STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 INVOICE #					
RECEIVED FRO	M: Brenton	C. Field		APPLICATION	R. 88309
BY: Massie M. Field			PERMIT		
CASH: C		HER: (IDENTIFY)		TRANSFER	
	X 1964 C]		TOTAL REC'D	\$1,640,00
1083	TREASURY	4170 WRD	MISC CASH AC	;CT	
0407	COPIES				\$
	OTHER: / (IDENTIFY)				
0243 I/S L	ease 0244 N	luni Water Mgmt. P	lan 0245	Cons. Water	
	1	4270 WRD (OPERATING A	CCT	
	MISCELLANEOUS		6111		· ·
0407	COPY & TAPE FEES	τ	0111		\$
0410	RESEARCH FEES				\$
0408	MISC REVENUE: (I	DENTIFY)			\$
TC162	DEPOSIT LIAB. (IDE	NTIFY)			\$
0240	EXTENSION OF TIM	E			Þ
$\langle \rangle$	WATER RIGHTS:	(1, 2)	EXAM FEE]	RECORD FEE
0201	SURFACE WATER	(Alt. KS)	\$1,190.00	0202	\$ 450.00
6203	GROUND WATER		\$	0204	\$
0205	TRANSFER		\$		
	WELL CONSTRUCT	ION	EXAM FEE		LICENSE FEE
0218	WELL DRILL CONST	RUCTOR	\$	0219	\$
	LANDOWNER'S PER	RMIT		0220	\$
/	OTHER	(IDENTIFY)			· · · · · · · · · · · · · · · · · · ·
0536	TREASURY	0437 WELL	CONST. STAR	T FEE	
0211	WELL CONST STAR	TFEE	\$	CARD #	
0210	MONITORING WELL	S	\$	CARD #	
	OTHER	(IDENTIFY)			
0607	TREASURY	0467 HYDR	O ACTIVITY	LIC NUMBER	
0233	POWER LICENSE FI				5
0233	HYDRO LICENSE FE		REC	FINED	\$- D
			OVER TH	E COUN	ten
	HYDRO APPLICATIC		VILIT		L
-	TREASURY	OTHE			
FUND					
OBJ. COD	E	VENDOR #			
DESCRIP					\$
				11.	
	21716	DATED: 10	26 16 BY:_	Paili	1h
Dist	ribution - White Copy - (Customer, Yellow C	opy - Fiscal, Blue Co	py - File, Buff Cop	y - Fiscal

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application	County Polk
Priority Date 10-26-2016	Township 175 Range 56 Section 2 Taxlot 400
Use Multipurpose	Caseworker Lisa
Amount (AF) 27.4	Watermaster Joel Plahn 14

Minimum Requirements (ORS 537.409)

Completed Watermaster review sheet signed and dated by Watermaster.

Will the reservoir injure an existing water right?

YES INO

If YES, can conditions be applied to mitigate the injury? \Box YES \Box NO If NO, return the application.

Did the watermaster determine when water is available for the proposed use? \Box YES \Box 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? \Box YES \Box NO If YES, can conditions be applied to mitigate the impact? TYES TNO 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: 27.4 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 haw 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 **

1/41/4'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 Fees 350.00 Permit Recording Fees 450

plus\$ **840.00** plus\$
 Total Paid \$ 1,640

 Completeness Check by:
 Corcy
 Date:
 10/20/16
 Revised 2011-3-3