STATE OF OREGON

WATER RESOURCES DEPARTMENT

REC	EIPT#	127643	SALEM,	ner St. N.E. Ste. A OR 97301-4172 0 / (503) 986-0904 (fax	INVOICE#		
REC	EIVED FR	OM: (2) \/	Jacker	Solvenor	APPLICATION	R-8866	
BY:		INC		DIDIKU IU	PERMIT	~ ODOU	
					TRANSFER		
CASI	H:]	CHECK:# 20683	OTHER: (IDENTIF	·Y)	TOTAL REC'D	\$ 1,280.00	
	1083	TREASURY	4170 WRI	D MISC CASH A	CCT	<u> </u>	
	0407	COPIES	<u> </u>			\$	
			DENTIFY)		-	\$	
	0243 I/S I	_ease 0244	·	t. Plan 02	45 Cons. Water		
	4270 WRD OPERATING ACCT						
•	<u> </u>	MISCELLANEOUS		2//01/1			
	0407	COPY & TAPE FEE	S	TUIT		\$	
	0410	RESEARCH FEES		•		\$	
•	0408	MISC REVENUE: (IDENTIFY)				\$	
	TC162	DEPOSIT LIAB. (IE	DENTIFY)			\$	
	0240	EXTENSION OF TI	ME			\$	
		WATER RIGHTS:		EXAM FEE		RECORD FEE	
	0201	SURFACE WATER		\$ 100.0	y) 0202	\$ 520.00	
	0203	GROUND WATER		\$	0204	\$	
	0205	TRANSFER		\$			
		WELL CONSTRUC	TION"	EXAM FEE		LICENSE FEE	
	0218	WELL DRILL CONS	STRUCTOR	\$	0219	\$	
		LANDOWNER'S PE	RMIT		0220	\$	
		OTHER	(IDENTIFY)				
	0536	TREASURY	0437 WEL	L CONST. STAI	RT FFF		
	0211	WELL CONST STAI					
	0210	MONITORING WEL		\$	CARD #		
	0210			<u> </u>		<u> </u>	
		·					
	0607	TREASURY		RO ACTIVITY	LIC NUMBER		
	0233	POWER LICENSE	, ,		<u>·</u>	\$	
	0231	31 HYDRO LICENSE FEE (FW/WRD)				\$	
		HYDRO APPLICATION				\$	
		TREASURY OTHER / RDX					
	FUND		TITLE				
		E			•		
		TION	· · · · · · · · · · · · · · · · · · ·			\$	
					·		
RECE	IPT: 1	27643	DATED:	-13-18 BY:	Civill.	trick	

Distribution _ Mhito Conv. Customer Valley Conv. Final Dive Conv. File D.# Conv. File D.#

Alternate Reservoir Application Completeness Checklist						
This is the checklist used by WRD staff						
Application R-88664 County Clackain as						
Priority Date \$ 20 18 Township 25 Range 4E Section 7 Taxlot 1100						
Use <u>Multipu Pose</u> Caseworker <u>Banke</u>						
Use <u>Multipulus</u> Caseworker <u>Banke</u> Amount (AF) <u>9.1 Af</u> Watermaster <u>Amy Kim</u> 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						
Total Quantity of Storage Requested: 9.14f.						
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 **						
1/41/4'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? \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 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						
Jour deed land sales contract or title insurance to meet this requirement.						
Food analogad? Print nago from foo calculator						
Total Paid \$ / 280.00 Total Face \$ / 280.00						
Fees enclosed? Print page from fee calculator Total Paid \$ \(\frac{1280.00}{280.00} \) Completeness Check by: \(\frac{1280.00}{14/18} \) Date: \(\frac{8}{14/18} \) Revised 2017-8-4						
Completeness Check by. V - 417 Date. Date. By 17/10 Revised 2017-8-4						