

# Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87242 County CLATSOP SE NW  
Priority Date 7-25-2008 Township 4S Range 1E Section 32 Taxlot 900  
Use MULTI-P Caseworker JOEZ  
Amount (AF) 84.15 AF 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: 84.15 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 located .....or..... 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. DESIGNED @ FRONT COUNTER

- Reservoir Location - noting Township, Range, Section, 1/4 1/4 and Tax Lot number(s)\* INITIALED
- 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 84.15  
plus\$ 1700 ROUNDS 85 AF  
plus\$ \_\_\_\_\_ 85  
20  
1700

Total Paid \$ 1780 Total Fees \$ 1780

Completeness Check by: ATM Date: 7-25-2008

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **93466**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: <u>Ammonia Water Treatment</u>	APPLICATION <u>R37-42</u>
BY: _____	PERMIT _____
	TRANSFER _____
CASH: <input type="checkbox"/> CHECK:# <u>11900</u> OTHER: (IDENTIFY) <input type="checkbox"/>	TOTAL REC'D \$ <u>1740.00</u>

**1083 TREASURY 4170 WRD MISC CASH ACCT**

0407 COPIES		\$
OTHER: (IDENTIFY) _____		\$
0243 I/S Lease	0244 Muni Water Mgmt. Plan	0245 Cons. Water

**RECEIVED  
OVER THE COUNTER**

**4270 WRD OPERATING ACCT**

**MISCELLANEOUS** 40111

0407 COPY & TAPE FEES		\$
0410 RESEARCH FEES		\$
0408 MISC REVENUE: (IDENTIFY) _____		\$
TC162 DEPOSIT LIAB. (IDENTIFY) _____		\$
0240 EXTENSION OF TIME		\$

**WATER RIGHTS:**

0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203 GROUND WATER	\$ <u>1172.00</u>	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: **93466** DATED: 1/25/03 BY: J. Calkins

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