

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **121688**

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

INVOICE # _____

RECEIVED FROM: <i>Kate E Mayfield TEE</i>	APPLICATION <i>88307</i>
BY: <i>Kate Clement Family Trust</i>	PERMIT
	TRANSFER

CASH: CHECK # **1270** OTHER: (IDENTIFY) _____

TOTAL REC'D \$ **980.00**

0583 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		<i>46111</i>	
0407 COPY & TAPE FEES	\$		
0410 RESEARCH FEES	\$		
0408 MISC REVENUE: (IDENTIFY) _____	\$		
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$		
0240 EXTENSION OF TIME	\$		
WATER RIGHTS:		EXAM FEE	RECORD FEE
0201 SURFACE WATER	\$ <i>530.00</i>	0202	\$ <i>450.00</i>
0203 GROUND WATER	\$	0204	\$
0205 TRANSFER	\$		
WELL CONSTRUCTION		EXAM FEE	LICENSE FEE
0218 WELL DRILL CONSTRUCTOR	\$	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: **121688** DATED: *10-24-10* BY: *Gilinder*

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R-88307 County JACKSON
Priority Date 10-24-16 Township 35 Range 1W Section 16 Taxlot 501
Use MULTI-PURPOSE Caseworker LISA
Amount (AF) 5.5 Watermaster #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
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') **
 - 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 \$ 3.50 Permit Recording Fee \$ 400.00
plus \$ 180
plus \$ _____
- Total Paid \$ 980.00 Total Fees \$ 980.00
Completeness Check by: C. Helmus Date: 9/25/16 Revised 2011-3-3