

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **124448**

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

INVOICE # \_\_\_\_\_

|                                                  |                       |                                            |
|--------------------------------------------------|-----------------------|--------------------------------------------|
| RECEIVED FROM: <u>Charlie L. Page Trust U/A;</u> |                       | APPLICATION <u>*see below</u>              |
| BY: <u>Richard S. Page, Trustee</u>              |                       | PERMIT                                     |
| <u>Robert M. Armstrong, Trustee</u>              |                       | TRANSFER                                   |
| CASH: <input type="checkbox"/>                   | CHECK # <u>X 1675</u> | OTHER: (IDENTIFY) <input type="checkbox"/> |
|                                                  |                       | TOTAL REC'D \$ <u>2225.00</u>              |

**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**

|                                      |                   |                    |                    |
|--------------------------------------|-------------------|--------------------|--------------------|
| <b>MISCELLANEOUS 46111</b>           |                   | R88449 R88452      | \$ _____           |
| 0407 COPY & TAPE FEES                |                   | R88450 R88453      | \$ _____           |
| 0410 RESEARCH FEES                   |                   | R88451             | \$ _____           |
| 0408 MISC REVENUE: (IDENTIFY) _____  |                   |                    | \$ _____           |
| TC162 DEPOSIT LIAB. (IDENTIFY) _____ |                   |                    | \$ _____           |
| 0240 EXTENSION OF TIME               | <u>5 @ 445.00</u> |                    | \$ _____           |
| <b>WATER RIGHTS:</b>                 |                   | <b>EXAM FEE</b>    | <b>RECORD FEE</b>  |
| 0201 SURFACE WATER                   |                   | \$ <u>2,225.00</u> | 0202 \$ _____      |
| 0203 GROUND WATER                    |                   | \$ _____           | 0204 \$ _____      |
| 0205 TRANSFER                        |                   | \$ _____           |                    |
| <b>WELL CONSTRUCTION</b>             |                   | <b>EXAM FEE</b>    | <b>LICENSE FEE</b> |
| 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 _____ | \$ _____       |

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DATED: 8-28-17 BY: C. W. [Signature]

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

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#45

## Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application 2-88453 County BLANT  
 Priority Date 8.28.17 Township 14S Range 30E Section 11 Taxlot 208  
 Use MULTI-8 Caseworker USA G.U.  
 Amount (AF) 5.0 AF Watermaster ERIC JULIEN

8.5'

### Minimum Requirements (ORS 537.409)

- ☒ 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 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 located OR that are crossed by the diversion works. This includes any roads or rights-of-way.)
- ☒ 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 landsurvey corner\*  
 If no dam, use coordinates to center of reservoir.\*\*
- ☒ 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.*
- ☒ Provide a 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.

☒ Fees enclosed? ☒ Print page from fee calculator

Total Paid \$ 445

Total Fees \$ 965

Completeness Check by: RB

Date: 8/30/17

Revised 2017-8-1