## STATE OF OREGON WATER RESOURCES DEPARTMENT

725 Summer St. N.E. Ste. A RECEIPT # 121674 INVOICE # \_ SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) **APPLICATION** RECEIVED FROM: PERMIT BY: TRANSFER CASH: OTHER: (IDENTIFY) TOTAL REC'D TREASURY 4170 WRD MISC CASH ACCT 1083 0407 **COPIES** \$ OTHER: (IDENTIFY) 0244 Muni Water Mgmt. Plan\_\_\_\_\_ 0243 I/S Lease 0245 Cons. Water 4270 WRD OPERATING ACCT MISCELLANEOUS \$ 0407 **COPY & TAPE FEES** \$ 0410 RESEARCH FEES \$ 0408 MISC REVENUE: (IDENTIFY) \$ TC162 DEPOSIT LIAB. (IDENTIFY) 0240 **EXTENSION OF TIME** RECORD FEE WATER RIGHTS: **EXAM FEE** SURFACE WATER 0202 0201 380.00 0203 **GROUND WATER** 0204 **TRANSFER** 0205 LICENSE FEE EXAM FEE WELL CONSTRUCTION 0219 \$ \$ 0218 WELL DRILL CONSTRUCTOR \$ 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) 0437 WELL CONST. START FEE 0536 TREASURY 0211 WELL CONST START FEE CARD# \$ MONITORING WELLS \$ CARD# 0210 (IDENTIFY) OTHER 0467 HYDRO ACTIVITY 0607 **TREASURY** LIC NUMBER \$ POWER LICENSE FEE (FW/WRD) 0233 \$ 0231 HYDRO LICENSE FEE (FW/WRD) \$ HYDRO APPLICATION **TREASURY** OTHER / RDX TITLE FUND OBJ. CODE VENDOR # DESCRIPTION

RECEIPT: 121674

DATED: D.21-10 BY:

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

Application R-88306 County Douglas
Priority Date 10 21 10 Township 325 Range 5W Section 14 Taxlot 1400
Use <u>Multipurpose</u> Caseworker <u>LLSA</u> GRAHAM
Amount (AF) 1 AT Watermaster SUSAN DOUTHIT 13
Minimum Requirements (ORS 537.409)
Completed Watermaster review sheet signed and dated by Watermaster.
Will the reservoir injure an existing water right?   YES NO  YOUNG TO NO neturn the application
If YES, can conditions be applied to mitigate the injury?   YES ANO 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.  16 the watermaster determined that water is NOT available, return the application.
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 YO
If YES, can conditions be applied to mitigate the impact? $\Box Y \not \in A $ 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:   AF
* 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 <b>legal description</b> 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.
Myst 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
Reference corner on map  North Directional Symbol **  1/4'/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\$ 400
plus\$ 30
plus\$ 4HAD
Total Paid \$ 830  Total Fees \$ 830  Page 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Completences Check by:  Date: 12/2/1/1/ Paying 2011-3-3