

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Acres #3

Application 12-8780
Priority Date Aug. 27, 2008
Use MULTI
Amount (AF) 2

County WALLACE
Township 8S Range 24 Section 6 Taxlot 700
Caseworker DOBZ
Watermaster # 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: _____
- 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\$ 40

plus\$ _____

Total Paid \$ _____

Total Fees \$ 120

Completeness Check by: KS

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: James Kemmer
BY: Claudia Edwards

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

CASH: CHECK:# 812 OTHER: (IDENTIFY)

TOTAL REC'D \$ 800.00

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	<u>R-87278 - 100.00</u>	\$ _____		
0410	RESEARCH FEES	<u>R-87279 - 140.00</u>	\$ _____		
0408	MISC REVENUE: (IDENTIFY)	<u>R-87280 - 120.00</u>	\$ _____		
TC162	DEPOSIT LIAB. (IDENTIFY)	<u>R-87281 - 120.00</u>	\$ _____		
0240	EXTENSION OF TIME	<u>R-87282 - 120.00</u>	\$ _____		
		<u>R-87283 - 100.00</u>	\$ _____		
		<u>R-87284 - 100.00</u>	\$ _____		
WATER RIGHTS:					
0201	SURFACE WATER	<table border="1"><tr><td>EXAM FEE</td></tr><tr><td>\$ _____</td></tr></table>	EXAM FEE	\$ _____	0202 \$ _____
EXAM FEE					
\$ _____					
0203	GROUND WATER	\$ _____	0204 \$ _____		
0205	TRANSFER	\$ _____			
WELL CONSTRUCTION					
0218	WELL DRILL CONSTRUCTOR	<table border="1"><tr><td>EXAM FEE</td></tr><tr><td>\$ _____</td></tr></table>	EXAM FEE	\$ _____	0219 \$ _____
EXAM 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 _____ \$ _____

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DATED: 8/27/08 BY: J. Paschke

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