

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

REPAIR OF A RETURN

Application R 87213

County WHEELER

SE NW

Priority Date 6-30-2008

Township 9 S Range 21 E Section 22 Taxlot 101

Use M - P

Caseworker JOEL P

Amount (AF) 2.83

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: 2.83 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\$ _____

plus\$ _____

plus\$ _____

Total Paid \$ 140

Total Fees \$ 140

Completeness Check by: HJM

Date: JUL 1 2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **93125**

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

INVOICE # _____

RECEIVED FROM: <u>Tally Property Management</u>		APPLICATION <u>RS 7213</u>	
BY: _____		PERMIT _____	
CASH: ☐ CHECK: # <u>6251</u> OTHER: (IDENTIFY) ☐ _____		TRANSFER _____	
		TOTAL REC'D \$ <u>140.00</u>	

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 \$ <u>140.00</u> 0202 \$ _____
0203	GROUND WATER	RECORD FEE \$ _____
0205	TRANSFER	EXAM FEE \$ _____ 0204 \$ _____
WELL CONSTRUCTION		
0218	WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____ 0219 \$ _____
	LANDOWNER'S PERMIT	LICENSE FEE \$ _____
_____	OTHER (IDENTIFY) _____	0220 \$ _____

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 _____	\$ _____
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RECEIPT: **93125**

DATED: 6/30/08 BY: [Signature]

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