STATE OF OREGON

WATER RESOURCES DEPARTMENT

725 Summer St. N.E. Ste. A RECEIPT # 129754 INVOICE # SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) **APPLICATION** RECEIVED FROM: PERMIT BY: TRANSFER CASH: CHECK:# OTHER: (IDENTIFY) TOTAL REC'D 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** RECORD FEE WATER RIGHTS: **EXAM FEE** \$. 0201 SURFACE WATER 0202 **GROUND WATER** 0204 0203 0205 TRANSFER \$ LICENSE FEE **EXAM FEE** WELL CONSTRUCTION 0219 \$ 0218 WELL DRILL CONSTRUCTOR \$ 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) 0437 WELL CONST. START FEE TREASURY 0536 0211 WELL CONST START FEE CARD# \$ CARD# MONITORING WELLS 0210 **OTHER** (IDENTIFY) TREASURY 0467 HYDRO ACTIVITY LIC NUMBER 0607 \$ POWER LICENSE FEE (FW/WRD) 0233 \$ 0231 HYDRO LICENSE FEE (FW/WRD) \$ HYDRO APPLICATION OTHER / RDX **TREASURY** TITLE FUND VENDOR # OBJ. CODE \$ DESCRIPTION

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DATED:

RECEIPT:

Alternate Reservoir Application Completeness Checklist
This is the checklist used by WRD staff
Application R-88713 County Lane
Priority Date 5-13-1019 Township Sange W Section 22 Taxlot 600
Use Multipurpose Caseworker Kim French
Amount (AF) 2.05 Watermaster Langua Blakely
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: 2.05AF
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?
X 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 or SE c, sec. 22
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? 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
If YES, can conditions be applied to mitigate the impact? TYES TNO 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.
your deed land sures contract of the insurance to meet this requirement.
Fees enclosed? Print page from fee calculator
Total Paid \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Completeness Check by: Date: Date: Date: Revised 2017-8-4
Peer Review Cong Middleton 5/14/19
Mann B == 5-15-16