

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87478 County POCK
Priority Date 6-25-2009 Township 8 S Range 5 W Section 6 Taxlot 1800
Use M-P @ IRRIG Caseworker BROOK G
Amount (AF) 9 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: 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. DESIGNED/Front Counter/INITIALS
 - 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\$ 180 9 @ 20

plus\$ _____

Total Paid \$ 260

Total Fees \$ 260

Completeness Check by: HTM

Date: 6-26-2009

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **96904**

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

INVOICE # _____

RECEIVED FROM: Bogdan + Cecily M Caceu APPLICATION see below *

BY: _____ PERMIT _____

CASH: CHECK:# 1057 OTHER: (IDENTIFY) TRANSFER _____

TOTAL REC'D \$ 1400.00

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 * R 87479 \$140.00 ALT RES

0407 COPY & TAPE FEES \$ _____

0410 RESEARCH FEES R 87478 \$260.00 \$ _____

0408 MISC REVENUE: (IDENTIFY) G-17239 \$700/\$300 \$ _____

TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____

0240 EXTENSION OF TIME _____ \$ _____

WATER RIGHTS:

0201 SURFACE WATER <u>ALT RES</u>	EXAM FEE \$ <u>400.00</u>	0202 RECORD FEE \$ _____
0203 GROUND WATER	EXAM FEE \$ <u>700.00</u>	0204 RECORD FEE \$ <u>300.00</u>
0205 TRANSFER	EXAM FEE \$ _____	LICENSE FEE \$ _____

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____	0219 LICENSE FEE \$ _____
LANDOWNER'S PERMIT		0220 LICENSE FEE \$ _____

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: **96904** DATED: 6-25-09 BY: L Bell

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

RECEIVED

JUN 25 2009

WATER RESOURCES DEPT
SALEM, OREGON