

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **123932**

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

INVOICE # _____

RECEIVED FROM: **CSI Water Solutions, Inc.**

APPLICATION **R-88425**

BY: _____

PERMIT _____
 TRANSFER _____

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

19393 _____

TOTAL REC'D \$ **450.00**

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

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 \$ _____
 0203 GROUND WATER \$ _____
 0205 TRANSFER \$ _____

EXAM FEE
\$ 500.00
\$
\$
EXAM FEE
\$

RECORD FEE
\$ 450.00
\$

WELL CONSTRUCTION

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

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 (FWWRD) \$ _____
 0231 HYDRO LICENSE FEE (FWWRD) \$ _____
 _____ HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____
 OBJ. CODE _____ VENDOR # _____
 DESCRIPTION _____ \$ _____

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DATED: **7-10-17** BY: **CWnetrick**


Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application 2-88425 County Coos
Priority Date 7.16.17 Township 225 Range 14N Section 4 Taxlot 580
Use MULTI-PURPOSE DAM, PUMP Caseworker SCOTT GREW
Amount (AF) 5.0 Watermaster Mitch Lewis 19

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:** 5.0
- 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\$ _____ Permit Recording Fee\$ _____
plus\$ _____
plus\$ _____

Total Paid \$ 950⁰⁰
Completeness Check by: 

Total Fees \$ _____
Date: 7.11.2017

Revised 2011-3-3