## Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff

I has is the enteringe used by Willis Sturi					
Application R 27461 County Jose  Priority Date 5-29-2009 Township 36 5 Range 64/8 ection 22 Taxlot 801-  Use M-P Caseworker JEANA E					
Amount (AF) 0.04 Watermaster 19					
*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: Q.Q4 AF					
Proposed Use of the waterCannot 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.  TEM - 077					
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 **					
1/41/4'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\$ 20					
plus\$					
Total Paid \$ 160 Total Fees \$ 100					
Completeness Check by: HPM Date: June 1 2009					
Groups/wr/Customer Service Group/Alt-Review-checklist.doc 11-26-2007 jks					

## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT# 96603

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

INVOICE # \_\_

(503) 986-0900 / (503) 986-0904 (fax)					
EIVED FROM: BRAN ? Heldital		11	APPLICATION	K 8741	
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0407	COPIES			\$	
	OTHER: (IDENTIFY)			\$	
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	4270 WRI	OPERATING	ACCT	oran a si a malaca descritor il	
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0410	RESEARCH FEES	100111		\$	
0408	MISC REVENUE: (IDENTIFY)			, , , , , , , , , , , , , , , , , , ,	
TC162	DEPOSIT LIAB. (IDENTIFY)			\$	
0240	EXTENSION OF TIME			\$	
	WATER RIGHTS:	EXAM FEE		RECORD F	
0201	SURFACE WATER ALT RES	> \$ 10000	0202	\$	
0203	GROUND WATER	\$	0204	\$	
0205	TRANSFER	\$			
	WELL CONSTRUCTION	EXAM FEE		LICENSE F	
0218	WELL DRILL CONSTRUCTOR	\$	0219	\$	
	LANDOWNER'S PERMIT		0220	\$	
	OTHER (IDENTIFY)				
0536	TREASURY 0437 WEL	L CONST. STA	RT FEE		
0211	WELL CONST START FEE	\$	CARD#		
0210	MONITORING WELLS	\$	CARD#		
	OTHER (IDENTIFY)				
0607	TREASURY 0467 HYD	BO ACTIVITY	LIC NUMBER		
0233	POWER LICENSE FEE (FW/WRD)	20 Marie 2020 Marie 2010 Marie 20		\$	
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