

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

PRE - APPLIC -

Application R 87403
Priority Date 2-26-2009
Use MULTI-P
Amount (AF) 10

County COLUM
Township 4N Range 1W Section 30 Taxlot 200
Caseworker _____
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: 10.00 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.* LAND-USE O.K. JS
- 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
- 1/4's 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.**
- North Directional Symbol **
- Reservoir clearly identified *

Fees enclosed*?

Base Fee\$ 80

+ plus\$ 200 20 x 10

plus\$ _____

Total Paid \$ 280

Total Fees \$ 280

Completeness Check by: NTM

Date: 2-26-2009

**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 # **95750**

INVOICE # _____

RECEIVED FROM: Maul Foster Alongi

APPLICATION	R-87403
PERMIT	
TRANSFER	

BY: _____

CASH: CHECK.# 20879 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 280.00

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>ALT RES</u>	EXAM FEE	RECORD FEE
0203	GROUND WATER	\$ <u>280.00</u>	0202 \$
0205	TRANSFER	\$	0204 \$
WELL CONSTRUCTION			
0218	WELL DRILL CONSTRUCTOR	EXAM FEE	LICENSE FEE
_____	LANDOWNER'S PERMIT	\$	0219 \$
_____	OTHER (IDENTIFY) _____	\$	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 (FW/WRD)	\$
0231	HYDRO LICENSE FEE (FW/WRD)	\$
_____	HYDRO APPLICATION	\$

TREASURY OTHER / RDX

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

RECEIPT: **95750** DATED: 2/26/09 BY: L. Bell

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