

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

POND # 7

Application R-87284
Priority Date 8-27-2008
Use MULTI
Amount (AF) .75

County WHELAN
Township 88 Range 246 Section 5 Taxlot 700
Caseworker JOEL
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 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: JS

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	<u>R-87278 - 100.00</u>	
0407 COPY & TAPE FEES	<u>R-87279 - 140.00</u>	\$ _____
0410 RESEARCH FEES	<u>R-87280 - 120.00</u>	\$ _____
0408 MISC REVENUE: (IDENTIFY)	<u>R-87281 - 120.00</u>	\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY)	<u>R-87282 - 120.00</u>	\$ _____
0240 EXTENSION OF TIME	<u>R-87283 - 100.00</u>	\$ _____
	<u>R-87284 - 100.00</u>	\$ _____

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