## STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT # 121274

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

INVOICE # \_\_\_\_\_

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]	X 1255					REC'D	\$ 950.0
1083	TREASURY	4170	WRD N	IISC CASH A	ССТ		
0407	COPIES						\$
	_ OTHER:	(IDENTIFY)					Ф
0243 I/S L	.ease 02	44 Muni Wat	er Mgmt. Pla	an 024	5 Cons. V	Vater	
		4270		PERATING A	CCT		
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0407	COPY & TAPE FEES						\$
0410	RESEARCH FEES						\$
0408	MISC REVENUE: (IDENTIFY)					<del></del>	\$
TC162	DEPOSIT LIAB.	•					\$
0240	EXTENSION OF	TIME					
	WATER RIGHTS	:		EXAM FEE			RECORD FE
0201	SURFACE WATER			\$ 500.00	<b>)</b> 02	02	\$4500
0203	GROUND WATE	R		\$	02	04	\$
0205	TRANSFER			\$			
	WELL CONSTR	UCTION		EXAM FEE	_		LICENSE FE
0218	WELL DRILL CO	NSTRUCTO	R	\$	02		\$
	LANDOWNER'S	PERMIT			02	20	\$
	OTHER	(IDENTI	FY)				
0536	TREASURY	0437	WELL (	CONST. STAF	RT FEE		
0211	WELL CONST S	TART FEE		\$		CARD#	
0210	MONITORING W	/ELLS		\$		CARD#	
	OTHER	(IDENTI	FY)				
0607	TREASURY	0467	HYDRO	ACTIVITY	LIC NUM	/BER	
0233	POWER LICENS	E FEE (FW/	WRD)				\$
0231							\$
	HYDRO APPLIC	ATION					\$
	TREASURY		OTHER	/ RDX			
FUND		TITLE					
	E						
		• [100]					\$
	TION						

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

Application R-9829 County Jacks on
Priority Date 9-13-16 Township 1300 Range IN Section 6 Taxlot 600
Use Wold Caseworker Cica
Amount (AF) 4.5 Watermaster 13
Minimum Paguiromanta (ODS 527 400)
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? <b>V</b> YES = NO
If YES, can conditions be applied to mitigate the impact? STES SNO 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:
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?
pplication 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 **
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\$ Permit Recording Fee\$ Permit Recording Fee\$
plus\$ 150
Total Paid \$\frac{150}{150} \\ Completeness Check by: \textstyle \
Completeness Check by: Date 9 - 13 - 16 Revised 2011-3-3
Completeness Check by. Letter Dates - 15 Revised 2011-3-3