RECEIPT #	124780	725 Summ SALEM, 0	RCES DEPARTI er St. N.E. Ste. A OR 97301-4172 / (503) 986-0904 (fax)	INVOICE #	
(503) 986-0900 / (503) 986-0904 (fax) RECEIVED FROM: Ked Prairie Runch				APPLICATION	P 08467
Milarly Theren				PERMIT	1-00.00
BY: $Marci S Thissort Marci D Ohnson CASH: CHECK# OTHER: (IDENTIFY) I I 524$				TRANSFER	
					<u>`1</u>
				TOTAL REC'D	\$1,245.0
1083	TREASURY	4170 WRD	MISC CASH A	ССТ	
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0407	COPY & TAPE FE		40111		\$
0410	RESEARCH FEES				\$
0408	MISC REVENUE: (IDENTIFY)				\$
TC162	DEPOSIT LIAB. (I	,			\$
0240	EXTENSION OF T		1		\$
			- musica in more	I	RECORD FEE
0001	WATER RIGHTS:		EXAM FEE	0202	\$ 520.00
0201	SURFACE WATER		\$ 725.00		\$
0203	GROUND WATER		\$	0204	L
0205	TRANSFER		<b>Þ</b>	-	LICENSE FEE
÷	WELL CONSTRUC		EXAM FEE	0219	\$
0218	WELL DRILL CON LANDOWNER'S P		\$	0220	\$
	OTHER	(IDENTIFY)		· · · · · · · · · · · · · · · · · · ·	
0536	TREASURY	0437 WEL	L CONST. STAF	IT FEE	
0211	WELL CONST ST/	ART FEE	\$	CARD #	+ · · ·
0210 MONITORING WELLS		LLS	\$	CARD #	+ .
	OTHER	(IDENTIFY)			
0607	TREASURY	0467 HYD	RO ACTIVITY	LIC NUMBER	
0233	POWER LICENSE FEE (FW/WRD)				\$
0231	HYDRO LICENSE	FEE (FW/WRD)			\$
	HYDRO APPLICA	ION			\$
	TREASURY	OTH		EIVED	
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FUND		TITLE			
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**Alternate Reservoir Application Completeness Checklist** This is the checklist used by WRD staff County \_\_\_\_\_\_ Application **<u>R-88462</u>** Township 65 Range 600 Section 10 Taxlot 1600 Priority Date 9/29/17 Caseworker Use Multipurpose Watermaster 6- 00 Amount (AF) 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: 8.92 **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 \*\* 1/41/4'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? 
VES If YES, can conditions be applied to mitigate the injury?  $\Box$  YES  $\Box$  NO If NO, return the application. Did the watermaster determine when water is available for the proposed use? 
VES > 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?  $\angle$  YES  $\square$  NO If YES, can conditions be applied to mitigate the impact? YES DNO 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 our deed land sales contract or title insurance to meet this requirement. Fees enclosed? Print page from fee calculator C Total Fees \$ Fotal Paid \$ 1248 Total Fees 5\_\_\_\_\_ Date:\_\_\_\_ 7/29/17- Revised 2017-8-1 Completeness Check by: \_ 1