

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87340
Priority Date 11-17-2008
Use MULTI-P
Amount (AF) 0.919

County LANE
Township 18 S Range 4W Section 6 Taxlot 2100
Caseworker BRAD G
Watermaster DIST #2

*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: 0.919 AF
- Proposed Use of the water....Cannot accept application for use of this stored water at the same time (B2)
- 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. LAND-USE CONSULTANT NORMAN WATERBURY.
 - Reservoir Location - noting Township, Range, Section, 1/4 1/4 and Tax Lot number(s)*
 - Scale of the Map (not less than 1" = 4320') 200 - INCORRECT SCALING
 - Reference corner on map SOMEWHAT North Directional Symbol **
 - 1/4's clearly identified NOT REALLY 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 N. WATERBURY
plus\$ 20
plus\$ _____
Total Paid \$ 100 Total Fees \$ 100

Completeness Check by: HTM Date: 11-18-2008
Groups/wr/Customer Service Group/Alt-Review-checklist.doc 11-26-2007 jks

**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 # **94952**

INVOICE # _____

RECEIVED FROM: John J. Texer
BY: _____

APPLICATION	
PERMIT	
TRANSFER	

CASH: CHECK:# 1713 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 00.00

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			
0407	COPY & TAPE FEES	<u>46111</u>	\$
0410	RESEARCH FEES		\$
0408	MISC REVENUE: (IDENTIFY)		\$
TC162	DEPOSIT LIAB. (IDENTIFY)		\$
0240	EXTENSION OF TIME		\$
WATER RIGHTS:			
0201	SURFACE WATER	<u>ALTRES</u>	\$
0203	GROUND WATER		\$
0205	TRANSFER		\$
WELL CONSTRUCTION			
0218	WELL DRILL CONSTRUCTOR		\$
	LANDOWNER'S PERMIT		\$
	OTHER (IDENTIFY)		

EXAM FEE		RECORD FEE
\$ <u>100.00</u>	0202	\$
\$	0204	\$
\$		
EXAM FEE		LICENSE FEE
\$	0219	\$
\$	0220	\$

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 (FWWRD)		\$
0231	HYDRO LICENSE FEE (FWWRD)		\$
	HYDRO APPLICATION		\$

TREASURY OTHER / RDX

FUND	_____	TITLE	_____
OBJ. CODE	_____	VENDOR #	_____
DESCRIPTION	_____		\$ _____

RECEIPT: **94952**

DATED: 11/17/08 BY: LSB

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