

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **123087**

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

INVOICE # _____

RECEIVED FROM: TRAVIS CROMWELL	APPLICATION: R88387
BY: KRISTIE CROMWELL	PERMIT: _____
CASH: <input type="checkbox"/>	TRANSFER: _____
CHECK: # 117	TOTAL REC'D: \$ 860.00
OTHER: (IDENTIFY) _____	

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 46111		
0407 COPY & TAPE FEES	\$ _____	
0410 RESEARCH FEES	\$ _____	
0408 MISC REVENUE: (IDENTIFY) _____	\$ _____	
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$ _____	
0240 EXTENSION OF TIME	\$ _____	
WATER RIGHTS:		
0201 SURFACE WATER (ALTRES)	EXAM FEE \$ 410.00	0202 RECORD FEE \$ 450.00
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 (FWWRD)	\$ _____
0231 HYDRO LICENSE FEE (FWWRD)	\$ _____
HYDRO APPLICATION	\$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____ \$ _____

RECEIPT: **123087** DATED: **4/6/17** BY: **NCool**

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application 12-88387 County Polk
 Priority Date 4/6/2017 Township 105 Range 5N Section 6 Taxlot 213
 Use Multi-p. Caseworker SCOTT
 Amount (AF) 1.125 Watermaster JOEL P. 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:** 1.125
- 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 law 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 \$ 860.

Completeness Check by: B

Date: 4.6.17