## STATE OF OREGON WATER RESOURCES DEPARTMENT

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

IVED FRO	m River	LOX	n k	anchiu		CATION	R-8	50Z
						RMIT		
н: с	HECK:#	OTHER: (ID	ENTIFY)		TRA	NSFER		
]	X1105				TOTAL	TOTAL REC'D		70
1083	TREASURY	4170	WRD N	IISC CASH A	CCT			
0407	COPIES						\$	
		IDENTIFY)					\$	
0243 I/S Le	ease 024	4 Muni Wate	r Mgmt. Pl	an 02-	45 Cons. W	/ater	_	
		4270	WRD C	PERATING A	ACCT			
	MISCELLANEOUS	S	Y	6111				
0407	COPY & TAPE FE	ES	•				\$	
0410	RESEARCH FEES	3					\$	
0408	MISC REVENUE:	(IDENTIFY	)				\$	
TC162	DEPOSIT LIAB. (I	DENTIFY)					\$	
0240	EXTENSION OF T	IME					\$	
	WATER RIGHTS:			EXAM FEE			REC	ORD FI
0201	SURFACE WATER	2			020	12	\$ 4	50.
0203	GROUND WATER			\$ 12209	020		\$	
0205	TRANSFER			\$	- 020	) <del>-4</del>		
0205				· · · · · · · · · · · · · · · · · · ·			LICE	NSE FI
	WELL CONSTRU			EXAM FEE	02	10	\$	102 1
0218	WELL DRILL CON		l	\$			\$	
	LANDOWNER'S P	PERMIT			022	20	Ψ	
	OTHER	(IDENTIF	Y)					
0536	TREASURY	0437	WELL	CONST. STA	RT FEE			
0211	WELL CONST STA	ART FEE		\$		CARD#		
0210	MONITORING WE	LLS		\$		CARD#		
	OTHER	(IDENTIF	Y)					
0607	TREASURY	0467	HYDRO	ACTIVITY	LIC NUM	1BER		
0233	POWER LICENSE	FEE (FW/V	/RD)				\$	
0231	HYDRO LICENSE						\$	
HYDRO APPLICATION						\$		
		IION	OT: 155	. / DDV				
	TREASURY		OTHER	R / RDX				
FUND		_ TITLE _		****				
OBJ. COD	E	_ VENDOR	#					
DESCRIPT	ION						\$	

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

Application R-88297 County Jackson  Priority Date 10.3.14 Township 335 Range 1E Section 32 Taxlot 100  Use Multi-purpose Caseworker Rake  Amount (AF) 29.0AF Watermaster Travis Kelly #13									
Use Multi-purpose Caseworker Rocks									
Amount (AF) 29. DAF Watermaster Ticavia Kalla 413									
Automit (At ) L 1. OFT Watermaster TVAVIS Relig 4									
Minimum Requirements (ORS 537.409)									
Completed Watermaster review sheet signed and dated by Watermaster.									
Will the reservoir injure an existing water right?   YES YOUNG									
N/A If YES, can conditions be applied to mitigate the injury?   YES   NO   If NO, return the applied to mitigate the injury?	ration								
Did the watermaster determine when water is available for the proposed use? YES DIO Dec. may									
The Watermaster review sheet must have been completed within the last 6 months.	7								
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	n NO								
If YES, can conditions be applied to mitigate the impact? ZYES DNO If NO, return the applied	ation.								
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 en									
Does the use on land-use form match the proposed use on the application? Must be an original "we	rt'' signature								
within the last 12 months. 9.6.16									
*Landowner Name, Mailing Address and Telephone Number.									
Source and tributary listed. NO WELLS-MUST HAVE GW APP TO USE A WELL AS A SOU	<u>RCE !!</u>								
*Reservoir Location- Township, Range, Section, Quarter Quarter, Taxlot  *Dam height, if applicable 9.9.									
*Total Quantity of Storage Requested: 29.00F									
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 landowne									
mailing address listed? (Including: lands not owned by applicant, upon which the source is located									
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	le 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	on.								
Must be an original "wet" signature.									
Acceptable map ** Indicates requirements of standards set forth by the Commission and	auses 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 <sup>1</sup> / <sub>4</sub> '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\$ 350.0 Permit Recording Fee\$ 450.9									
plus\$ <b>870.</b> 0									
plus\$ ——									
Total Paid \$1670.0									
Completeness Check by: Jessica Joye Date: 10.4.16 Revised 2011-3	.3								