

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application _____
Priority Date _____
Use _____
Amount (AF) _____

County _____
Township _____ Range _____ Section _____ Taxlot _____
Caseworker _____
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: _____
- ☒ **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\$ 80

12
20
24
320

plus\$ 240

plus\$ _____

Total Paid \$ _____

Total Fees \$ 320

Completeness Check by: _____ Date: _____

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **93532**

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

INVOICE # _____

RECEIVED FROM: **STROEMPLE & ASSOCIATES**

BY: _____

APPLICATION	see below
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # **16365** OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ **2520.00**

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES **RECEIVED** \$
OTHER: (IDENTIFY) **OVER THE COUNTER** \$

0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS
0407 COPY & TAPE FEES **R-87245 = \$320.00** \$
0410 RESEARCH FEES **S-87246 = \$1000.00** \$
0408 MISC REVENUE: (IDENTIFY) **61-17089 = \$1200.00** \$
TC162 DEPOSIT LIAB. (IDENTIFY) \$
0240 EXTENSION OF TIME \$

WATER RIGHTS:
0201 SURFACE WATER **EXAM FEE \$1260.00** 0202 **RECORD FEE \$60.00**
0203 GROUND WATER **900.00** 0204 **\$380.00**
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: **93532**

DATED: **7/31/08** BY: **[Signature]**

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