

# Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application 12-87537 County Polk Priority Date 10-13-2009

Township 9 Range 4 Section 8

Amount (AF) 8 Use Mult Watermaster 165

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## \*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: 5 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 located .....or..... 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.

- 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'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

plus\$ 25.8 200

Permit Recording Fee \$ 400 ✓

Total Paid \$ \_\_\_\_\_

Total Fees \$ 900

Completeness Check by: JMP

Date: 10-13-2009

STATE OF OREGON  
**WATER RESOURCES DEPARTMENT**

RECEIPT # **98191**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: Thornton Chiropractic  
 BY: \_\_\_\_\_

APPLICATION	R-87537
PERMIT	
TRANSFER	

CASH:  CHECK # 5192 OTHER: (IDENTIFY)

TOTAL REC'D \$ 900.00

**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	\$
0408	MISC REVENUE: (IDENTIFY)	\$
TC:162	DEPOSIT LIAB. (IDENTIFY)	\$
0240	EXTENSION OF TIME	\$

**RECEIVED  
 OVER THE COUNTER**

46777

**WATER RIGHTS:**

0201	SURFACE WATER	EXAM FEE \$ <u>500.00</u>	0202	RECORD FEE \$ <u>400.00</u>
0203	GROUND WATER	\$	0204	\$
0205	TRANSFER	\$		

**WELL CONSTRUCTION**

0218	WELL DRILL CONSTRUCTOR	EXAM FEE \$	0219	LICENSE FEE \$
	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 (FWWRD)	\$
0231	HYDRO LICENSE FEE (FWWRD)	\$
	HYDRO APPLICATION	\$

**TREASURY OTHER / RDX**

FUND	TITLE	
OBJ. CODE	VENDOR #	
DESCRIPTION		\$

RECEIPT: **98191**

DATED: 10-13-09 BY: 2R

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