

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

APPLICATION -
NEED ORIGINAL

Application R 87574 County CLATSOP Priority Date 1-26-2010

Township 8N Range 8W Section 26

Amount (AF) 0.26 Use MULTI-P Watermaster Dist # 1

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
- Total Quantity * of Storage Requested: 0.26 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. NEED ORIGINAL / AMT. IN PERSON
- 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 (copy) SR. NEED ORIGINAL / AMT. IN PERSON
- Acceptable map ** Indicates requirements of standards set forth by the Commission and causes fatal flaw if not provided by the applicant. AMT. / MA RETAIN IN OFFICE 2-3-2010 MICHELE & HTM
 - 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 \$ 325 PAID
Permit Recording Fee \$ Recording Our \$400

Total Paid \$ _____ Total Fees \$ 325 EXAM

Completeness Check by: HTM Date: 1-29-2010

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **99070**

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

INVOICE # _____

RECEIVED FROM: Rita M. John A. McGill APPLICATION 87574
 PERMIT _____
 TRANSFER _____

AMOUNT PAID BY: CHECK # 2229 OTHER: (IDENTIFY) _____
 TOTAL REC'D \$ 325.00

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 46111

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

WATER RIGHTS:		EXAM FEE	RECORD FEE
0201	SURFACE WATER	\$ <u>325.00</u>	0202 \$ _____
0203	GROUND WATER	\$ _____	0204 \$ _____
0205	TRANSFER	\$ _____	

WELL CONSTRUCTION		EXAM FEE	LICENSE FEE
0218	WELL DRILL CONSTRUCTOR	\$ _____	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: **99070** DATED: 1-26-10 BY: [Signature]

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