

# Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87288 County Polk  
Priority Date 9-22-2008 Township 6S Range 4W Section 25 Taxlot 203  
Use MULTI-P Caseworker KERRY K  
Amount (AF) 2.5 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: 2.5 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 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. BOATWRIGHT ENGRG
  - 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\*?  
ONE CHECK  
3 APP(S)

Base Fee\$ 80  
plus\$ 60 3x20  
plus\$ \_\_\_\_\_

2.5 ↑  
(3)

Total Paid \$ 140

Total Fees \$ 140

Completeness Check by: ATM Date: 9-22-2008

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **94218**

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

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

RECEIVED FROM: DAVID KNIELING TRUST APPLICATION \_\_\_\_\_  
 BY: \_\_\_\_\_ PERMIT \_\_\_\_\_  
 TRANSFER \_\_\_\_\_

CASH:  CHECK:# 2093 OTHER: (IDENTIFY)   
 TOTAL RECEIVED \$ 906<sup>00</sup>

**1083 TREASURY 1170 WRD MISC DASH APP**

0407 COPIES \_\_\_\_\_ \$ \_\_\_\_\_  
 OTHER: (IDENTIFY) \_\_\_\_\_ \$ \_\_\_\_\_  
 0243 I/S Lease \_\_\_\_\_ 0244 Muni Water Mgmt. Plan \_\_\_\_\_ 0245 Cons. Water \_\_\_\_\_

**RECEIVED  
OVER THE COUNTER**

**1270 WRD OPERATING ASSES**

**MISCELLANEOUS** S-87290 - \$406<sup>00</sup> P/A 46111  
R-87289 - \$360<sup>00</sup>  
R-87288 - \$140<sup>00</sup>

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

**WATER RIGHTS:**

0201 SURFACE WATER \$ 906<sup>00</sup> 0202 \$ \_\_\_\_\_  
 0203 GROUND WATER \$ \_\_\_\_\_ 0204 \$ \_\_\_\_\_  
 0205 TRANSFER \$ \_\_\_\_\_

**WELL CONSTRUCTION**

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: **94218** DATED: 9/22/08 BY: Kim [Signature]