

# Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

*OVER COUNTED*

Application R 87264  
Priority Date 9-12-08  
Use M-P  
Amount (AF) 4

County YAMH *NW 1/4 SW 1/4*  
Township 6S Range 3W Section 6 Taxlot 1900  
Caseworker JEANNA E  
Watermaster \_\_\_\_\_

## \*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: 4
- 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 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. *DESIGNED & INITIALED*
  - 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\$ 80(4x20)

plus\$ \_\_\_\_\_

Total Paid \$ 160

Total Fees \$ 160

Completeness Check by: HTM

Date: 9-12-2008

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **94120**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: Carl & Pamela  
 BY: Swartz

APPLICATION	
PERMIT	
TRANSFER	

CASH:  CHECK:#  4934 OTHER: (IDENTIFY)

TOTAL REC'D \$ 16000

**1083 TREASURY 4170 WRD MISC CASH ACCT**

0407	COPIES		\$
	OTHER: (IDENTIFY)		\$
0243	I/S Lease		
0244	Muni Water		

**RECEIVED  
OVER THE COUNTER**

**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	<u>14/1/05</u>	\$ <u>16000</u>
0203	GROUND WATER		\$
0205	TRANSFER		\$
WELL CONSTRUCTION			
0218	WELL DRILL CONSTRUCTOR		\$
	LANDOWNER'S PERMIT		\$
	OTHER (IDENTIFY)		\$

EXAM FEE
\$ <u>16000</u>
EXAM FEE
\$

RECORD FEE
\$
\$
LICENSE FEE
\$
\$

**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: **94120**

DATED: 11/28/05 BY: A. Swartz

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