

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87477
Priority Date 6-24-2009
Use M-P
Amount (AF) 0.459

County TILLAMOOK NW SW
Township 1S Range 10W Section 32 Taxlot 200
Caseworker JOEL PLATT
Watermaster 1

*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: 0.459 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 REPAIRED FAX \$ 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
 - 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*? Base Fee\$ 80

plus\$ 20
plus\$ _____

Total Paid \$ 100

Total Fees \$ 100

Completeness Check by: JPL

Date: 6-24-2009

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 # **96880**

INVOICE # _____

RECEIVED FROM: Edwin E Kellogg Sr.

APPLICATION	R87477
PERMIT	
TRANSFER	

CASH: CHECK:# 1001 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ **100.00**

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		\$
0410	RESEARCH FEES	4011	\$
0408	MISC REVENUE: (IDENTIFY)		\$
TC162	DEPOSIT LIAB. (IDENTIFY)		\$
0240	EXTENSION OF TIME		\$
WATER RIGHTS:			
0201	SURFACE WATER	ALTRES	
		EXAM FEE	RECORD FEE
		\$ 100.00	
0202	GROUND WATER		\$
			\$
0205	TRANSFER		\$
WELL CONSTRUCTION			
0218	WELL DRILL CONSTRUCTOR		\$
		EXAM FEE	LICENSE FEE
		\$	\$
	LANDOWNER'S PERMIT		\$
			\$
	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: **96880** DATED: **6-24-09** BY: **LAG**

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