

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

SUBMITTED BY CANDACE

OVER THE COUNTER

Application R 87559 County Polk Priority Date Dec 9 2009

Township 75 Range 5 W Section 28 NW NW

Amount (AF) 15.89 / 6.89 AF Use MULTI-P Watermaster Dist # 16

Brook Geffen Jeana Eastman Joel Plahn Kerry Kavanagh Michele McAleer

*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 1/2 FEET
- Total Quantity * of Storage Requested: 15.89 A-F 6.89 NON THE APP.
- 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.*
- 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') ** 400 FEET
- 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\$ 400 175 7 x 25 = 175

Permit Recording Fee \$ 400

Total Paid \$ 1100

Total Fees \$ 1100

875 ALL FEES PAID
225.00 REFUND

Completeness Check by: [Signature] Date: Dec 9 2009

STATE OF OREGON
WATER RESOURCES DEPARTMENT

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

RECEIPT # **98739**

INVOICE # _____

RECEIVED FROM: Scott Taylor Company APPLICATION R 87559

BY: _____ PERMIT _____
 TRANSFER _____

CASH: CHECK: # 7325 OTHER: (IDENTIFY) _____
 TOTAL REC'D \$ 1100.00

1083 TREASURY 4170 WRD MISC CASH ACCT

**RECEIVED
 OVER THE COUNTER**

0407 COPIES \$ _____
 OTHER: (IDENTIFY) \$ _____

0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____

4270 WRD OPERATIONS ACCT

MISCELLANEOUS

0407 COPY & TAPE FEES \$ _____
 0410 RESEARCH FEES \$ _____
 0408 MISC REVENUE: (IDENTIFY) \$ _____
 TC162 DEPOSIT LIAB. (IDENTIFY) \$ _____
 0240 EXTENSION OF TIME \$ _____

46111 / 46111

WATER RIGHTS:

0201 SURFACE WATER ALT RES \$ 700.00 0202 \$ _____
 0203 GROUND WATER \$ _____ 0204 \$ _____
 0205 TRANSFER \$ _____

RECORD FEE
 \$ 400.00
 \$ _____

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR \$ _____ 0219 \$ _____
 LANDOWNER'S PERMIT 0220 \$ _____

LICENSE FEE
 \$ _____
 \$ _____

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: **98739** DATED: 12 9 09 BY: LSB

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal