

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **123416**

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

INVOICE # _____

RECEIVED FROM: **COLUMBIA NURSERY LLC**
BY: **WAYNE STAEBEL**

APPLICATION	*SEE BELOW
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # ☒ **2064** OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ **3740.00**

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 4611

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

*(G18515 - \$2500.00)
(R88411 - \$620.00)
(R88412 - \$620.00)*

WATER RIGHTS: ALT. RES -

0201 SURFACE WATER 2e \$170.00	EXAM FEE	0202 2e \$450.00	RECORD FEE
	\$ 340.00		\$ 900.00
0203 GROUND WATER	\$ 2050.00	0204	\$ 450.00
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	\$

RECEIPT: **123416**

DATED: **5-15-17**

BY: *[Signature]*

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 2-88412 County Clackamas
 Priority Date 5.15.17 Township 4S Range 1E Section 34 Taxlot 1100
 Use Multipurpose Caseworker VAM
 Amount (AF) 9.0 Watermaster Dist 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:** 9.0

☒ **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 \$ 350 Permit Recording Fee \$ 450

plus \$ 270

plus \$ _____

Total Paid \$ 620 (check # 2014)

Total Fees \$ 620

Completeness Check by: _____ Date: _____

Revised 2011-3-3

RECEIVED BY OWRD

MAY 15 2017

SALEM, OR