

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87513 County CLAC NW 1/4 SE 1/4
Priority Date 8-17-2009 Township 3S Range 2E Section 27 Taxlot 00990
Use MULTI-P Caseworker JOEL P
Amount (AF) 16 AF Watermaster DIST # 20
SABRINA

*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 9 FT 6 IN
- Total Quantity * of Storage Requested: ADDITIONAL STORAGE 16 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. LAND USE OR R
- Acceptable map ** Indicates requirements of standards set forth by the Commission and causes fatal flaw if not provided by the applicant. REMOVED BY FAX INITIALS & DATED
 - 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\$ 300 + 400 (AF) 16 x 25 400⁰¹
= plus\$ 700
plus\$ 400 REC. FEES
ALL FEES PAID
Total Paid \$ 1100 Total Fees \$ 1100 BOTH

Completeness Check by: HTM Date: 8-18-2009

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **97478**

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

INVOICE # _____

RECEIVED FROM: NW Freedom Corp.
 BY: _____

APPLICATION	R 87513
PERMIT	
TRANSFER	

CASH: CHECK:# **X1838** OTHER: (IDENTIFY)

TOTAL REC'D \$ **1100⁰⁰**

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	4lelll / 4lelll	\$
0410 RESEARCH FEES		\$
0408 MISC REVENUE: (IDENTIFY)		\$
TC162 DEPOSIT LIAB. (IDENTIFY)		\$
0240 EXTENSION OF TIME		\$
WATER RIGHTS:		
0201 SURFACE WATER	ALTRBS	\$
0203 GROUND WATER		\$
0205 TRANSFER		\$
WELL CONSTRUCTION		
0218 WELL DRILL CONSTRUCTOR	EXAM FEE	\$
LANDOWNER'S PERMIT		\$
OTHER (IDENTIFY)		\$

0536 TREASURY	0437 WELL CONST. START FEE
0211 WELL CONST START FEE	\$
0210 MONITORING WELLS	\$
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 _____	\$

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DATED: **8.17.09** BY: **LKG**

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