

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87247
Priority Date 7-31-2008
Use MULTI-P
Amount (AF) 0.80

County BENTON
Township 12 S Range 6 W Section 33 Taxlot 410
Caseworker BRAD G
Watermaster 16

*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: 0.80
- ☒ **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

plus\$ 20

plus\$

Total Paid \$ 100

Total Fees \$ 100

Completeness Check by: X/TM

Date: AUG 1 2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **93546**

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

INVOICE # _____

RECEIVED FROM:

Deborah Alba
DAVID ALBA

BY:

APPLICATION

R-87247

PERMIT

TRANSFER

CASH:

CHECK: #

OTHER: (IDENTIFY)

☐
☒

1258

☐

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

0407 COPY & TAPE FEES

\$

0410 RESEARCH FEES

\$

0408 MISC REVENUE: (IDENTIFY)

\$

TC162 DEPOSIT LIAB. (IDENTIFY)

\$

0240 EXTENSION OF TIME

\$

WATER RIGHTS:

0201 SURFACE WATER

\$

0203 GROUND WATER

\$

0205 TRANSFER

\$

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR

\$

LANDOWNER'S PERMIT

\$

OTHER (IDENTIFY)

EXAM FEE

\$ 100.00

0202

\$

0204

\$

EXAM FEE

\$

0219

\$

0220

RECORD FEE

\$

\$

LICENSE FEE

\$

\$

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 (FWWRD)

\$

0231 HYDRO LICENSE FEE (FWWRD)

\$

HYDRO APPLICATION

\$

TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____

\$

RECEIPT: **93546**

DATED: **2/31/04**

BY: *[Signature]*

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