

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **125374**

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

INVOICE # _____

RECEIVED FROM: Philip Lundy	APPLICATION R-4848D
BY: Maria Del Rocio Lundy	PERMIT
CASH: <input type="checkbox"/>	TRANSFER
CHECK: # 1508	TOTAL REC'D \$1000.00
OTHER: (IDENTIFY) <input type="checkbox"/>	

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	EXAM FEE \$515.00	0202	RECORD FEE \$485.00
0203 GROUND WATER	\$	0204	\$
0205 TRANSFER	\$		
WELL CONSTRUCTION			
0218 WELL DRILL CONSTRUCTOR	EXAM FEE	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 (FWWRD)		\$
0231 HYDRO LICENSE FEE (FWWRD)		\$
HYDRO APPLICATION		\$

TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____ \$

**RECEIVED
OVER THE COUNTER**

RECEIPT: **125374** DATED: **12/5/17** BY: **C. Dueterich**

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **125375**

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

INVOICE # _____

RECEIVED FROM: Phil & Linda; Maria Del
BY: Rod Olund

APPLICATION	<u>R-88480</u>
PERMIT	
TRANSFER	

CASH: CHECK:# 4-509 OTHER: (IDENTIFY)

TOTAL REC'D \$ 35.00

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
0203 GROUND WATER	\$ _____	0204	\$ <u>35.00</u>
0205 TRANSFER	\$ _____		\$ _____

WELL CONSTRUCTION

0218 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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RECEIPT: **125375**

DATED: 12/5/17 BY Chetrich

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application 188480 County Yam
Priority Date 12/5/17 Township 42 Range 4W Section 26 Taxlot 1260
Use Restoration, Fr Caseworker V.M.F.
Amount (AF) 3 Watermaster Joel Vahn 16

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 0'
- Total Quantity of Storage Requested: 3.2
- 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, even scale such as 1" = 400', 1" = 1000', or 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 \$ 0 Total Fees \$ 1886.00
Completeness Check by: [Signature] Date: 12.5.17 Revised 2017-8-4