

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **123450**

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

INVOICE # _____

RECEIVED FROM: DAVID MOOSE	APPLICATION R88409
BY: _____	PERMIT _____
CASH: <input checked="" type="checkbox"/> CHECK: # <input type="checkbox"/> OTHER: (IDENTIFY) <input type="checkbox"/>	TRANSFER _____
TOTAL REC'D \$ 420.00	

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 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	EXAM FEE \$ 470.00 0202
0203 GROUND WATER	\$ _____ 0204
0205 TRANSFER	\$ _____
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____ 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	\$ _____

RECEIVED OVER THE COUNTER

_____ TREASURY	OTHER / RDX
FUND _____	TITLE _____
OBJ. CODE _____	VENDOR # _____
DESCRIPTION _____	\$ _____

RECEIPT: **123450** DATED: **5-19-17** BY: *[Signature]*

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application 2-88409 County Polk
 Priority Date 5/19/17 Township 75-R Range 6W Section 13 Taxlot 703
 Use Multi Caseworker Lisa Graham
 Amount (AF) 4 Watermaster Joel Plahn

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:** _____
- 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 \$ 920
 Completeness Check by: [Signature]

Total Fees \$ 920
 Date: 5.19.17

see printout