

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87446 County CLACK NE SE
Priority Date 4-23-2009 Township 3S Range 4E Section 14 Taxlot 23e0
Use RECREATION Caseworker MICHELE M
Amount (AF) 2.20 Watermaster 20

*existing Permit R-12531 need new season
*Minimum Requirements (ORS 537.409) for storage

- 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: 2.2 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.*
- 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 GOOD jks
- 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: Joel Date: 4-23-09

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 # **96231**

INVOICE # _____

RECEIVED FROM: Eagle Fern Camp, Inc. APPLICATION R 87446
 BY: _____ PERMIT _____
 TRANSFER _____

CASH: CHECK # 978 OTHER: (IDENTIFY)
 TOTAL REC'D \$ 40.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES _____ RECEIVED OVER THE COUNTER \$ _____
 OTHER: (IDENTIFY) _____ \$ _____
 0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS

0407 COPY & TAPE FEES 4/1/11 \$ _____
 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	\$ <u>140.00</u>	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 (FWWRD) _____ \$ _____
 0231 HYDRO LICENSE FEE (FWWRD) _____ \$ _____
 HYDRO APPLICATION _____ \$ _____

TREASURY OTHER / RDX

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

RECEIPT: **96231** DATED: 4.23.09 BY: LTB

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