## Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff

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Application R 87352 County Jose MW MW  Priority Date 11-21-2008 Township 375 Range GW Section 24 Taxlot 1802  Use MUCTI - P Caseworker June Watermaster 14
*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
Reservoir Location- Township, Range, Section, Quarter Quarter, Taxlot
Dam height*, if applicable
Total Quantity * of Storage Requested: 1.95 AT
Proposed Use of the waterCannot 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.  Terro - OF SLIP SIGNED
Acceptable map ** Indicates requirements of standards set forth by the Commission and causes
fatal flaw if not provided by the applicant.  AS 9, 5, KATHY SM, TH WM
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 **
1/41/4'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
and affect plus 20
2 Arreic(s) plus\$
Total Paid \$   \( \infty \) Total Fees \$   \( \infty \)
Completeness Check by: YM Date: 11-24-2408
Ground/wr/Customer Service Groun/Alt Perview checklist dos 11-26-2007 iks

## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

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

INVOICE # \_\_\_\_

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