CEIPT #	127070 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax		
CEIVED FRO	OM: D & D Trust; Dennis, V. Donna M Lonafelloul	PERMIT	K-88594
ASH: (TRANSFER TOTAL REC'D	\$ 91,5.00
1083	TREASURY 4170 WRD MISC CASH A	CCT	
0407	COPIESOTHER: (IDENTIFY)	te cono Water	\$ \$
0243 1/5 1	_ease 0244 Muni Water Mgmt. Plan 024 4270 WRD OPERATING #		1
0407 0410 0408 TC162 0240 0201 0203 0205 0218	MISCELLANEOUS 4/6/1/1 COPY & TAPE FEES 4/6/1/1 COPY & TAPE FEES RESEARCH FEES MISC REVENUE: (IDENTIFY)		\$ \$ \$ \$ RECORD FEE \$ <i>520.00</i> \$ LICENSE FEE \$ \$
0211 0210	WELL CONST START FEE \$ MONITORING WELLS \$ OTHER (IDENTIFY)	CARD # CARD #	
0607	TREASURY 0467 HYDRO ACTIVITY	LIC NUMBER -	* •
0233 0231	POWER LICENSE FEE (FW/WRD) HYDRO LICENSE FEE (FW/WRD) HYDRO APPLICATION		\$ \$ \$
	TREASURY OTHER / RDX	· · · · · ·	
OBJ. COI	TITLE DE VENDOR # PTION		\$

Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff	
Application <u>K-88599</u> County <u>WAI/owA</u> Priority Date <u>4[27][7</u> Township <u>/S</u> Range <u>43E</u> Section <u>Z</u> Taxlot <u>670</u>	
Use <u>Multi-purpose</u> Caseworker <u>Kim French</u> Amount (AF) 7 L. Watermaster David Bales	
Amount (AF) <u>.7 Lf.</u> Watermaster <u>David Bates</u>	
Minimum Requirements (ORS 537.409)	
Landowner Name, Mailing Address and Telephone Number. Source and tributary listed. <u>NO WELLS-MUST HAVE GW APP TO USE A WELL AS A SOURCE</u>	
Reservoir Location- Township, Range, Section, Quarter Quarter, Taxlot	
Dam height, if applicable	
Total Quantity of Storage Requested:	-
Property ownership indicated? If applicant does not own all the land is the affected landowner's name and	1
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 <i>applicant</i> .	
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 $1'' = 1320' **$	
\square Reference corner on map	
□ North Directional Symbol **	· .
\Box $\frac{1}{4}$ '4's clearly identified	
Reservoir clearly identified ** Demor POD (If off channel) Location coordinates referenced to a covernment landsurvey corner*	
 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? \Box YES \Box NO	
If YES, can conditions be applied to mitigate the injury? \Box YES \Box 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? \Box YES \Box NO	
If YES, can conditions be applied to mitigate the impact? \Box YES \Box NO <u>If NO, return the application</u> .	
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.	
your deed land sales contract or title insurance to meet this requirement.	
Fees enclosed? Print page from fee calculator	
Fees enclosed? Print page from fee calculator Total Paid \$ <u>765.00</u> Completeness Check by: <u>E-67</u> Date: <u>6/25/18</u> Revised 2017-8-4	<u>_</u>
Completeness Check by: $\underline{\mathcal{E}}_{-}$ Date: $\underline{\mathcal{E}}_{-}$ Date: $\underline{\mathcal{E}}_{-}$ Date: $\underline{\mathcal{E}}_{-}$ Revised 2017-8-4	
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