

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87465 County MARION SW SE
Priority Date JUNE 4 2009 Township 9S Range 3W Section 10 Taxlot 3200
Use M-P Caseworker JOEL P
Amount (AF) 9 Watermaster DIST #16

*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 18 FEET
- Total Quantity * of Storage Requested: 9 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.
- Acceptable map ** Indicates requirements of standards set forth by the Commission and causes fatal flaw if not provided by the applicant. MAP PREPARED/ASSIST JTM
 - Reservoir Location - noting Township, Range, Section, 1/4 1/4 and Tax Lot number(s)*
 - Scale of the Map (not less than 1"-1320') 300 **
 - Reference corner on map
 - 1/4 1/4's 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.**
 - North Directional Symbol **
 - Reservoir clearly identified *

Fees enclosed*?

RECEIVED

Base Fee\$ 80

JUN 04 2009

WATER RESOURCES DEP.
SALEM, OREGON

plus\$ 180

20 x 9

plus\$ _____

Total Paid \$ 260

Total Fees \$ 260

Completeness Check by: JTM

Date: JUNE 4 2009

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **96665**

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

INVOICE # _____

RECEIVED FROM: Wesley Stucker

APPLICATION	R 87465
PERMIT	
TRANSFER	

BY: _____

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

TOTAL REC'D \$ 260⁰⁰

1083 TREASURY 4170 WRD MISC CASH ACCT

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

**RECEIVED
OVER THE COUNTER**

4270 WRD OPERATING ACCT

MISCELLANEOUS		
0407 COPY & TAPE FEES	<u>46111</u>	\$
0410 RESEARCH FEES		\$
0408 MISC REVENUE: (IDENTIFY)		\$
TC162 DEPOSIT LIAB. (IDENTIFY)		\$
0240 EXTENSION OF TIME		\$
WATER RIGHTS:		
0201 SURFACE WATER	<u>ALTRES</u>	\$
0203 GROUND WATER		\$
0205 TRANSFER		\$
WELL CONSTRUCTION		
0218 WELL DRILL CONSTRUCTOR		\$
LANDOWNER'S PERMIT		\$
OTHER (IDENTIFY)		\$

EXAM FEE
\$ <u>260⁰⁰</u>
\$
\$
EXAM FEE
\$

RECORD FEE
\$
\$

LICENSE FEE
\$
\$

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: **96665**

DATED: 6.4.09 BY: LAG

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