

STATE OF OREGON  
**WATER RESOURCES DEPARTMENT**

RECEIPT # **122704**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: Tetiana Justice

APPLICATION	R-88371
PERMIT	
TRANSFER	

BY: 24217431333

CASH:  CHECK:#  OTHER: (IDENTIFY)  Money Order

TOTAL REC'D \$ 1,000.00

**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**

<b>MISCELLANEOUS</b>		
0407	COPY & TAPE FEES	\$
0410	RESEARCH FEES	\$
0408	MISC REVENUE: (IDENTIFY)	\$
TC162	DEPOSIT LIAB. (IDENTIFY)	\$
0240	EXTENSION OF TIME	\$

<b>WATER RIGHTS:</b>		<b>EXAM FEE</b>		<b>RECORD FEE</b>
0201	SURFACE WATER	\$	0202	\$
0203	GROUND WATER	\$ <u>550.00</u>	0204	\$ <u>450.00</u>
0205	TRANSFER	\$		
<b>WELL CONSTRUCTION</b>		<b>EXAM FEE</b>		<b>LICENSE FEE</b>
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: **122704** DATED: 2/21/17 BY: [Signature]

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**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **122708**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: Tetiana Justice

APPLICATION	<u>R-88371</u>
PERMIT	
TRANSFER	

BY: \_\_\_\_\_

CASH:  CHECK:# 24217431344 OTHER: (IDENTIFY)  M.O. USPS

TOTAL REC'D \$ 370.00

**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**

<b>MISCELLANEOUS</b>			
0407 COPY & TAPE FEES	<u>46111</u>		\$
0410 RESEARCH FEES			\$
0408 MISC REVENUE: (IDENTIFY)			\$
TC162 DEPOSIT LIAB. (IDENTIFY)			\$
0240 EXTENSION OF TIME			\$
<b>WATER RIGHTS:</b>			
0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203 GROUND WATER	\$ <u>370.00</u>	0204	\$
0205 TRANSFER	\$		\$
<b>WELL CONSTRUCTION</b>			
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		\$

RECEIPT: **122708** DATED: 2/21/17 BY: Bielinski

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# Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R-88371 County JOSEPHINE  
Priority Date 2/21/2017 Township MS Range 8W Section 32 Taxlot 100  
Use Multi-purpose Caseworker Barbe Poage  
Amount (AF) 3.7 Watermaster KATHY SMITH

## 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: 3.7 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 located .....or..... 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 Fees \$ 920**
- Total Paid \$ 1330  
Completeness Check by: B Date: 02.23.2017 Revised 2011-3-3