

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R County POLK
Priority Date 9-22-2008 Township SS Range 4W Section 25 Taxlot 203
Use MULTI-P Caseworker KERRY K
Amount (AF) 13.4 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: 13.4 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. 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 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 Base Fee\$ 80 / 13.4 ↑
3 APPS plus\$ 280 14 x 20 / 14 (14) AF
plus\$ _____

Total Paid \$ 360 / Total Fees \$ 360 /

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

**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 # **94218**

INVOICE # _____

RECEIVED FROM: DAVID KNIELING TRUST
BY: _____

APPLICATION	_____
PERM	_____
TRANSFER	_____

CASH: CHECK:# 2093 OTHER: (IDENTIFY)

TOTAL AMOUNT \$ 906⁰⁰

1083 TREASURY 4170 WRD MISC GAB

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

**RECEIVED
OVER THE COUNTER**

4270 WRD OPERATING ACCT

MISCELLANEOUS S-87290-\$406⁰⁰ PIA 46111
R-87289-\$360⁰⁰
R-87289-\$146⁰⁰

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

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE \$ <u>906⁰⁰</u>	0202	RECORD FEE \$
0203 GROUND WATER	\$	0204	\$
0205 TRANSFER	\$		

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$	0219	LICENSE FEE \$
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]