

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **121468**

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

INVOICE # _____

RECEIVED FROM: **J. Brant Darby**
BY: **Jennifer A Darby**

APPLICATION	R-88295
PERMIT	
TRANSFER	T-12495

CASH: CHECK # **X1374** OTHER: (IDENTIFY)

TOTAL REC'D **\$2370.00**

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			
0407	COPY & TAPE FEES	4611	\$
0410	RESEARCH FEES	4610	\$
0408	MISC REVENUE: (IDENTIFY)		\$
TC162	DEPOSIT LIAB. (IDENTIFY)		\$
0240	EXTENSION OF TIME		\$
WATER RIGHTS:			
0201	SURFACE WATER	EXAM FEE	RECORD FEE
		\$ 470.00	\$ 450.00
0203	GROUND WATER		\$
0205	TRANSFER	\$ 1450.00	
WELL CONSTRUCTION		EXAM FEE	LICENSE FEE
0218	WELL DRILL CONSTRUCTOR	\$	\$
	LANDOWNER'S PERMIT		\$
	OTHER (IDENTIFY)		

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE \$
0210 MONITORING WELLS \$
OTHER (IDENTIFY)

CARD #	
CARD #	

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: **121468** DATED: **9-30-16** BY: **Felicien Braun**

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R-88295 County Josephine
Priority Date 30-Sep-16 Township 39 S Range 8 W Section 17 Taxlot 400
Use multiple Caseworker Lisa
Amount (AF) 4 Watermaster Kathy Smith

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: 4af

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\$ 30x4=120

plus\$ _____

Total Paid \$ 920

Total Fees \$ 920

Completeness Check by: Self Date: 30-Sept-16

Revised 2011-3-3