Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff

Priority Date 8-14 2008 T Use MUCTI- P	ounty Jose Sw Section Swall Section Section Swall Section Swall Section Section Section Swall Section Section Swall Section Section Swall Section Swall Section Section Swall Section Sw								
*Minimum Requirements (ORS 537.409)									
Landowner Name, Mailing Address*	and Telephone Number.								
Source* and tributary listed. NO WEL	<u>LS-MUST HAVE GW APP TO USE A WELL AS A</u>								
<u>SOURCE!!</u>									
Reservoir Location- Township, Range,	Section, Quarter Quarter, Taxlot								
Dam height*, if applicable									
Total Quantity * of Storage Requested									
\(\sigma_{\text{-}} \).	ccept application for use of this stored water at the same time								
(E2) Property ownership indicated 2 * If a	policant does not own all the land, is the affected landowner's								
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 origina								
"wet" signature within the last 12 months.									
Acceptable map ** Indicates require	ments of standards set forth by the Commission and causes								
fatal flaw if not provided by the applican	nt.								
Reservoir Location - noting Township, Range, Section, 1/4 1/4 and Tax Lot number(s)*									
Scale of the Map (not less than	•								
Reference corner on map	North Directional Symbol **								
1/41/4'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\$2								
	plus\$								
Total Paid \$ CC	Total Fees \$ O O								
	1 Date: 8-15-2008								
Groung/ww/Customer Service Groun/Alt D.									

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 93737

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 985-0900 / (503) 986-0904 (fax)

INVOICE # _____

RECI BY:	EIVED FRO	OM: JOEL	TB	ASK	' Λ	APPLICATION PERMIT	se belon
CASI	H: (CHECK:#	OTHER: (IE	DENTIFY)		TRANSFER	
]	X 360				TOTAL RÉC'D	\$ 200,00
	1083	TREASURY	4170	WRD M	ISC CASH	ACCT	
	0407	COPIES					\$
		_ OTHER:	(IDENTIFY)				\$
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	0407	COPY & TAPE FE	•	יא ציי	256	= 100.00	\$
	0410	RESEARCH FEE	s r			2.02	\$
	0408	MISC REVENUE:	(IDENTIFY	Y) /			\$
	TC162	DEPOSIT LIAB. (IDENTIFY)	41	0111		\$
	0240	EXTENSION OF	ГІМЕ	, (32 . •		\$
		WATER RIGHTS:			EXAM FEE		RECORD FEE
	0201	SURFACE WATE	r Alt f	res	\$ 200 /	0202	\$
	0203	GROUND WATER	₹		\$	0204	\$
	0205	TRANSFER			\$		
		WELL CONSTRU	CTION		EXAM FEE	;	LICENSE FEE
	0218	WELL DRILL COM	ISTRUCTO	R	\$	0219	\$
		LANDOWNER'S	PERMIT			0220	
-		OTHER	(IDENTII	FY)			
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