

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **127220**

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

INVOICE # _____

RECEIVED FROM: Annette T Pacheco APPLICATION K-82598

BY: _____ PERMIT _____
TRANSFER _____

CASH: CHECK:# 178 OTHER: (IDENTIFY) TOTAL REC'D \$ 1,000.00

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 46111

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 \$ <u>480.00</u>	0202 RECORD FEE \$ <u>520.00</u>
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 (FW/WRD) \$ _____
0231 HYDRO LICENSE FEE (FW/WRD) \$ _____
HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____
OBJ. CODE _____ VENDOR # _____
DESCRIPTION _____ \$ _____

RECEIPT: **127220** DATED: 7-3-18 BY: Bill [Signature]

Distribution - White Copy - Customer Yellow Copy - Fiscal Blue Copy - File Buff Copy - Fiscal

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R-88598 County Douglas
Priority Date 7/3/18 Township 26S Range 6W Section 27 Taxlot _____
Use Multi, Nat. habitat, Fire Prot. Ag. Caseworker Scott
Amount (AF) 1.9 Af. Watermaster Susan Douthett #15

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: 1.9 Af.
- 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 \$ 4,000.00

Total Fees \$ 4,000.00

Completeness Check by: E.G.

Date: 7/5/18

Revised 2017-8-4