

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87231
Priority Date 7-16-2008
Use MULTI - P
Amount (AF) 0.50

County CLAC SE NE
Township 4S Range 3E Section 7 Taxlot 300
Caseworker JOEZ P
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: 1/2 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. ASSIST WM SABRINA W.
 - ☐ 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\$ 20

plus\$ _____

Total Paid \$ 100

Total Fees \$ 100

Completeness Check by: HTM

Date: 7-17-2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

RECEIPT # **93329**

INVOICE # _____

RECEIVED FROM: LYNN L & ROSE M
BY: SCHILL

APPLICATION	<u>R-87231</u>
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # 5254 OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ 100.00

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

46111

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>105.00</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: **93329**

DATED: 7/16/08 BY: [Signature]

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