

# Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87457 County CLAC SE SW  
Priority Date 5-22-2009 Township 3 S Range 4 E Section 28 Taxlot 1402  
Use M-P Caseworker SEANA E  
Amount (AF) 2 Watermaster DIST #

## \*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 located .....or..... 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. ASSIST WM SABRINA
  - 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\$ 40 20x2  
plus\$ \_\_\_\_\_

Total Paid \$ 120 Total Fees \$ 120

Completeness Check by: NTM Date: 5-26-2009

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **96547**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: <u>Jerald P Wyant +</u>	APPLICATION <u>R-87457</u>
BY: <u>Jane Pine</u>	PERMIT _____
	TRANSFER _____
CASH: <input type="checkbox"/> CHECK:# <u>2721</u> OTHER: (IDENTIFY) <input type="checkbox"/>	TOTAL REC'D \$ <u>120.00</u>

<b>1083 TREASURY</b>	<b>4170 WRD MISC CASH ACCT</b>
0407 COPIES	\$ _____
OTHER: (IDENTIFY) _____	\$ _____
0243 I/S Lease _____	0244 Muni Water Mgmt. Plan _____
	0245 Cons. Water _____

<b>4270 WRD OPERATING ACCT</b>	
<b>MISCELLANEOUS</b>	
0407 COPY & TAPE FEES <u>46111</u>	\$ _____
0410 RESEARCH FEES	\$ _____
0408 MISC REVENUE: (IDENTIFY) _____	\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$ _____
0240 EXTENSION OF TIME	\$ _____
<b>WATER RIGHTS:</b>	
0201 SURFACE WATER <u>ALT RES</u>	EXAM FEE \$ <u>120.00</u>
0203 GROUND WATER	\$ _____
0205 TRANSFER	\$ _____
<b>RECORD FEE</b>	
0202	\$ _____
0204	\$ _____
<b>WELL CONSTRUCTION</b>	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____
LANDOWNER'S PERMIT	\$ _____
0219	\$ _____
0220	\$ _____
OTHER (IDENTIFY) _____	

<b>0536 TREASURY</b>	<b>0437 WELL CONST. START FEE</b>
0211 WELL CONST START FEE	\$ _____
0210 MONITORING WELLS	\$ _____
OTHER (IDENTIFY) _____	CARD # _____
	CARD # _____

<b>0607 TREASURY</b>	<b>0467 HYDRO ACTIVITY</b>	LIC NUMBER _____
0233 POWER LICENSE FEE (FW/WRD)		\$ _____
0231 HYDRO LICENSE FEE (FW/WRD)		\$ _____
HYDRO APPLICATION		\$ _____

<b>TREASURY</b>	<b>OTHER / RDX</b>
FUND _____	TITLE _____
OBJ. CODE _____	VENDOR # _____
DESCRIPTION _____	\$ _____

RECEIPT: **96547** DATED: 5/22/09 BY: A. Bell

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal