

# Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87479 County POLK  
Priority Date 6-25-2009 Township 8 S Range 5 W Section 6 Taxlot 1800  
Use M-P @ IRRIG Caseworker BROOK G  
Amount (AF) 3 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: 3 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. 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 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\$ 60 3 @ 20

plus\$ \_\_\_\_\_

Total Paid \$ 140

Total Fees \$ 140

Completeness Check by: HJM

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 Cacev  
BY: \_\_\_\_\_

APPLICATION	<u>see below *</u>
PERMIT	
TRANSFER	

CASH:  CHECK: # X 1057 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1400.00

**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**

<b>MISCELLANEOUS</b>			
0407 COPY & TAPE FEES	<u>* R 87479 \$140.00</u>	ALT RES	\$
0410 RESEARCH FEES	<u>R 87478 \$260.00</u>	"	\$
0408 MISC REVENUE: (IDENTIFY)	<u>G-17239 \$700/\$300</u>		\$
TC162 DEPOSIT LIAB. (IDENTIFY)			\$
0240 EXTENSION OF TIME			\$
<b>WATER RIGHTS:</b>			
0201 SURFACE WATER	<u>ALT RES</u>	0202	\$
0203 GROUND WATER		0204	\$ <u>300.00</u>
0205 TRANSFER			\$
<b>WELL CONSTRUCTION</b>			
0218 WELL DRILL CONSTRUCTOR		0219	\$
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 (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