

WATER RESOURCES DEPARTMENT

RECEIPT # 122620

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

INVOICE # _____

RECEIVED FROM:

S. Rubel; OR R. Schatz

APPLICATION

R-883166

BY: _____

PERMIT

TRANSFER

CASH:

CHECK: #

OTHER: (IDENTIFY)



2140



TOTAL REC'D

\$ 1040.00

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

\$ 590.00

0202

0203 GROUND WATER

\$

0204

0205 TRANSFER

\$

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR

\$

0219

LANDOWNER'S PERMIT

0220

OTHER (IDENTIFY)

RECORD FEE

\$ 450.00

LICENSE FEE

\$

\$

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:

122620

DATED:

2/13/2017

BY:

CWneturich

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-88266 County CLACKAMAS
Priority Date 2/13/2017 Township 6S Range 2W Section 8 Taxlot _____
Use MULTI PURPOSE Caseworker _____
Amount (AF) 7.7 AC/FT Watermaster JOEL PLATTEN #16

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:** 7.7 AC/FT

☒ **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 NW Corner of Sec. 8

☐ 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.** spring fed

☐ Fees enclosed**? Examination Base Fee\$ _____ Permit Recording Fee\$ _____

plus\$ _____
plus\$ _____

Total Paid \$ _____

Total Fees \$ _____

Completeness Check by: _____

Date: _____

Revised 2011-3-3