STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT# 126656

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

INVOICE # ___

			(303) 30	-5	03) 900-0304 (18	unj					
REC	EIVED FRO	om: C1	: CITY OF HILSbord					CATION	K-88582		
BY:			ā.				PEI	RMIT	/ * ~		
CASH: CHECK:#							TRAN	ISFER	7		
			OTHER: (IDENTIFY)		``		TOTAL REC'D		A & &	TG W	
						TOTAL			\$ 1,319.00		
	1083 TREASURY 4170 WRD MISC CASH ACCT										
	0407	COPIES							\$		
		_ OTHER: (i	DENTIFY)						\$	•	
	0243 1/5 1	0244	Muni Mate	er Marot Pi	an O	2/15	Cone W	ator			
	0243 I/S Lease 0244 Muni Water Mgmt. Plan 0245 Cons. Water 4270 WRD OPERATING ACCT										
	0407	COPY & TAPE FEE		Hou)						\$	
	0407	RESEARCH FEES	_						\$	-	
	0408		/)					\$			
	TC162	TC162 DEPOSIT LIAB. (IDENTIFY)							\$		
	0240								\$		
		WATER RIGHTS: EXAM FEE							REC	ORD FEE	
	0201	SURFACE WATER	\$ 7950		0202		\$ 5	20.00			
	0203	GROUND WATER					0204		\$		
	0205	TRANSFER			\$						
		WELL CONSTRUC	CTION	į	EXAM FEE	=	_		LICE	NSE FEE	
	0218	WELL DRILL CON		R	\$		0219		\$		
		LANDOWNER'S P		F:			022	0	\$		
		OTHER	(IDENTIF	=Y)							
	-	5111 <u>1</u> 11	(102.1111	.,							
	0536	TREASURY	0437	WELL (CONST. STA	٩R٦	FEE			.:	
	0211	WELL CONST STA	RT FEE	-	\$		7 [CARD#			
	0210	MONITORING WE	LLS		\$			CARD#			
		OTHER	_ (IDENTIF	=Y)							
	0607	TREASURY				1	IC NUM	BER			
		POWER LICENSE		-	_				\$		
	0231			VRD)	•				\$		
		HYDRO APPLICA	AVI	REC	EIVED				\$		
		1.25		RTHE		Tr	-				
		TREASURY		OTHER	NUXARI	JE	:H			ř.	
	FUND	<u> </u>	TITLE _	1		_					
	OBJ. COD	E	VENDOR#								
DESCRIPTION			·						\$		
					1 6		- 7				
				,		,	_	/	}		

RECEIPT: 126656

Alternate Reservoir Application Completeness Checklist
This is the checklist used by WRD staff
Application R-88582 County WAShington
Priority Date 5/6/2008 Township 15 Range Zw Section 6 Taxlot 1000
Use Multipurpose / wetland enhancement Caseworker Kim French
Amount (AF) 10.7 Af. Watermaster JAKE Constant # 20
,
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
A Total Quantity of Storage Requested: 10.7 Ac.
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)*
\square 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 □ NO
If YES, can conditions be applied to mitigate the injury? \square YES \square 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 NO return the application
If YES, can conditions be applied to mitigate the impact? \(\text{TES} \) \(\text{INO} \) \(\text{If NO, return the application.} \)
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 \$ 1/315.00 Total Fees \$ 1/315.00
Fees enclosed? Print page from fee calculator Total Paid \$ \frac{1315.00}{2315.00} \text{Total Fees \$ \frac{1}{315.00}} \text{Date: \$ \frac{5}{16}/18} \text{Revised 2017-8-4}