RECEIPT #	wат 125558	ER RESOUR 725 Summer SALEM, O	F OREGON CES DEPARI r St. N.E. Ste. A R 97301-4172	INVOICE #	
	CILLO	(503) 986-0900 /	(503) 986-0904 (fa)	<u> </u>	
RECEIVED FR	OM: <u>ZIVC</u>	I MUM	1-10111		Asee belou
BY:	Taini	SILLE	·····	PERMIT	
CASH:	CHECK# 0	THER: (IDENTIFY))	TRANSFER	
	×12516			TOTAL REC'D	\$ 4,715.00
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	OTHER: (II	DENTIFY)	<u> </u>		\$
0243 1/5 1	Lease 0244	Muni Water Momt	Plan 02	45 Cons Water	
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		811111	TR-884	29	
0407	MISCELLANEOUS COPY & TAPE FEE	1	R-884	190	\$
0407	RESEARCH FEES	5	R-896	[9]	\$
0410	MISC REVENUE:		· · ·		\$
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0240	EXTENSION OF TH		110.00	****	\$
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		884905760	EXAM FEE		\$ 1560.00
0201	SURFACE WATER	-88491-1285	\$ 3,155.	0202	\$ 1500.00
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	_ OTHER 🖇	(IDENTIF	91-0201-\$1285.00, 	0202-\$520.00	
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					1
0211	WELL CONST STAF		\$	CARD #	
0210	MONITORING WEL		\$	CARD #	
	_ OTHER	(IDENTIFY)			
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0233	POWER LICENSE		5		\$
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L 			R/TPPE CC	JUNTER	· · · · · · · · · · · · · · · · · · ·
FUND					
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4	25558	17	-77-17	12000	John
RECEIPT:		DATED: 12			JK. Gr V V / I

Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff Application <u>R-88487</u> County <u>Maxie</u> Priority Date <u>27-Dec-2017</u> Township <u>25</u> Range <u>IW</u> Section <u>36</u> Taxlot <u>500</u> Use <u>Main pares P</u> Caseworker Amount (AF) <u>20</u> Watermaster <u>Del Plahn</u>

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

Beservoir Location- Township, Range, Section, Quarter Quarter, Taxlot

Dam height, if applicable

Zotal Quantity of Storage Requested: _____

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' **

A Reference corner on map

North Directional Symbol **

////// 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 INO

If YES, can conditions be applied to mitigate the injury? \Box YES \Box NO <u>If NO, return the application</u>.

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.

<u>Af the watermaster determined that water is NOT available, return the application.</u>

Completed ODFW review sheet signed and dated by ODFW representative.

Will the reservoir pose a significant detrimental impact to an existing fishery resource? \Box YES \Box NO If YES, can conditions be applied to mitigate the impact? \Box YES \Box 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.

\Box Fees enclosed?	Print page from fee calculator	
Total Paid \$	Total Fees \$ <u>/630</u>	
Completeness Check by	y:Date:	Revised 2017-8-4

K-88489