

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff 2 REPAIRS OF 2 RETURN

Application R 8726
Priority Date 9-18-2008
Use MULTI-P
Amount (AF) 0.08 AF

County JOSEPHINE SE NW
Township 34S Range 6W Section 33 Taxlot 1700
Caseworker BRADIC G
Watermaster H

*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: 0.08 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'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

ONE CHECK

plus\$ 20

2 FILES

plus\$ _____

2 x 100 = 200

Total Paid \$ 100

Total Fees \$ 100

Completeness Check by: HTM

Date: 9-19-2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

RECEIPT # **94196**

INVOICE # _____

RECEIVED FROM: Janaline M Fuhrmeister

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

CASH: CHECK:# X 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		<u>R 87267 - 100.00</u>	
0407	COPY & TAPE FEES	<u>R 87268 - 100.00</u>	\$ _____
0410	RESEARCH FEES		\$ _____
0408	MISC REVENUE: (IDENTIFY)		\$ _____
TC162	DEPOSIT LIAB. (IDENTIFY)		\$ _____
0240	EXTENSION OF TIME		\$ _____
WATER RIGHTS:			
0201	SURFACE WATER	EXAM FEE \$ <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

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