

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **123666**

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

INVOICE # _____

RECEIVED FROM: KRAEMER FARMS, LLC	APPLICATION R88416
BY: _____	PERMIT _____
	TRANSFER _____

CASH: CHECK:# **1181** OTHER: (IDENTIFY) _____

TOTAL REC'D: \$ **1160⁰⁰**

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 \$ 710⁰⁰	0202	RECORD FEE \$ 450⁰⁰
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 (FW/WRD)	\$ _____
0231 HYDRO LICENSE FEE (FW/WRD)	\$ _____
HYDRO APPLICATION	\$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____ \$ _____

RECEIPT: **123666** DATED: **6-12-17** BY: **[Signature]**

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R-88416 County MMRDN
Priority Date 6.12.17 Township 65 Range 1E Section 17 Taxlot 1800
Use MULTI-P. Caseworker BARSE
Amount (AF) 11.5 Watermaster JOEL PLANN

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: 11.5

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\$ 360 Permit Recording Fee\$ 400

plus\$ 360

plus\$ _____

Total Paid \$ 1160

Total Fees \$ 1160 ✓

Completeness Check by: TS

Date: 6.13.17

Revised 2011-3-3