

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

SMITH

Application R-87275
Priority Date 8-25-08
Use MULTIPURPOSE
Amount (AF) 1.0 AF

County GRANT
Township 135 Range 31E Section 5 Taxlot 702
Caseworker _____
Watermaster ERIC JULSRUD WM # 4

*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: 1.0 AF
- ☒ Proposed Use of the water....Cannot accept application for use of this stored water at the same time (E2) MULTIPURPOSE
- ☒ 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 located or..... 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: K Kavanagh

Date: 8-26-08

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **93863**

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

INVOICE # _____

RECEIVED FROM: **NORBERT R & MARY M SMITH**
BY: _____

APPLICATION	R-87225
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # **1810** OTHER: (IDENTIFY) ☐

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	EXAM FEE \$ 100.00	0202	RECORD FEE \$
0203 GROUND WATER	\$	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: **93863**

DATED: **8/25/08** BY:

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