

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **123705**

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

INVOICE # _____

RECEIVED FROM: CITY OF HILLSBORO
BY: _____

APPLICATION	R-88419
PERMIT	
TRANSFER	

CASH: CHECK:# 265499 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 425000

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 \$ <u>3000.00</u>	0202 RECORD FEE \$ <u>450.00</u>
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: **123705** DATED: 6-15-17 BY: ACook

Alternate Reservoir Application Completeness Checklist

~~This is the checklist used by WRD staff~~

Application R-88419 County WASHINGTON
Priority Date 6-15-2017 Township 15 Range 2W Section 6,7 Taxlot 1000, 200, 100
Use MULTI-P Caseworker KIM
Amount (AF): 115 AF Watermaster JAKE COOKANS

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: 115 AF 7.2'~~

~~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 \$ 4250

Total Fees \$ 4250 see minutes

Completeness Check by: JB

Date: 6-15-17.

Revised 2011-3-3