

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87380 County WASH SW SW
 Priority Date 1-29-2009 Township 1S Range 2W Section 9 Taxlot 1500 /
 Use MULTI-P Caseworker MICHELLE M 3400
 Amount (AF) 6 Watermaster DIST 18

*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
- 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.
 - 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 ADD(S)

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

Total Paid \$ _____ Total Fees \$ 200

Completeness Check by: HTM Date: 1-22-2009