Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff

Use Amount (AF) Casev Water	reship 25 Range 4 Section 8 Taxlot 600 worker 600 Commaster 600 Commaste	
Landowner Name, Mailing Address* and Telephone Number.		
Source* and tributary listed. NO WELLS-MUST HAVE GW APP TO USE A WELL AS A		
SOURCE!!	TOST HAVE OW AFF TO USE A WELL AS A	
Reservoir Location- Township, Range, Sect	tion Quarter Quarter Taylot	
Dam height*, if applicable	ion, Quarter Quarter, Taxiot	
Total Quantity * of Storage Requested:	8 AF	
Proposed Use of the waterCannot accept application for use of this stored water at the same time		
(E2)	application for use of time stored water at the same time	
	ant 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?		
Application signed by the landowner(s)? All parties noted as applicants must sign the application.		
Must be an original "wet" signature.		
	med 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.		
	ts of standards set forth by the Commission and causes	
fatal flaw if not provided by the applicant.		
_	ip, Range, Section, 1/4 1/4 and Tax Lot number(s)*	
□ Scale of the Map (not less than 1"-13	•	
□ Reference corner on map	□ North Directional Symbol **	
□ 1/41/4's clearly identified	□ Reservoir clearly identified *	
	on coordinates referenced to a government land	
survey corner* If no dam, use coordina	ites to center of reservoir.**	
Fees enclosed*?	Base Fee\$	
	plus\$	
	plus\$	
Total Paid \$ 240	Total Fees \$ 240	
Completeness Check by: XTM	Date: 5-15-2008	

11-26-2007 jks

Groups/wr/Customer Service Group/Alt-Review-checklist.doc

STATE OF OREGON

WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 92499 INVOICE # _ SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) **APPLICATION** RECEIVED FROM: PERMIT BY: TRANSFER CHECK:# CASH: OTHER: (IDENTIFY) TOTAL REC'D 1083 TREASURY 4170 WRD MISC CASH ACCT 0407 **COPIES** \$ OTHER: (IDENTIFY) 0244 Muni Water Mgmt. Plan____ 0245 Cons. Water 0243 I/S Lease _ 4270 WRD OPERATING ACCT **MISCELLANEOUS** 1287174 - 24000 **COPY & TAPE FEES** 0407 \$ RESEARCH FEES 0410 \$ MISC REVENUE: (IDENTIFY) 0408 TC162 DEPOSIT LIAB. (IDENTIFY) **EXTENSION OF TIME** 0240 RECORD FEE WATER RIGHTS: **EXAM FEE** \$ SURFACE WATER 0202 0201 2630.0C 0203 **GROUND WATER** 0204 TRANSFER 0205 LICENSE FEE **EXAM FEE** WELL CONSTRUCTION \$ 0219 WELL DRILL CONSTRUCTOR 0218 0220 \$ LANDOWNER'S PERMIT OTHER (IDENTIFY) 0437 WELL CONST. START FEE 0536 **TREASURY** WELL CONST START FEE 0211 CARD# 0210 MONITORING WELLS \$ CARD# OTHER (IDENTIFY) 0467 HYDRO ACTIVITY LIC NUMBER 0607 TREASURY \$ POWER LICENSE FEE (FW/WRD) \$ 0231 HYDRO LICENSE FEE (FW/WRD) \$ HYDRO APPLICATION TREASURY OTHER / RDX ____ TITLE FUND ____ VENDOR # OBJ. CODE ___ DESCRIPTION _____

File, Buff Copy - Fiscal

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy

92499

RECEIPT:

	287170	
RECEIPTING 214 (%)	Caseworker:	
POST CARD SENT Source Filth 5-15-2008 DATA CENTER	Brook Geffen 503-986-0808 Jeana Eastman 503-986-0859 Joel Plahn 503-986-0815	
WATER RIGHTS SUPPORT X S	Kerry Kavanagh 503-986-0816	
SUPPORT>>>> Mark contents of file with application number; Update the WRIS Database with caseworker name, and enter Public Notice Date 5/27/08 Route file to caseworker.		
Alt R's "NOTE:" IF RELATED FILE IS GR GROUND WATER, BUT ROUTE AT RIGHTS DIVISON."		