STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 129004 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 INVOICE # _

		(503) 986-0900 /	(503) 986-0904 (fax)		1		
RECEIVED FROM	M: Otak		APPLICATION	K-88186			
3Y:		PERMIT					
	HECK# C	THER: (IDENTIFY)		TRANSFER			
CASH: CI	TOTAL DECID	1000 AA					
	A130971			TOTAL REC'D	\$ 1000.00		
1083	TREASURY	4170 WRD	MISC CASH AC	СТ			
0407	COPIES				\$		
		DENTIFY)			\$		
02421/51.0			Plan 0245	Cons. Water			
0243 I/S Le	dse 0244	CONTROL OF THE PARTY OF THE PARTY.	OPERATING AC				
	MICCELLANICOLIC	4270 WND	LIGHT AC	,01			
0407	MISCELLANEOUS	•	74111		\$		
	407 COPY & TAPE FEES						
0410	RESEARCH FEES	\$					
0408	MISC REVENUE:		\$				
TC162	DEPOSIT LIAB. (ID		\$				
0240	EXTENSION OF TI	ME	Ti				
	WATER RIGHTS:		EXAM FEE		RECORD FEE		
0201	SURFACE WATER		\$ 480.00	0202	\$ 520.00		
0203	GROUND WATER		\$	0204	\$		
0205	TRANSFER		\$				
	WELL CONSTRUC	TION	EXAM FEE	, 49	LICENSE FEE		
0218	WELL DRILL CONS	TRUCTOR	\$	0219	\$		
	LANDOWNER'S PERMIT 0220						
	OTHER	(IDENTIFY)					
0536	TREASURY	0437 WELL	CONST. START	ree			
7							
	WELL CONST STAI		\$	CARD#			
0210	MONITORING WEL	LS	\$	CARD#			
	OTHER	(IDENTIFY)					
0607	TREASURY	0467 HYDF	RO ACTIVITY	IC NUMBER			
0233	POWER LICENSE I	FEE (FW/WRD)			\$		
0231	0231 HYDRO LICENSE FEE (FW/WRD)						
	HYDRO APPLICATI	ON	Medical control way		\$		
	TREASURY	OTUE	R/RDX REC	FIVED			
	INCASUNT	ОТПЕ	OVER THE	COUNT			
FUND		TITLE	OVER THE	COUNT	ER		
OBJ. CODE		VENDOR #					
DESCRIPT	ION		1000		\$		
				1 2			
RECEIPT: 1	29004	DATED: 11	22/19 BY: 1	"Wull	well		

Dietribution - White Cony - Customer Vallow Cony - Fiscal Rlue Cony - File Ruff Cony - Fiscal

Check Date:

1/10/2019

Invoice Number	Date	Voucher	Amount	Discounts	Previous Pay	Net Amount
INV010819A	1/8/2019	00000039308	1,000.00			1,000.00
Oregon Water Resources Dept		TOTAL	1,000.00			1,000.00
Citibank - Oregon A/P #2	20	1154051				



Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff Application 2-88696 County Wanhill County Priority Date 122.19 Township 23 Range 3W Section 29 Taxtot 100 MD Caseworker ___/_Sa 6 Watermaster Amount (AF) 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: 1,70 *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. 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? \(\frac{1}{2}\) YES \(\sigma\) NO If NO, return the application. Did the watermaster determine when water is available for the proposed use?

YES 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 DNO 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. OK VIA WM Fees enclosed? Print page from fee calculator Total Paid \$_\(\) -**Total Fees \$** Date: 1/22/2019

Completeness Check by: _