

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

REPAIR OF A RETURN

Application R 87475 County UNION
Priority Date 6-22-2009 Township 6S Range 39E Section 22 Taxlot 900
Use MULTI-P Caseworker KERRY K
Amount (AF) 5 Watermaster DIST # 6

*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: 5 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. RETURNED ASSIST - MAP

- 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.** CORRECTED/INITIALED BY FAX 6-23-2009

Fees enclosed*?

Base Fee\$ 80

plus\$ 100

plus\$ 5 @ 20

Total Paid \$ 180

Total Fees \$ 180

Completeness Check by: HJM

Date: 6-22-2009

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 # **96854**

INVOICE # _____

RECEIVED FROM: Lorich LLC

BY: _____

CASH: CHECK:# 142 OTHER: (IDENTIFY) _____

APPLICATION	<u>R-87475</u>
PERMIT	
TRANSFER	

TOTAL REC'D \$ 180.00

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	<u>46111</u>	\$
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	0202	RECORD FEE
			\$ <u>180.00</u>		\$
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: **96854** DATED: 6-22-09 BY: A. Bell

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