

RECEIPT # **123789**

INVOICE # _____

RECEIVED FROM: **J.A. TOKATLY**
BY: **M.K. TOKATLY**

APPLICATION	R-88421
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # **13973** OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ **830⁰⁰**

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 **46.111**

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

WATER RIGHTS:

0201	SURFACE WATER	\$
0203	GROUND WATER	\$
0205	TRANSFER	\$

WELL CONSTRUCTION

0218	WELL DRILL CONSTRUCTOR	\$
	LANDOWNER'S PERMIT	\$
	OTHER (IDENTIFY)	\$

EXAM FEE	
\$ 380.00	0202
\$	0204
\$	

RECORD FEE	
\$ 450.00	
\$	

EXAM FEE	
\$	0219
\$	0220

LICENSE FEE	
\$	
\$	

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 _____ \$ _____

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DATED: **6-23-17**

BY: **[Signature]**

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Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application 2-88421 County LANE
Priority Date 6/26/17 Township 18 S Range 2 W Section 12 Taxlot 00303
Use Multiple Purpose Caseworker BARGE
Amount (AF) 0.25 AF Watermaster MSTICK #DIST #2

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: 0.25 Af

☒ 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\$ 30

plus\$ 380

Total Paid \$ 830

Total Fees \$ 830

Completeness Check by: SWT

Date: 6-23-17

Revised 2011-3-3

RECEIVED

JUN 26 2017

OWRD