$	0204	\$
0205	TRANSFER		\$	-	
	WELL CONSTRU	ICTION	EXAM FEE		LICENSE FEE
0218	WELL DRILL COI	NSTRUCTOR	\$	0219	\$
	LANDOWNER'S	PERMIT		0220	\$
	OTHER	(IDENTIFY)			
0536	TREASURY	0437 WELL	CONST STAF	TEFE	
0211	WELL CONST ST				I I
0211	MONITORING W		\$	CARD#	
0210			T	CARD#	
		(IDENTIFY)			
0607	TREASURY	0467 HYDRO	ACTIVITY	LIC NUMBER	
0233	POWER LICENS	E FEE (FW/WRD)			\$
0231	HYDRO LICENSE	E FEE (FW/WRD)			\$
	HYDRO APPLICA	ATION			\$
	TREASURY	OTHER	R / RDX		
FUND		TITLE			
		VENDOR #			
	TION				\$
DEGOTTIF					

RECEIPT: 120475 DATED: 7-11-16 BY: Carlos C. Tumer

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

Application R-88257 County Lange	
Priority Date 7-11-15 Township 85 Range 2W Section 1 Taxlot	1002
	402
Amount (AF) 18 Watermaster 2	RECEIVED BY OWRD
·	HECEIVED BY OWED
Minimum Requirements (ORS 537.409)	JUL 1 1 2016
minimum requirements (erre correct)	
Tompleted Watermaster review sheet signed and dated by Watermaster.	SALEM, OR
Will the reservoir injure an existing water right? YES NO	J. 122.11, J. 1
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?	ES □ NO
If YES, can conditions be applied to mitigate the impact? YES DNO If NO, return the	
The ODFW review sheet must have been completed within the last 6 months.	application.
completed Land-Use Form or receipt signed by the appropriate planning department offi	icial enclosed?
Does the use on land-use form match the proposed use on the application? Must be an origin	
within the last 12 months.	ai wei signature
Landowner Name, Mailing Address and Telephone Number.	
Source and tributary listed. NO WELLS-MUST HAVE GW APP TO USE A WELL AS A	A SOURCE !!
Reservoir Location- Township, Range, Section, Quarter Quarter, Taxlot	1 BOURCE :
Dam height, if applicable	
Total Quantity of Storage Requested: 18 AF	
Proposed Use of the waterCannot accept application for use of this stored water at the	same time (F2)
Property ownership indicated? If applicant does not own all the land is the affected land	
mailing address listed? (Including: lands not owned by applicant, upon which the source is lo	
are crossed by the diversion works. This includes any roads or rights-of-way.)	catedor that
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	metade a copy of
Environmental Impact section completed?	
☐ Application signed by the landowner(s)? All parties noted as applicants must sign the ap	nlication
Must be an original "wet" signature.	pilottion.
Acceptable map ** Indicates requirements of standards set forth by the Commission	and causes fatal
flaw if not provided by the applicant.	and endoes recei
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 **	
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\$	5O
plus\$_540 850	
plus\$	
Total Paid \$ Total Fees \$ 1340	
Completeness Check by: Date: 7/12/1/Q Revised 2	2011-3-3