

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87224 County Douglas NE SW
Priority Date 7-14-2008 Township 25 S Range 6W Section 24 Taxlot 3000
Use M-P Caseworker Beck
Amount (AF) ONE Watermaster IS

*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: ONE 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 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\$ 20

plus\$

Total Paid \$ 100

Total Fees \$ 100 JS

Completeness Check by: HFM

Date: 7-15-2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **93296**

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

INVOICE # _____

RECEIVED FROM: Rivers Edge
BY: _____

APPLICATION	
PERMIT	
TRANSFER	

CASH: ☐ CHECK:# X 11311 OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ 200.00

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	<u>R 87223 100.00</u>	\$
0410 RESEARCH FEES	<u>R 87224 100.00</u>	\$
0408 MISC REVENUE: (IDENTIFY)		\$
TC162 DEPOSIT LIAB. (IDENTIFY)		\$
0240 EXTENSION OF TIME		\$

WATER RIGHTS:		EXAM FEE		RECORD FEE
0201 SURFACE WATER <u>Alt Res</u>		<u>\$200.00</u>	0202	\$
0203 GROUND WATER		\$	0204	\$
0205 TRANSFER		\$		
WELL CONSTRUCTION		EXAM FEE		LICENSE FEE
0218 WELL DRILL CONSTRUCTOR		\$	0219	\$
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: **93296**

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

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