Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff
Application R 87640 County JACKSON Priority Date 7-19-2010
Township 385 Range 4w Section 6
Amount (AF) 12 Use Multi-P- Watermaster 1/57#13
□ Brook Getten □ Jeana Eastman □ Took Batha Kerry Kavanagh □ Michele McAleer
*Minimum Requirements (ORS 537₁409)
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: 12
Proposed Use of the waterCannot 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" signatus
within the last 12 months.
Acceptable map ** Indicates requirements of standards set forth by the Commission and causes fata
flaw if not provided by the applicant.
Reservoir Location - noting Township, Range, Section, 1/4 1/4 and Tax Lot number(s)*
2 Scale of the Hap (not less than 1 -1320)
□ Reference corner on map • North Directional Symbol **
□ ¼¼'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
Fees enclosed*? Base Fee\$ 3 d a plus\$ 3 d a Permit Recording Fee \$ 400
Permit Recording Fee \$400
Total Paid \$ 1000 Total Fees \$ 1000 Completeness Check by: 2 PM Date: 7-19-2010

7-01-2009

Groups\wr\Customer Service Group\templates\alt res review checklist.doc

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 100617

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

ECEIVE	FROM: TOM+VICK	<i>\</i>	APPLICATION	R87640		
Y:	Vam Sawi		PERMIT			
			TRANSFER			
CASH:	CHECK:# OTHER: (IDENT	IFY) 「	TOTAL REC'D	\$ 10000		
	₹ 2294 □		IOIAL NEO D	1000°		
10	83 TREASURY 4170 WF	RD MISC CASH A	ССТ			
0407	COPIES			\$		
	OTHER: (IDENTIFY)			\$		
0243 I/S Lease 0244 Muni Water Mgmt. Plan 0245 Cons. Water						
4270 WRD OPERATING ACCT						
	MISCELLANEOUS /L/ 11	1				
0407	MISCELLANEOUS 46 11	1		\$		
0410	RESEARCH FEES			\$		
0408	MISC REVENUE: (IDENTIFY)			\$		
TC1	2 DEPOSIT LIAB. (IDENTIFY)			\$		
0240	EXTENSION OF TIME			\$		
	WATER RIGHTS:	EXAM FEE		RECORD FEE		
0201	SURFACE WATERACT RES	\$ 60000	0202	\$40000		
0203	GROUND WATER	\$	0204	\$		
0205	TRANSFER	\$				
	WELL CONSTRUCTION	EXAM FEE		LICENSE FEE		
0218	WELL DRILL CONSTRUCTOR	\$	0219	\$		
	LANDOWNER'S PERMIT		0220	_		
	OTHER (IDENTIFY) _					
O:	36 TREASURY 0437 WE	ELL CONST. STAF	II 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 OT	HER / RDX				
OBJ	CODE VENDOR # _			•		
DES	CRIPTION	<u> 19</u>		\$		
		18/11/2	2			
ECEIPT:	100617 DATED:	7 6 10 BY:	$(X \setminus Y)$			
Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal						