Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 8748Z County MALHEUR Priority Date 6-26-209 Township 22 Strange 46E Section 14 Taxlot 30 Use MULTI-P Caseworker Kerr RY	0-						
Amount (AF) 13.5 Watermaster Dist # 9							
*Minimum Requirements (ORS 537.409)							
Minimum Requirements (ORS 557.405)							
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: 13.5 A F							
Proposed Use of the waterCannot accept application for use of this stored water at the same time							
(E_2)							
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	7						
enclosed? Does the use on land-use form match the proposed use on the application? Must be an origin	ai						
"wet" signature within the last 12 months.							
Acceptable map ** Indicates requirements of standards set forth by the Commission and cause	3S						
fatal flaw if not provided by the applicant.							
□ 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 **							
□ 1/41/4'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							
CINE CITECIC plus\$ 200 × 2	_						
3 AMLIC(S) plus\$ $\frac{\times 2}{28}$	- 0						
- pittsψ							
Total Paid \$ 360 Total Fees \$ 360							
Completeness Check by: $47M$ Date: $6-29-209$							

11-26-2007 jks

Groups/wr/Customer Service Group/Alt-Review-checklist.doc

STATE OF OREGON

RECEIPT#	WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 INVOICE #					
RECEIVED FROM: Karen Werner BY: For Adrian Ranch CASH: CHECK:# OTHER: (IDENTIFY) X 108				APPLICATION PERMIT TRANSFER		
				TOTAL REC'D \$ 880.00		
1083	TREASURY	4170 WRD	MISC CASH A	CCT ***		
0407	COPIES OTHER:	(IDENTIFY)			\$ \$	
02 4 3 I/S	Lease 024	44 Muni Water Mgmt. P	lan 024	Cons. Water	_	
		4270 WRD 0	PERATING A	CCT		
0407 0410 0408 TC162 0240 0201 0203 0205	MISCELLANEOU COPY & TAPE FI RESEARCH FEE MISC REVENUE DEPOSIT LIAB. EXTENSION OF WATER RIGHTS SURFACE WATE GROUND WATEI TRANSFER WELL CONSTRU WELL DRILL COL LANDOWNER'S OTHER	R874% (IDENTIFY) R87% (IDENTIFY) TIME ER ALT RES HULL JCTION NSTRUCTOR	# 280.0 # 360. # 360. # 83 # 840 EXAM FEE \$ 980.00 \$ EXAM FEE	00	\$ \$ \$ RECORD FEE \$ \$ LICENSE FEE \$	
			00107 071			
0536 0211 0210	WELL CONST ST MONITORING W OTHER		\$ \$	CARD #		
0607	TREASURY	0467 HYDR	OACTIVITY	LIC NUMBER		
0233	POWER LICENS	E FEE (FW/WRD)			\$	
0231 HYDRO LICENSE FEE (FW/		E FEE (FW/WRD)			\$	
-	HYDRO APPLICA	ATION			\$	
FUND	TREASURY	OTHE	R/RDX			

RECEIPT:

OBJ. CODE ____

96922

_____ VENDOR #

DATED: 6-26-09

BY: L. P.M