STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT# 125503

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

INVOICE #	<u> </u>

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RECEIPT: 12550.3

DATED: 12-21-17 BY:

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Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff
County Application 2-88487 Multip.
AF) V 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: 3.6 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)* Seale of the Map, even scale such as 1'' = 400', 1'' = 1000', or 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?

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 If YES, can conditions be applied to mitigate the impact? \(\preceq YES \) \(\preceq NO \) 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 Fees \$ 1 8

Revised 2017-8-4

Completeness Check by: _