

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

*RETURNED MARATHA -
REFUND CHECK WILL
BE MAILED*

Application R 87202
 Priority Date 6-23-2008
 Use MULTI-P
 Amount (AF) 14.7

County CLACK
 Township 3 S Range 1 W Section 20 Taxlot 100
 Caseworker BRAK G
 Watermaster 20

*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: 14.7 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.

C WIRE STEVE BRUCE

- 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*?
*CHECK TOO LARGE
 # 1100
 MISCALCULATED*

Base Fee\$ 80
 plus\$ 15x20=300
 plus\$ _____

1100
- 380

720
REFUND
CHECK

Total Paid \$ _____

Total Fees \$ 380

Completeness Check by: ATM

Date: 6-23-2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **93002**

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

INVOICE # _____

RECEIVED FROM: <u>James & Janet Bisenius</u>	APPLICATION <u>R87202</u>
BY: _____	PERMIT _____
	TRANSFER _____

CASH: CHECK: # 1591 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1,100.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES	RECEIVED	\$
OTHER: (IDENTIFY) _____	OVER THE COUNTER	\$
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	RECORD FEE
0203 GROUND WATER	\$ <u>1100.00</u>	\$
0205 TRANSFER	\$	\$
	\$	
WELL CONSTRUCTION		LICENSE FEE
0218 WELL DRILL CONSTRUCTOR	EXAM FEE	\$
LANDOWNER'S PERMIT	\$	\$
	\$	
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: **93002**

DATED: 6/23/08 BY: [Signature]

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