

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87194 County LINCOLN N/E S/E
Priority Date JUNE 12 2008 Township 14 S Range 1 E Section 10 Taxlot 1300
Use MULTI-P Caseworker KERRY K
Amount (AF) 6 AF Watermaster MATTICK

*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 7 feet
- ☒ Total Quantity * of Storage Requested: 6 AF
- ☒ 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. ASSIST BY W/M MIKE MATTICK
- ☒ 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\$ _____
- plus\$ _____
- plus\$ _____

Total Paid \$ _____

Total Fees \$ _____

Completeness Check by: HTM Date: JUNE 12 2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **92835**

725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

RECEIVED FROM: **BILL F SEIBERT**

BY: _____

APPLICATION	R 87194
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # **X 1022** ☐ OTHER: (IDENTIFY) _____

TOTAL REC'D \$ **200.00**

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES **RECEIVED OVER THE COUNTER** \$ _____
OTHER: (IDENTIFY) \$ _____

0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS

0407 COPY & TAPE FEES **PLA 46111** \$ _____
0410 RESEARCH FEES \$ _____
0408 MISC REVENUE: (IDENTIFY) _____ \$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____
0240 EXTENSION OF TIME \$ _____

WATER RIGHTS:

0201 SURFACE WATER **A1+RES** **EXAM FEE \$ 200.00** 0202 **RECORD FEE** \$ _____
0203 GROUND WATER \$ _____ 0204 \$ _____
0205 TRANSFER \$ _____

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR **EXAM FEE** 0219 **LICENSE FEE** \$ _____
LANDOWNER'S PERMIT 0220 \$ _____

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: **92835**

DATED: **6/12/08** BY: **[Signature]**

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