

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 27587 County POLK Priority Date 3-3-2010
OVER COUNTER *CRUISE DOWN K.*

Township 10 S Range 5 W Section 6

Amount (AF) 9.80 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
- Total Quantity * of Storage Requested: 9.80 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. LAND-USE INDICATES REVIEW NEEDED FOR ANY VEG. REMOVAL. VS*
- 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 \$ 250
Permit Recording Fee \$ NOT (400) PAID YET!
Total Paid \$ 550 Total Fees \$ 550

Completeness Check by: me Date: 3/3/10

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **99325** 725 Summer St. N.E. Ste. A INVOICE # _____
 SALEM, OR 97301-4172
 (503) 986-0900 / (503) 986-0904 (fax)

RECEIVED FROM: Mitchell, Kimberly APPLICATION R-87587
 BY: Swecker PERMIT _____
 TRANSFER _____

CASH: CHECK:# 1123 OTHER: (IDENTIFY) _____
 TOTAL REC'D \$ 550.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES RECEIVED
 OTHER: (IDENTIFY) _____ OVER THE COUNTER
 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) _____ \$ _____
 TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____
 0240 EXTENSION OF TIME \$ _____

WATER RIGHTS:

EXAM FEE		RECORD FEE	
0201 SURFACE WATER	\$ <u>550.00</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: **99325** DATED: 3-3-10 BY: RR
 Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal