

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87346 County Doug SE SW
Priority Date 11-20-2008 Township 26 S Range 6 W Section 16 Taxlot 1800
Use MULTI-P Caseworker JANNA E
Amount (AF) 6 Watermaster DIST #15

*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: 6 AF
- Proposed Use of the water....Cannot accept application for use of this stored water at the same time (E2) SEE LAND USE FORM
- 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*?
ONE CHECK
2 AF(S)

Base Fee\$ 80
plus\$ 120 6 x 20
plus\$ _____

Total Paid \$ 200

Total Fees \$ 200

Completeness Check by: RJM Date: 11-21-2008