

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

TOTAL 14 FILINGS
ALL FOR ALT. RES.

Alt. #
Application R 87517 County GRANT
Priority Date 8-21-2009 Township 10 S Range 30 E Section 8 Taxlot 1301
Use MULTI-PURPOSE Caseworker KERRY K
Amount (AF) 0.25 Watermaster DIST #4

*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 4
- ☒ Total Quantity * of Storage Requested: 0.25 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 Green jks
- ☒ Acceptable map ** Indicates requirements of standards set forth by the Commission and causes 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
 - ☒ 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\$ 300

plus\$ 25

plus\$ 25

Total Paid \$ 325

Total Fees \$ 325

Completeness Check by: KYM

Date: 8 24 2009

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **97544** 725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172 INVOICE # _____
(503) 986-0900 / (503) 986-0904 (fax)

RECEIVED FROM: CJ Ensign		APPLICATION see below
BY: _____		PERMIT _____
CASH: ☐ CHECK:# _____ OTHER: (IDENTIFY) _____		TRANSFER _____
☐ ☒ 2255 ☐ _____		TOTAL REC'D \$ _____

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	R87516 = \$450.00	\$ _____
0410 RESEARCH FEES	R87517 = \$325.00	\$ _____
0408 MISC REVENUE: (IDENTIFY) _____		\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____		\$ _____
0240 EXTENSION OF TIME	46111	\$ _____
WATER RIGHTS:		
0201 SURFACE WATER ALT RES	EXAM FEE \$ 775.00	0202 \$ _____
0203 GROUND WATER	\$ _____	0204 \$ _____
0205 TRANSFER	\$ _____	
WELL CONSTRUCTION		
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____	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 (FW/WRD)	\$ _____
0231 HYDRO LICENSE FEE (FW/WRD)	\$ _____
HYDRO APPLICATION	\$ _____

TREASURY OTHER / RDX

FUND _____	TITLE _____
OBJ. CODE _____	VENDOR # _____
DESCRIPTION _____	\$ _____

RECEIPT: **97544** DATED: **8/21/09** BY: **LAB**