

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

REPAIR OF A RETURN.

Application R 87250

County WHEELER

Priority Date AUG 6 2008

Township 12 S Range 20 E Section 15 Taxlot 1701

Use MULTI-P

Caseworker JOEL P

Amount (AF) 0.26 AF

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: 0.26 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

Completeness Check by: HJM

Date: AUG 7, 2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **93625**

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

INVOICE # _____

RECEIVED FROM: <u>Carol Williamson</u>	APPLICATION <u>R 87250</u>	
BY: _____	PERMIT _____	
	TRANSFER _____	
CASH: ☐ CHECK:# <u>2171</u> OTHER: (IDENTIFY) ☐	TOTAL REC'D \$ <u>160.00</u>	

1083 TREASURY 4170 WRD MISC CASH ACCT

0407	COPIES	\$ _____
	OTHER: (IDENTIFY) _____	\$ _____

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

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 <u>Att Res</u>	EXAM FEE	0202	RECORD FEE
0203	GROUND WATER	\$ <u>100.00</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: **93625**

DATED: 8/16/08 BY: L. Paulin

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