	WAT			DREGON	MENT		
RECEIPT # 128395 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax)							
RECEIVED FR	M. Kally (aud	λ	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	APPLI	CATION	R-88678
BY: Mona L'Guido						RMIT	100010
Br: Martin Charles						ISFER	
CASH: CHECK # 211 OTHER: (IDENTIFY)							
	X 211				TOTAL	REC'D	\$ 1245.00
1083 TREASURY 4170 WRD MISC CASH ACCT							
0407	COPIES						\$
	OTHER: (IDENTIFY)						\$
0243 I/S	Lease 0244	Muni Wate	er Mgmt. Pla	n 0245	5 Cons. W	ater	
4270 WRD OPERATING ACCT							
	MISCELLANEOUS		41	6111			
0407	COPY & TAPE FEE	ES	14	P11]			\$
0410	RESEARCH FEES						\$
0408	MISC REVENUE: (IDENTIFY)						\$
TC162	DEPOSIT LIAB. (IDENTIFY)						\$
0240	EXTENSION OF TIME						\$
in the second	WATER RIGHTS:			EXAM FEE	7		RECORD FEE
0201	SURFACE WATER			\$ 725.00	020	2	\$ 520.00
0203	GROUND WATER	+1=2.00					
0205	TRANSFER			\$			
	WELL CONSTRUC	TION		EXAM FEE			LICENSE FEE
0218	WELL DRILL CONSTRUCTOR \$ 0219 \$						
0210	LANDOWNER'S PERMIT 0220 \$						
	_ OTHER	(IDENTIF	· Y)				
0536	TREASURY	0437	WELL C	ONST. STAR	T FEE		
0211	WELL CONST STA	RT FEE		\$		CARD #	
0210	MONITORING WE	LLS		\$		CARD #	
	_ OTHER	(IDENTIF	Y)				
0607	TREASURY	0467	HYDRO	ACTIVITY	LIC NUM	BER	
0233	POWER LICENSE	FEE (FW/V	VRD)				\$
0231	HYDRO LICENSE	FEE (FW/W	VRD)	L			\$
	HYDRO APPLICAT	ION					\$
	TREASURY		OTHER	/ BDX			
EUND		and the second					
	DE						
							\$
DESCRIF	PTION		- A		.1		Ψ
RECEIPT: 128395 DATED: 11/8/18 BY: Richi							
Di	stribution White Conv	Customor	Vollow Cor	Eiscal Blue Co	Eilo	Buff Con	L - Eicoal

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff
Application <u>R-88678</u> County <u>Douglas</u>
Priority Date_11_8_18 Township 265 Range 6W Section 12 Taxlot 100
Honry Date 11 0 110 Township 200 Range 000 Section 72 Taxiot 100
Use <u>Multipurpose</u> Caseworker <u>Banbe</u>
Amount (AF) <u>9Af</u> Watermaster <u>Susan Douthit</u>
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:
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 **
\Box $\frac{1}{4}$'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? UPPENDIC YESTING VALUE
If YES, can conditions be applied to mitigate the injury? \Box YES \Box NO <u>If NO, return the application.</u>
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 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 $\frac{1}{245.00}$ Total Fees $\frac{1}{245.00}$ Completeness Check by: <u>E.G.</u> Date: $\frac{1}{8/18}$ Revised 2017-8-4
Completeness Check by: $\underline{E.6.}$ Date: $\underline{//8/18}$ Revised 2017-8-4