

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R-87278
Priority Date Aug. 27, 2008
Use MULTI
Amount (AF) 0.5

County WHELAN
Township 7S Range 23E Section 36 Taxlot 2700
Caseworker JACK
Watermaster JOE CLARK # 21

*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: 0.5
- 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 \$ _____

Total Fees \$ 100

Completeness Check by: [Signature]

Date: 8-29-2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **93917**

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

INVOICE # _____

RECEIVED FROM: <u>James Kemmer</u>	APPLICATION <u>See below</u>
BY: <u>Claudia Edwards</u>	PERMIT _____
CASH: <input type="checkbox"/>	TRANSFER _____
CHECK.# <u>812</u> <input checked="" type="checkbox"/>	TOTAL REC'D <u>\$800.00</u>
OTHER: (IDENTIFY) _____	

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-87278 - 100.00	\$ _____	
0410 RESEARCH FEES	R-87279 - 140.00	\$ _____	
0408 MISC REVENUE: (IDENTIFY)	R-87280 - 120.00	\$ _____	
TC162 DEPOSIT LIAB. (IDENTIFY)	R-87281 - 120.00	\$ _____	
0240 EXTENSION OF TIME	R-87282 - 120.00	\$ _____	
	R-87283 - 100.00	\$ _____	
	R-87284 - 120.00	\$ _____	
WATER RIGHTS:		EXAM FEE	RECORD FEE
0201 SURFACE WATER	\$ _____	0202	\$ _____
0203 GROUND WATER	\$ _____	0204	\$ _____
0205 TRANSFER	\$ _____		
WELL CONSTRUCTION		EXAM FEE	LICENSE FEE
0218 WELL DRILL CONSTRUCTOR	\$ _____	0219	\$ _____
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: **93917** DATED: 8/27/08 BY: J. Pascoe

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal