

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff 2 RETURNS of 2 RETURNS

Application R 8726
Priority Date 9-18-2008
Use MULTI-P
Amount (AF) 0.10 AF

County JOSEPHINE Township 34S Range 6W Section 33 Taxlot 1700
Caseworker BROOK G
Watermaster 14

*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: 0.10 AF
- 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*?
ONE CHECK
2 FILES
2 x 100 = 200

Base Fee\$ 80
plus\$ 20
plus\$ _____

Total Paid \$ 100

Total Fees \$ 100

Completeness Check by: JMM Date: 9-19-2008

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **94196**

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

INVOICE # _____

RECEIVED FROM: Genevieve M Fuhrmeister
 BY: _____

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

CASH: CHECK:# 9813 OTHER: (IDENTIFY)

TOTAL REC'D \$ 200.00

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 R 87267 - 100.00
 0407 COPY & TAPE FEES R 87268 - 100.00 \$
 0410 RESEARCH FEES \$
 0408 MISC REVENUE: (IDENTIFY) \$
 TC162 DEPOSIT LIAB. (IDENTIFY) \$
 0240 EXTENSION OF TIME \$

WATER RIGHTS:		EXAM FEE	RECORD FEE
0201 SURFACE WATER	\$ <u>200.00</u>	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: **94196**

DATED: 9/18/08 BY: J. Albin