## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT # 121592 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax)

INVOICE # \_\_\_\_

EIVED FRO	DM: Sam	<u>me 1</u>		Oldho	$\chi M_{\lambda}$	APPLICATION	15.885
					_	PERMIT	
H: (	CHECK:#	OTHER: "	DENTIFY			TRANSFER	
1	CHECK:#	OTHER: (I	DENTIFY)		[	TOTAL REC'D	\$830.
	MION	<u> </u>					
1083	TREASURY	4170	WRD	MISC CASI	1 AC	СТ	
0407	COPIES						\$
	_ OTHER:	(IDENTIFY	)				\$
0243 I/S L	ease 024	4 Muni Wa	ter Mgmt. F	lan	0245	Cons. Water	
		4270	WRD	OPERATIN	G AC	CT	
	MISCELLANEOU	s		4611	1		
0407	COPY & TAPE FE	ES		9411	•		\$
0410	RESEARCH FEES	3					\$
0408	MISC REVENUE:	(IDENTIF	Y)				\$
TC162	DEPOSIT LIAB. (i	IDENTIFY)					\$
0240	EXTENSION OF T	IME					\$
	WATER RIGHTS:			EXAM F	EE		RECORD F
0201	SURFACE WATER	AIT	Res.	\$ 380		0202	\$ 450.
0203	GROUND WATER			\$	·W	0204	\$
0205	TRANSFER			\$			
	WELL CONSTRU	CTION		EXAM F	EE		LICENSE F
0218	WELL DRILL CONSTRUCTOR			\$		0219	\$
	LANDOWNER'S F			Li		0220	\$
	OTHER	(IDENT	IFY)				
0536	TREASURY	0437	WELL	CONST. S	TART	FEE	
0211	WELL CONST STA			\$		CARD#	
0210	MONITORING WE			\$		CARD#	
	OTHER		IFY)	L			
0607				O ACTIVIT	Y L	IC NUMBER	\$
0233	POWER LICENSE	•			-		\$
0231	HYDRO LICENSE	FEE (FW/	WRD)				
	HYDRO APPLICA	TION					\$
	TREASURY		OTHE	R / RDX			
FUND		TITLE			_		
OBJ. COD	E				_		
	TION				_		\$

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

Minimum Requirements (ORS 537.409)

Caseworker

Watermaster

Completed Watermaster review sheet signed and dated by Watermaster.

Will the reservoir injure an existing water right? 

YES XNO

Township 95 Range 6W Section 14 Taxlot 103

Application 28302 County

Priority Date 10.13.16

Use MP

Amount (AF)

If YES, can conditions be applied to mitigate the injury? \( \text{YPS} / \frac{A}{NO} \) If NO, return the application. Did the watermaster determine when water is available for the proposed use? 

YES XNO 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 XNO If YES, can conditions be applied to mitigate the impact? \( \subseteq Y \) \( \subseteq \) \( \supseteq \) \( 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 **k** 'Dam height, if applicable ★ Total Quantity of Storage Requested:\_\_\_ **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 located .....or..... 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)\*  $\Box$  Scale of the Map (not less than 1" = 1320') \*\* Reference corner on map North Directional Symbol \*\* ☐ ¼¼'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.\*\* Permit Recording Fee\$ 450 Fees enclosed\*\*? Examination: Base Fee\$ 350 plus\$ plus\$ Total Paid \$ Revised 2011-3-3