

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

REPAIR OF RETURN

ACCEPTED CK RECORD

Application R 87536 County MORROW
 Priority Date OCT 5 2009 Township 4 S Range 28 E Section 27 Taxlot 300
 Use MULTI-P Caseworker BRAK GITTEN
 Amount (AF) 4.80 AF Watermaster DIST # 21

*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: 4.80 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.*
- VERY MARGINAL 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 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\$ 125
 plus\$
 Total Paid \$ 425 Total Fees \$ 425

5 AF x \$25 = \$125

Completeness Check by: HPLM Date: OCT 5 2009

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **98104**

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

INVOICE # _____

RECEIVED FROM: <u>MORROW COUNTY</u>	APPLICATION	<u>R-84536</u>
BY: <u>Treasurer</u>	PERMIT	
CASH: <input type="checkbox"/>	TRANSFER	
CHECK.# <u>129556</u> <input checked="" type="checkbox"/>	OTHER: (IDENTIFY) _____	
TOTAL REC'D		<u>\$425.00</u>

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 46111		
0407	COPY & TAPE FEES	\$
0410	RESEARCH FEES	\$
0408	MISC REVENUE: (IDENTIFY) _____	\$
TC162	DEPOSIT LIAB. (IDENTIFY) _____	\$
0240	EXTENSION OF TIME	\$
WATER RIGHTS:		
0201	SURFACE WATER	EXAM FEE \$ <u>425.00</u> 0202
0203	GROUND WATER	RECORD FEE \$
0205	TRANSFER	\$
WELL CONSTRUCTION		
0218	WELL DRILL CONSTRUCTOR	EXAM FEE \$ 0219
	LANDOWNER'S PERMIT	LICENSE FEE \$ 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: **98104** DATED 10-5-09 BY: RR

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