

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87256 County JOSE SW SE
Priority Date 8-14-2008 Township 34 S Range 6 W Section 5 Taxlot 1800
Use MULTI-P Caseworker JOEL P
Amount (AF) 0.46 Watermaster 14

*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: 0.46 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'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\$ 00
plus\$ 20
plus\$ _____

Total Paid \$ 100

Total Fees \$ 100

Completeness Check by: JTM

Date: 8 15 2008

343771-07

WR

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **93737**

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

INVOICE # _____

RECEIVED FROM: JOEL T BASKIN
BY: _____

APPLICATION	<u>see below</u>
PERMIT	
TRANSFER	

CASH: CHECK:# 360 OTHER: (IDENTIFY)

TOTAL REC'D \$ 200.00

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 R 87255 = 100.00 \$ _____
 0410 RESEARCH FEES R 87256 = 100.00 \$ _____
 0408 MISC REVENUE: (IDENTIFY) \$ _____
 TC162 DEPOSIT LIAB. (IDENTIFY) 46111 \$ _____
 0240 EXTENSION OF TIME \$ _____
 WATER RIGHTS:
 0201 SURFACE WATER Air Res **EXAM FEE** \$ 200.00 0202 **RECORD FEE** \$ _____
 0203 GROUND WATER \$ _____ 0204 \$ _____
 0205 TRANSFER \$ _____
 WELL CONSTRUCTION **EXAM FEE**
 0218 WELL DRILL CONSTRUCTOR \$ _____ 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: **93737**

DATED: 8/14/08 BY: [Signature]