

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **127915**

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

INVOICE # _____

RECEIVED FROM: <u>Apex Biosciences LLC</u>	APPLICATION <u>R-88668</u>
BY: _____	PERMIT _____
CASH: <input type="checkbox"/>	TRANSFER _____
CHECK: # <u>9202</u>	TOTAL REC'D \$ <u>1000.00</u>
OTHER: (IDENTIFY) _____	

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	
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>
0203 GROUND WATER	\$ _____
0205 TRANSFER	\$ _____
0202	RECORD FEE \$ <u>520.00</u>
0204	\$ _____
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____
LANDOWNER'S PERMIT	\$ _____
0219	LICENSE FEE \$ _____
0220	\$ _____
OTHER (IDENTIFY) _____	

0536 TREASURY	0437 WELL CONST. START FEE
0211 WELL CONST START FEE	\$ _____
0210 MONITORING WELLS	\$ _____
OTHER (IDENTIFY) _____	CARD # _____
	CARD # _____

0607 TREASURY	0467 HYDRO ACTIVITY	LIC NUMBER
0233 POWER LICENSE FEE (FW/WRD)		\$ _____
0231 HYDRO LICENSE FEE (FW/WRD)		\$ _____
HYDRO APPLICATION		\$ _____

_____ TREASURY	OTHER OVER THE COUNTER
FUND _____	TITLE _____
OBJ. CODE _____	VENDOR # _____
DESCRIPTION _____	\$ _____

RECEIPT: **127915** DATED: 9/11/18 BY: [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-88668 County Lane
Priority Date 9/7/18 Township 18S Range 5W Section 1 Taxlot 106
Use Multi purpose Caseworker Kim French
Amount (AF) 1.5 Af. Watermaster Laraya Blakely #2

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: 1.5 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. Receipt
- 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 \$ 1,000.00 Total Fees \$ 1,000.00
Completeness Check by: E.G. Date: 9/10/18 Revised 2017-8-4