

WATER RESOURCES DEPARTMENT

RECEIPT # 121559

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

INVOICE # _____

RECEIVED FROM: CALAPOOYA COVEY,
BY: LLC.

APPLICATION: R-88298
PERMIT
TRANSFER

CASH: CHECK:# 1111 OTHER: (IDENTIFY)

TOTAL REC'D \$ 980.00

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 46111
0407 COPY & TAPE FEES \$
0410 RESEARCH FEES \$
0408 MISC REVENUE: (IDENTIFY) \$
TC162 DEPOSIT LIAB. (IDENTIFY) \$
0240 EXTENSION OF TIME \$
WATER RIGHTS:
0201 SURFACE WATER EXAM FEE \$ 530.00 0202 RECORD FEE \$ 450.00
0203 GROUND WATER \$ 0204 \$
0205 TRANSFER \$
WELL CONSTRUCTION
0218 WELL DRILL CONSTRUCTOR EXAM FEE \$ 0219 \$
LANDOWNER'S PERMIT 0220 \$
OTHER (IDENTIFY) _____

0536 TREASURY 0437 WELL CONST. START FEE
0211 WELL CONST START FEE \$ CARD #
0210 MONITORING WELLS \$ CARD #
OTHER (IDENTIFY) _____

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: 121559 DATED: 10-11-16 BY: Pelicia B

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R-88298 County Douglas
Priority Date 10-11-10 Township 25S Range 4W Section 10 Taxlot 100
Use MP Caseworker Lisa G.
Amount (AF) 5.5 Watermaster Susan/15

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: 5.5
- 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') ** 1=400
- 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\$ 180-
plus\$ _____
- Total Paid \$ 980- Total Fees \$ 980-
- Completeness Check by: Lisa G. Date: 10-12-10