

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87610 County Douc Priority Date 5-12-2010

Township 23 S Range 4 W Section 21

Amount (AF) ONE Use MULTI-P Watermaster DIST 15

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: ONE
- 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 * GRASS WR of 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

Permit Recording Fee \$ 400

Total Paid \$ 750

Total Fees \$ 725

OVERPAID
BT
A 25

Completeness Check by: HTM

Date: 5-12-2010

WATER RESOURCES DEPARTMENT

RECEIPT # 99944

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

INVOICE # _____

RECEIVED FROM: TIMOTHY E S Palmer
BY: Constance Curry Palmer

APPLICATION	<u>R-84610</u>
PERMIT	
TRANSFER	

CASH: CHECK:# 1164 OTHER: (IDENTIFY)

TOTAL REC'D \$ 45000

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		<u>46111</u>		
0407	COPY & TAPE FEES	\$		
0410	RESEARCH FEES	\$		
0408	MISC REVENUE: (IDENTIFY)	\$		
TC162	DEPOSIT LIAB. (IDENTIFY)	\$		
0240	EXTENSION OF TIME	\$		
WATER RIGHTS:				
0201	SURFACE WATER <u>AH/RES</u>	EXAM FEE \$ <u>35000</u>	0202 RECORD FEE \$ <u>400.00</u>	
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: **99944** DATED: 5-12-10 BY: AR