STATE OF OREGON WATER RESOURCES DEPARTMEN

WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 124945 INVOICE # .. SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) APPLICATION RECEIVED FROM: / PERMIT BY: TRANSFER CASH: CHECK:# OTHER: (IDENTIFY) TOTAL REC'D WRD MISC CASH ACCT 1083 TREASURY \$ 0407 COPIES \$ '(IDENTIFY) OTHER: 0243 I/S Lease 0244 Muni Water Mgmt. Plan_ 0245 Cons. Water 4270 WRD OPERATING ACCT **MISCELLANEOUS COPY & TAPE FEES** 0407 \$ 0410 RESEARCH FEES \$ MISC REVENUE: (IDENTIFY) 0408 \$ TC162 DEPOSIT LIAB. (IDENTIFY) \$ EXTENSION OF TIME 0240 RECORD FEE WATER RIGHTS: **EXAM FEE** 0201 SURFACE WATER 550.00 0202 0204 **GROUND WATER** 0203 0205 TRANSFER LICENSE FEE **EXAM FEE** WELL CONSTRUCTION 0219 WELL DRILL CONSTRUCTOR 0218 \$ 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) 0437 WELL CONST. START FEE 0536 TREASURY 0211 WELL CONST START FEE CARD# 0210 MONITORING WELLS \$ CARD# OTHER (IDENTIFY) 0467 HYDRO ACTIVITY LIC NUMBER **TREASURY** 0607 0233 POWER LICENSE FEE (FW/WRD) \$ 0231 -HYDRO LICENSE FEE (FW/WRD) \$ HYDRO APPLICATION TREASURY OTHER / RDX TITLE FUND VENDOR # OBJ. CODE \$ DESCRIPTION DATED: RECEIPT:

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

Afternate Reservoir Application Completeness Checklist
This is the checklist used by WRD staff
Application R-88465 County Douglas
Priority Date 10 - 16 - 2017 Township 24 S-Range 7w Section 37 Taxlot 1100
Use Multipurpose Caseworker Cign
Amount (AF) 4 Watermaster #15 Susan
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: 4.0 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 ar
mailing address listed? (Including: lands not owned by applicant, upon which the source is located OR that a
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 fata
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? YES NO
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? NO INO, return the application.
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
If YES, can conditions be applied to mitigate the impact? \(\text{TYES} \) \(\text{If NO, return the application.} \)
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 \$ 1,070.00 Total Fees \$ 1,070.00
Completeness Check by: MAB Date: 10-17-17 Revised 2017-8-1