

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87176 County JOSE
Priority Date 5-15-2008 Township 3E S Range 5W Section 34 Taxlot 1001
Use M-P Caseworker JOEZ P 1204
Amount (AF) 1.72 Watermaster DIST #

from WM OFFICE
GRANTS PASS

*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: 1.72
- 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 locatedor..... that are crossed by the diversion works. This includes any roads or rights-of-way.)
- Environmental Impact section completed? Not fatal if omitted
- Application signed by the landowner(s)? All parties noted as applicants must sign the application. Must be an original "wet" signature.
- 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.
- Acceptable map ** Indicates requirements of standards set forth by the Commission and causes fatal flaw if not provided by the applicant.

WM OFFICE ASSIST

- Reservoir Location - noting Township, Range, Section, 1/4 1/4 and Tax Lot number(s)*
- Scale of the Map (not less than 1"-1320') **
- Reference corner on map North Directional Symbol **
- 1/4 1/4's clearly identified Reservoir clearly identified *
- Dam or POD (If off channel) Location coordinates referenced to a government land survey corner* If no dam, use coordinates to center of reservoir.**

Fees enclosed*? Base Fee\$ 80

plus\$ 40 240

plus\$ _____

Total Paid \$ 120

Total Fees \$ 120

Completeness Check by: HTM

Date: 5-15-2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172

(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # **92523**

INVOICE # _____

RECEIVED FROM: MeThinx Entertainment
BY: _____

APPLICATION	R 87176
PERMIT	
TRANSFER	

CASH: CHECK:# 2059 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 120.00

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	\$

WATER RIGHTS:

0201	SURFACE WATER <u>Att Res</u>	EXAM FEE \$ 120.00	0202	RECORD FEE \$
0203	GROUND WATER	\$	0204	RECORD FEE \$
0205	TRANSFER	\$		

WELL CONSTRUCTION

0218	WELL DRILL CONSTRUCTOR	EXAM FEE \$	0219	LICENSE FEE \$
_____	LANDOWNER'S PERMIT		0220	LICENSE FEE \$
_____	OTHER (IDENTIFY) _____			

0536 TREASURY 0437 WELL CONST. START FEE

0211	WELL CONST START FEE	\$	CARD #
0210	MONITORING WELLS	\$	CARD #
_____	OTHER (IDENTIFY) _____		

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233	POWER LICENSE FEE (FWWRD)	\$
0231	HYDRO LICENSE FEE (FWWRD)	\$
_____	HYDRO APPLICATION	\$

TREASURY OTHER / RDX

FUND _____ TITLE _____
OBJ. CODE _____ VENDOR # _____
DESCRIPTION _____ \$ _____

RECEIPT: **92523**

DATED: 5/15/08 BY: [Signature]



THE PLANNING OFFICE
510 NW 4th Street
Grants Pass OR 97526

RETURN SERVICE
REQUESTED

PRESORTED
FIRST CLASS



UNITED STATES POSTAGE

FITNEY BOWES
02 1M \$ 00.31²
0004239486 MAY 07 2008
MAILED FROM ZIP CODE 97504

William Muir
965 Tetherow Road
Williams, OR 97544

97544 BLABDMS



R 87176

RESERVOIR, ALTERNATE PROCESS ROUTE SLIP

RECEIPTING 5/15/08
POST CARD SENT JOURNAL # 2744 5-16-2008
DATA CENTER

<u>Caseworkr:</u>		
Brook Geffen	986-0808	<input type="checkbox"/>
Jeana Eastman	986-0859	<input type="checkbox"/>
Joel Plahn	986-0815	<input checked="" type="checkbox"/>
Kerry Kavanagh	986-0816	<input type="checkbox"/>

WATER RIGHTS SUPPORT MS
ATTN: WATER RIGHTS

SUPPORT...>>>> Mark contents of file with application number;
Update WRIS Database with caseworker name,
and enter Public Notice Date 5/27/08 MS
Route file to caseworker.



“NOTE:” IF RELATED FILE IS GROUND WATER, ROUTE TO GROUND WATER, BUT ROUTE ALT-RESERVOIR TO WATER RIGHTS DIVISION.”

Handwritten signature