STATE OF OREGON WATER RESOURCES DEPARTMENT RECEIPT # 124942 725 Summer St. N.E. Ste. A INVOICE # _ SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) APPLICATION RECEIVED FROM: ATTIME 18. PERMIT BY: TRANSFER CASH: TOTAL REC'D 4170 WRD MISC CASH ACCT 1083 **TREASURY** \$.: 040**7** COPIES \$ OTHER: (IDENTIFY) 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) \$ 0240 EXTENSION OF TIME RECORD FEE WATER RIGHTS: EXAM FEE SURFACE WATER 0202 0201 740.00 \$ 0203 GROUND WATER 0204 0205 TRANSFER \$ LICENSE FEE **EXAM FEE** WELL CONSTRUCTION 0219 WELL DRILL CONSTRUCTOR 0218 \$ 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY)

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DATED: 10/16/

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

124942

RECEIPT:

Afternate Reservoir Application Completeness Checklist
This is the checklist used by WRD staff
Application R-88404 County Marion
Priority Date 10-14-17 Township 6 5-Range 1 w Section 6 Taxlot 1200
Use Mult: pur pose - Caseworker Barbe
Amount (AF) 9.2 - Watermaster Joel #14
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: 9.Z 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 Tay Lot number(s)*
Scale of the Map, even scale such as $1" = 400'$, $1" = 1000'$, or $1" = 1320'$ **
Reference corner on map
North Directional Symbol **
□ ¼¼'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 DO
If YES, can conditions be applied to mitigate the injury? \(\times YES \) \(\times NO \) If NO, return the application.
Did the watermaster determine when water is available for the proposed use? \Box YES \Box 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? ZYES \square NO
If YES, can conditions be applied to mitigate the impact? ZYES 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
your deed land sales contract or title insurance to meet this requirement.
□ Fees enclosed? Print page from fee calculator
Total Paid \$ 1280 00 Total Fees \$ 1280
Completeness Check by: MHS Date: 10-17-17 Revised 2017-8-4