

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87201 County WHEELER
Priority Date 6-18-2008 Township 8 S Range 21 E Section 3 Taxlot 400
Use MULTI - P Caseworker KERRY K
Amount (AF) 9 Watermaster _____

*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: 9 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.
- ☐ 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'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\$ 180

plus\$ _____

Total Paid \$ 260

Total Fees \$ 260

Completeness Check by: HTM \$

Date: 6-20-2008

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

11-26-2007 jks

JOEZ SLAHN

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **92924**

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

INVOICE # _____

RECEIVED FROM: **WILLIAM S + CHARLES J CONLEE**
BY: _____

APPLICATION	R 87201
PERMIT	
TRANSFER	

CASH: ☐ CHECK:# **622** OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ **260.00**

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 **ALT RES** **EXAM FEE \$ 260.00** 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

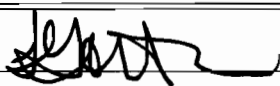
0233 POWER LICENSE FEE (FW/WRD) \$ _____
0231 HYDRO LICENSE FEE (FW/WRD) \$ _____
HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

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

RECEIPT: **92924**

DATED: **6/18/08**

BY: 

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