

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # 122483

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

INVOICE # _____

RECEIVED FROM: Douglas Rysdam

BY: _____

APPLICATION	<u>R-88361</u>
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # 3888 OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ 1100.00

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

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 \$ <u>650.00</u>	0202	RECORD FEE \$ <u>450.00</u>
0203 GROUND WATER	\$	0204	\$
0205 TRANSFER	\$		

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$	0219	LICENSE FEE \$
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	\$

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DATED: 1/27/17 BY: Felicia B

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 12-88361 County Union
Priority Date 1.27.17 Township 1N Range 40E Section 2 Taxlot 500 (?)
Use Mulch Caseworker Barb
Amount (AF) 10 af Watermaster Shad Hatten

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: 10 af.

☒ 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\$ _____ Permit Recording Fee\$ _____
plus\$ _____
plus\$ _____

Total Paid \$ _____

Total Fees \$ 1100.

Completeness Check by: TS

Date: 1.30.17.

Revised 2011-3-3