

WATER RESOURCES DEPARTMENT

RECEIPT # 124767

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

INVOICE # _____

RECEIVED FROM: ERIC A. URSTADTAPPLICATION R88456

BY: _____

PERMIT _____

TRANSFER _____

CASH: ☐ CHECK: # X 1075 ☐ OTHER: (IDENTIFY) _____TOTAL REC'D \$ 1,905.00**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**0407 COPY & TAPE FEES \$ _____
0410 RESEARCH FEES \$ _____
0408 MISC REVENUE: (IDENTIFY) _____ \$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____
0240 EXTENSION OF TIME \$ _____**WATER RIGHTS:**0201 SURFACE WATER \$ _____ 0202 **RECORD FEE** \$ 526.00
0203 GROUND WATER \$ _____ 0204 \$ _____

0205 TRANSFER \$ _____

WELL CONSTRUCTION0218 WELL DRILL CONSTRUCTOR \$ _____ 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 (FW/WRD) \$ _____

0231 HYDRO LICENSE FEE (FW/WRD) \$ _____

HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION \$ _____

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DATED: 9-28-17 BY: NCrook

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

Application Number: 12-88456

Standard Reservoir Application Completeness Checklist

Minimum Requirements

This is the checklist used by WRD staff

County: WA Township: 2W Range: 3S Section: 5
Amount: 12.3 Use: wildlife, domestic, livestock, irrig. WM Dist # 18
Applicant Name: Eric Urstadt
Receipt Number: 124525 Case Worker: Barb P.

- ☒ Applicant/Organization Name, Mailing Address, and Telephone Number.
- ☒ All applicants or the applicant's authorized agent (include title or authority if for an organization or corporation), must sign the application in ink. *Signature must be an original "wet" signature. Copies cannot be accepted.*
- ☒ Source of water.
- ☒ The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.
- ☒ Property ownership indicated.
- ☒ If applicant does not own all the land, the affected landowner's name and mailing address must be listed.
- ☒ If applicant does not own all the land, a signed statement declaring the existence of either written authorization or an easement permitting access to land crossed by the proposed ditch canal or other work must be submitted.
- ☒ Proposed use of stored water.
- ☒ Amount of water from *each* source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)
- ☒ Project schedule (If system is already completed, indicate "existing").
- ☒ Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications

R-88456

- ☒ You must include a Legal description of all the properties involved where water is diverted, crossed, and used. The Legal description includes a metes and bounds, or other government survey description. A copy of the deed, land sales contract or title insurance policy can provide this information, or you may submit a lot book report prepared by a title company. The Department will not accept a copy of the tax bill.
- ☒ A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. *Please be certain that the Land-Use form lists all lands involved and all uses proposed. Date of signature must be within the past 12 months. Signature must be an original "wet" signature. Copies cannot be accepted.*
- ☒ A map prepared by a CWRE for a standard reservoir application proposing to store more than 9.2 acre feet and having a dam height of more than 10 feet
- ☒ The map must meet all the minimum requirements of OAR 690-310-0050.
- ☒ Township, Range, Section
 - ☒ Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)
 - ☒ Place of use, 1/4, 1/4=s and tax lot clearly identified
 - ☒ Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.)
 - ☒ Location of **each** diversion point, well or dam by reference to a recognized public land survey corner. Multiple wells shall be uniquely labeled, and identified on well logs if existing.
 - ☒ Reference corner on map
 - ☒ North Directional Symbol
 - ☒ Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture
 - ☐ Other _____

Fees: Amount of water requested _____

see printout

Base Fee \$ _____

Total Exam Fees \$ _____

1st CFS/AF _____

Permit Recording Fees \$ _____

___ Addtnl CFS/ AF @ _____ = _____

Total Paid \$ _____

___ Addtnl POD/POA @ _____ = _____

Amount Due \$ _____

___ Addtnl Use @ _____ = _____

Amount Returned \$ _____

Reviewed by: _____

Date : _____