STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 120877 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

INVOICE # ____

ECEIVED FROM:	Steve Torch	N'G	APPLICATION	R-88-27
Y:			PERMIT	
AOU	OTHER ARENTA	20	TRANSFER	
ASH: CHEC	CK:# OTHER: (IDENTIF	1)	TOTAL REC'D	\$890.00
1083 T	•	D MISC CAS	SH ACCT	
0407	COPIES			\$
	OTHER: (IDENTIFY)			\$
0243 I/S Leas	e 0244 Muni Water Mgm	t. Plan	0245 Cons. Water	
	4270 WRI	O OPERATIN	NG ACCT	
	MISCELLANEOUS	41	ااای	
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	\$ 44	0202	\$ 4500
0203	GROUND WATER	\$	0204	\$
0205	TRANSFER	\$		
	WELL CONSTRUCTION	EXAM		LICENSE FEE
	WELL DRILL CONSTRUCTOR	\$	0219	\$
	LANDOWNER'S PERMIT		0220	\$
	OTHER (IDENTIFY)			
0536 T	REASURY 0437 WEL	L CONST. S		
0211	WELL CONST START FEE	\$	CARD#	
0210	MONITORING WELLS	\$	CARD#	
	OTHER (IDENTIFY)			
0607 T	REASURY 0467 HYD	RO ACTIVIT	TY LIC NUMBER	
0233	POWER LICENSE FEE (FW/WRD)			\$
0231	HYDRO LICENSE FEE (FW/WRD)			\$
	HYDRO APPLICATION		to .	\$
Т	REASURY OTH	IER / RDX		
FUND	TITLE			
OBJ. CODE	VENDOR #	ECEIVE	U	
DESCRIPTIO	フバノに Q ・	ARE VVI	INTER	\$
DESCRIPTIO	N		-	

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-88275 County Whill Priority Date 8-10-16 Township 25 Range 3w Section 15 Taxlot 700 Use 20 24 Mylly wife section PARK Amount (AF) 30 4F Watermaster Plans #16
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 TOO 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: So AP 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 ** 1/41/4'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\$ 91us\$ Polus\$
Total Paid \$ Completeness Check by: Scalt CS1 Date: Set 10 - 1 C Revised 2011-3-3