# **MONEY SLIP**

DAT	E: 5-19.2021	RECEIPT #:	135303	
	ED FROM: WOB Ore	egon HC	APPLICATION PERMIT TRANSFER	P-89120-
CASH	CHECK # 1021	OTHER (IDENTIFY		\$ 965.00
1083 TI	REASURY 4170	MISC CASH ACCT.		
0407	COPIES OTHER: (IDENTIFY)	)		\$
0243 lr	0243 Instream Lease 0244 Muni Water Mgmt. Plan 0245 Cons. Water			
1083 TI	REASURY 4270 \	WRD OPERATING A	ССТ.	
0407 0410 0408 TC162 0240 0201 0203 0205	MISCELLANEOUS COPY & TAPE FEES RESEARCH FEES MISC REVENUE (IDENTIFY) DEPOSIT LIAB. (IDENTIFY) EXTENSION OF TIME WATER RIGHTS SURFACE WATER GROUND WATER TRANSFER WELL CONSTRUCTION WELL DRILL CONSTRUCTOR LANDOWNER'S PERMIT OTHER (IDENTIFY)	EXAM FEE \$ 445. \$ \$ \$ \$  EXAM FEE \$	0202 0204 0219 0220	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
0607 TR	EASURY 0467 H	HYDROELECTRIC	Control of the Control	
0233 0231	POWER LICENSE FEE (FW/W HYDRO LICENSE FEE (FW/W HYDRO APPLICATION		LIC NUMBER	\$ \$

SPECIAL INSTRUCTIONS:

# **Alternate Reservoir Application Completeness Checklist**

Minimum Requirements (ORS 537.409)

For use by WRD staff only

Application #: 2. 89720 . 914

sales contract, or title insurance meets this requirement.

Applicant Name:	Brenda Smda - Foti	Amount Requested:	0.65 AF	
Priority Date:	5/19/2021	Proposed Use:	Multi-Purpose	
County:	Yamhill	POD's TRS &TL:	35, 5w, 23 TL: 2400	
WM #:	22	Caseworker:	KF LG	
Reviewed by:	(M.	Reviewed Date:	5/28/2021	
	ne, mailing address and telephone			
	utary listed. Notes: <u>NO WELLS-MUST HA</u> rage application at the same time.	IVE GW APP TO USE A WELL A	AS A SOURCE. Cannot accept an E2	
Reservoir Locat	ion. TRSQQ and tax lot provided.			
Dam height, if a	applicable: 12'			
Property owner	ship indicated?			
If applicant does <u>not</u> own all the land is the affected landowner's name and mailing address listed?  YES NO (Note: this includes lands not owned by applicant, upon which the source is located OR that are crossed by the diversion works, and any roads or rights-of-way.)				
🔀 Application sig	ned by the landowner(s)? All parti	es noted as applicant	s must sign the application.	
Completed Wa	atermaster review sheet, signed	and dated. Note: Must be	e completed within last 6 months.	
• Will the reservoir injure an existing water right?				
M If YES, can conditions be applied to mitigate injury? YES NO If NO, return application.				
X Completed OF	<b>PFW review sheet,</b> signed and da	ted. Note: Must be complet	ed within last 6 months.	
• Will reservoir pose a significant detrimental impact to an existing fishery resource? MYES 🔲 NO				
• If YES, can conditions be applied to mitigate the impact? X YES NO N/A If NO, return application.				
	nd-Use Form or receipt signed by on land-use form match the proposed use on		ning department official enclosed? ed within the last 12 months.	
Provide a Lega	al Description of all the property	involved with this app	olication. A copy of a deed, land	

Acceptable Map. Note: Requirem	nts set forth by the Commis	sion; causes fatal	flaw if not provided by the	applicant.
Reservoir Location - no Scale of the Map, even				ımber(s)
Reference corner on ma		0,1 - 1000	,011 - 1520	
North directional symb				
1/41/4's clearly identified				
Reservoir clearly identif				
Dam, or POD (if off-channel), coordinates referenced to a government land survey corner Note: If no dam, use coordinates to the center of reservoir.				survey corner
Fees: Amount of Water Requested	: (). 65 AF Name	e on check:	HOB Oregon	LLC
	4		1	
Exam Fee Due	\$445.00			
Exam Fee Submitted	\$445,00			
Difference	\$20			

Total:

520.00



## Oregon Water Resources Department Alternate Reservoir Application

🔏 Main

Help

Return

Contact Us

For impoundments less than 10 feet in height or storing less than 9.2 acre feet of water.

