Alternate Reservoir Application Completeness Checklist Minimum Requirements (ORS 537.409)

For use by WRD staff only

Application #:		Recei	ot #:		
Applicant Name:		Amount Reques	ted:		
Priority Date:		Proposed	Jse:		
County:		POD TRS 8	ι TL:		
WM #:		Casewoi	ker:		
Reviewed by:		Reviewed D	ate:		
_	e source withdrawn by ORS 538? ne, mailing address and telephone		,		
	utary listed. Notes: NO WELLS-MUST HA	AVE GW APP TO USE A V	NELL AS A SOURCE. Cannot accept an E2		
☐ Reservoir Locat	ion. TRSQQ and tax lot provided.	Note: only 1 reservoir/	pond per application		
\square Dam height, if a	applicable:				
☐ Property owner	ship indicated?				
	not own all the land is the affect NO (Note: this includes lands not owned by diversion works, and any roads or right	y applicant, upon which	name and mailing address listed? the source is located OR that are crossed by the		
☐ Application sign	ned by the landowner(s)? All parti	es noted as appli	cants must sign the application.		
☐ Completed Wa	termaster review sheet, signed	and dated. Note: M	ust be completed within last 12 months.		
Will the rese	ervoir injure an existing water righ	t?	□NO		
If YES, can co	onditions be applied to mitigate i	njury? 🛮 YES	□NO		
☐ Completed ODFW review sheet, signed and dated. Note: Must be completed within last 12 months.					
$ullet$ Will 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? \square YES \square NO \square N/A					
Completed Land-Use Form or receipt signed by the appropriate planning department official enclosed? Note: Does the use on land-use form match the proposed use on the application? Must be signed within the last 12 months.					
☐ Provide a Legal Description of all the property involved with this application. A copy of a deed, land sales contract, or title insurance meets this requirement.					

☐ Acceptable Map. Note: Requirements set forth by the Commission; 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 1/41/4's clearly identified Reservoir clearly identified 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.					
	Exam Fee Due:	\$			
	Exam Fee Submitted: \$				
	Difference:	\$			
	Recording Fee Paid?	□ Yes □ No \$			
	Total:	\$			

Oregon Water Resources Department Alternate Reservoir Application

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

Today's Date: Wednesday, January 15, 2025

Base Application Fee.		\$480.00
Proposed Dam Height in feet.	. 0	
Proposed Reservoir volume in Acre Feet.	13	\$533.00
	Subtotal:	\$1,013.00
Permit Recording Fee. ***		\$610.00
*** 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.	Recalculate	
Estimated cost of Permit Application	,	\$1,623.00

MONEY SLIP

DAT	E: 1-14-2825	RECEIPT #:	14454	(
	ED FROM Ducus	mimital	APPLICATION PERMIT TRANSFER	L-89863 L-89864	
CASH	CHECK # 4933 8	OTHER (IDENTIFY) MISC CASH ACCT.	TOTAL REC'D	\$ 3,615.50	
0407	COPIES			\$	
_	stream Lease 0244 I	Muni Water Mgmt. Plan_ VRD OPERATING ACC		ons. Water	
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 \$1383.80 \$	0202 0204 0219 0220	\$ \$ \$ RECORD FEE \$ RECORD FEE \$ \$	
0607 TR	EASURY 0467 H	YDROELECTRIC			
0233 0231	POWER LICENSE FEE (FW/WI HYDRO LICENSE FEE (FW/WF		LIC NUMBER	\$	
CDEC	HYDRO APPLICATION			\$.	
2-89	#1013.00 # 1010.00	RECEIV OVER THE CO			
RETURN TO APPLICANT LETTER ATTACHED					