

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87385 County Lincoln
Priority Date 1-30-2009 Township 145 Range 1W Section 1 Taxlot 762
Use MULTI-P Caseworker JENNA E
Amount (AF) 10.4 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: 10.4 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.

- ☒ Reservoir Location - noting Township, Range, Section, 1/4 1/4 and Tax Lot number(s)*
- ☒ Scale of the Map (not less than 1"-1320') 400**
- ☒ 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*?

Base Fee\$ 80

plus\$ 220

20 x 11

plus\$

Total Paid \$ 300

Total Fees \$ 300

Completeness Check by: HTM

Date: 2-2-2009

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **95498**

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

INVOICE # _____

RECEIVED FROM: Kevin D. + Wanelle C. Greene

APPLICATION R87385

BY: _____

PERMIT _____

CASH: ☐ CHECK: # 2658 OTHER: (IDENTIFY) ☐

TRANSFER _____

TOTAL REC'D \$ 300.00

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	\$
0410	RESEARCH FEES	\$
0408	MISC REVENUE: (IDENTIFY) _____	\$
TC182	DEPOSIT LIAB. (IDENTIFY) _____	\$
0240	EXTENSION OF TIME	\$

WATER RIGHTS:

0201	SURFACE WATER	\$	0202	\$
0203	GROUND WATER	\$	0204	\$
0205	TRANSFER	\$		

WELL CONSTRUCTION

0218	WELL DRILL CONSTRUCTOR	\$	0219	\$
	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: **95498**

DATED: 1/30/09 BY: L. Bell

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