Today's Date: Friday, May 28, 2021

Base Application Fee.		\$410.00
Proposed Dam Height in feet.	12	
Proposed Reservoir volume in Acre Feet.	0.65	\$35.00
	Subtotal:	\$445.00
Permit Recording Fee. ***		\$520.00
*** the Permit Recording Fee is not required when the application is submitted but, must be paid before a permit will be issued. It is fully refundable if a permit is not issued. If the recording fee is not paid prior to issuance of the Final Order, permit issuance will be delayed.		
Estimated cost of Permit Application		\$965.00



Water Resources Department

725 Summer St NE, Suite A Salem, OR 97301 (503) 986-0900 Fax (503) 986-0904

May 28, 2021

Dear Applicant:

The Oregon Water Resources Department has received your application to store water in a reservoir under the Alternate Review process. Your application has been assigned file number R-89120. Please refer to this number when contacting the Department. Should you have any questions about your application, please contact the following Water Rights Specialist assigned to your application:

Kim French, Water Rights Specialist	Phone: 503-986-0816		
	Email: kim.r.french@oregon.gov		

A description of the steps that are used for processing an application to stored water in a reservoir are shown on the reverse side of this letter.

Included with this letter is a Wetland Determination Request form provided by the Department of State Lands (DSL) Wetland Program to determine if wetlands or other regulated water bodies (such as creeks) are in the project area. Please complete and return the form to DSL.

Please note that your application is subject to review and comment from other state agencies and interested parties.

Sincerely,

Cory Middleton

Customer Service Representative

C. Melde

Oregon Water Resources Department

cc:

File

Encl. - DSL Wetland Offsite Form Tabula Rasa Farms Kellan Lancaster, Agent.

### **Water-Use Permit Application Processing Steps**

Oregon Water Resources Department

#### Alternate Review Process for a Reservoir Applications:

After a completed application has been received by the Department, the Department must make public notice of the application within 60 days. Applications are noticed to the public every Tuesday and can be accessed from the Department's website: https://www.oregon.gov/owrd.

The Department does not notify individual, neighboring landowners of an application, unless they are identified in the application as affected landowners. The public notice is to ensure that any person may submit detailed information requesting the Department deny an application based upon whether the proposed use causes injury to existing water rights or poses a significant detrimental impact to an existing fishery resource. All comments must be submitted within 60 days of the public notice.

Following the 60-day public comment period, the Department can issue a Final Order. Alternate Reservoir applications typically take between 3-5 months to process, depending upon the number of pending applications in the queue.

The Department recommends applicants not schedule excavation work or otherwise expend financial resources until an ODFW fish passage plan and the alternate reservoir application have been approved. Also note that other permits may be required for any construction activities in waterways, wetlands, or riparian areas.

### Wetland Determination Request Wetlands Program

BATC	H
<b>WD#:</b>	

Oregon Department of State Lands 775 Summer Street, NE, Suite 100, Salem, OR 97301-1279

The Department of State Lands (DSL) conducts *offsite* wetland determinations upon request. There is no fee for this service. An offsite determination consists of reviewing wetlands and soils maps, aerial photos and other information to determine if wetlands or other regulated water bodies (such as creeks) are present, likely to be present, or unlikely to be present. Only an *onsite* check can verify whether or not there are regulated wetlands on a site. As time allows, DSL staff may be able to conduct a site visit to verify an offsite determination. Please allow 2-3 weeks for an initial response.

If wetlands are present or likely to be present on a parcel or near a project area, a wetland delineation by a qualified wetland consultant may be needed. Wetland delineation reports and the required fee should then be submitted to DSL for review and agency approval.

1. Vicinity map (like a city map) with the precise parcel location indicated.

#### Please provide the following information:

2.	Large scale map (1" = 100' if possible) of the parcel showing existing buildings, property boundaries, any creeks and other features. An annotated tax assessor's map is fine, and a			
3.		nap is acceptable. and site address. Plea	ca fill in balow	
Э.				town if outside City limits)
	County		(or nearest	town is dusted Oily minus)
	Site address		(	or nearest cross streets if no address) d Tax Lot number(s) (Tax Man
4.	T. )	nnge, Section, Quarter/ nivalent). Please fill in	Camaran Sanation and	d Tax Lot number(s) (Tax Map
	Township	Range S	ection QQ	Tax Lot (s)
Phone:	•	Fax:		E-Mail
signatu	re below author	izes DSL staff to conduc	t a wetland determin	for which this request is made. My ation and to access the property to or to conducting a site visit.)
Signat	ure:		_ Date:	
Print N	James			

