

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R E7419 County Doug
Priority Date MAR 10 2009 Township 24 S Range 5 W Section 21 Taxlot 101
Use STOCKWATER Caseworker BRACK G
Amount (AF) 2 Watermaster IS

*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 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. LAND USE OK - JKS
- ☒ 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. SENDING IN SEPARATELY
- ☒ 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 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
2 AFF(S)

Base Fee\$ 80

plus\$ 40

plus\$

Total Paid \$ 120

Total Fees \$ 120

Completeness Check by: HFW

Date: MAR 10 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 # **95851**

INVOICE # _____

RECEIVED FROM: George R. Seenbuchner
BY: _____

APPLICATION	R-87418H9
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # 4571 OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ 240.00

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 R 87418 \$120.00	\$
0410	RESEARCH FEES	R87419 \$120.00	\$
0408	MISC REVENUE: (IDENTIFY)		\$
TC162	DEPOSIT LIAB. (IDENTIFY)		\$
0240	EXTENSION OF TIME		\$

WATER RIGHTS:

0201	SURFACE WATER	ALT RES	EXAM FEE \$ 240.00	0202	RECORD FEE
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 (FW/WRD)		\$
0231	HYDRO LICENSE FEE (FW/WRD)		\$
	HYDRO APPLICATION		\$

TREASURY OTHER / RDX

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

RECEIPT: **95851**

DATED: 3/10/09

BY: X. Bell

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