

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **123691**

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

INVOICE # _____

RECEIVED FROM: <i>Sarbanand Enterprises, LLC</i>	APPLICATION <i>R-88417</i>
BY: _____	PERMIT _____
	TRANSFER _____
CASH: <input type="checkbox"/> CHECK.# <i>19169</i> OTHER: (IDENTIFY) <input type="checkbox"/>	TOTAL REC'D \$ <i>1700.00</i>

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:	EXAM FEE	RECORD FEE
0201 SURFACE WATER	\$ <i>1,250.00</i>	0202 \$ <i>450.00</i>
0203 GROUND WATER	\$ _____	0204 \$ _____
0205 TRANSFER	\$ _____	

WELL CONSTRUCTION	EXAM FEE	LICENSE FEE
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 (FWWRD)	\$ _____
0231 HYDRO LICENSE FEE (FWWRD)	\$ _____
HYDRO APPLICATION	\$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____ \$ _____

RECEIPT: **123691** DATED: *6-14-17* BY: *[Signature]*

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application D-88417 County YAMHILL
 Priority Date 6.14.17 Township 4S Range 4W Section 35 Taxlot 500
 Use MULTI-P Caseworker LISA G
 Amount (AF) 30.0 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: 30 a.f.
- 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\$ _____ *see print out*
 plus\$ _____

Total Paid \$ 1700
 Completeness Check by: TS Date: 7.15.17 Revised 2011-3-3