

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

REPAIR OF A RETURN

ON PHONE WITH PLANNER

Application R-87405 County WASCO
 Priority Date 2-26-2009 Township SS Range 11E Section 36 Taxlot 400
 Use MULTI-P Caseworker JULIA P
 Amount (AF) 2.20 Watermaster DIST # 3

*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: 2.20 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 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\$ 60

3 x 20

plus\$ _____

Total Paid \$ 140

Total Fees \$ 140

Completeness Check by: HTM

Date: 2-26-2009

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **95752**

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

INVOICE # _____

RECEIVED FROM: <u>Donald E + Winona L. Skinner,</u>	APPLICATION <u>R-87405</u>
BY: <u>Christy J. Allen + Alyssa Pedersen</u>	PERMIT
	TRANSFER

CASH: CHECK.# 5127 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 140.00

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 46111 \$ _____
 0410 RESEARCH FEES \$ _____
 0408 MISC REVENUE: (IDENTIFY) \$ _____
 TC162 DEPOSIT LIAB. (IDENTIFY) \$ _____
 0240 EXTENSION OF TIME \$ _____

WATER RIGHTS:

0201 SURFACE WATER <u>ACT RES</u>	EXAM FEE	0202	RECORD FEE
	\$ <u>140.00</u>		\$ _____
0203 GROUND WATER	\$ _____	0204	\$ _____
0205 TRANSFER	\$ _____		

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
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 (FWWRD) \$ _____
 0231 HYDRO LICENSE FEE (FWWRD) \$ _____
 HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

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

RECEIPT: **95752** DATED: 2/26/09 BY: X. Bell

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