

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87222 County LANE SW SW
Priority Date 7-14-2008 Township 20S Range 2W Section 6 Taxlot 2400
Use M-P Caseworker JANNA E
Amount (AF) 1.7 AF Watermaster 2

*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: 1.7 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. MIKE MATTICK PROJECT

- | | |
|---|---|
| ☐ 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\$ 40 (20x2 ac/yr.)

plus\$ _____

Total Paid \$ 120

Total Fees \$ 120

Completeness Check by: HTM

Date: 7-15-2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **93298**

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

INVOICE # _____

RECEIVED FROM: <u>Noah & Anna Wemple</u>	APPLICATION <u>R 87222</u>
BY: _____	PERMIT _____
CASH: ☐ CHECK: # <u>X1304</u> OTHER: (IDENTIFY) ☐ _____	TRANSFER _____
TOTAL REC'D \$ <u>120.00</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>Alt Res</u>	EXAM FEE \$ <u>120.00</u>	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: **93298**

DATED: 7/14/08 BY: L. Paul

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