

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

BY REQUEST
WAL KATHY SMITH

Application: R 87655 County JOSE Priority Date 9-27-2010

Township 39 S Range 5 W Section 22

Amount (AF) 1.44 Use MULTI-P Watermaster DIST # 14

~~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 6.6 FT
- Total Quantity * of Storage Requested: 1.44
- 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') **

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\$ 50

Permit Recording Fee \$ 400

Total Paid \$ 750

Total Fees \$ 750

1.44 AF

Completeness Check by: AKM

Date: 9-27-2010

Alternate Reservoir Application Completeness Checklist

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LINEBAUGH

Application _____ County Josephine Priority Date _____

Township 39S Range 5W Section 22, NWSE
TL 100-

Amount (AF) 1.44 Use MP Watermaster #14

- Brook Geffen
- Jeana Eastman
- Joel Plahn
- Kerry Kavanagh
- Michele McAleer

*Minimum Requirements (ORS 537.409)

- Landowner Name, Mailing Address* and Telephone Number. *Ralph & Donna Linebaugh*
- Source* and tributary listed. NO WELLS-MUST HAVE GW APP TO USE A WELL AS A SOURCE !!
runoff > Rock Creek
- Reservoir Location- Township, Range, Section, Quarter Quarter, Taxlot
- Dam height*, if applicable 6.6 FT
- Total Quantity * of Storage Requested: 1.44 AF
- Proposed Use of the water....Cannot accept application for use of this stored water at the same time (E2) MP
- 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 *off-channel*
- Application signed by the landowner(s)? All parties noted as applicants must sign the application. *Must be an original "wet" signature. only signed by Donna Linebaugh*
- 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") **
- 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
\$25 x 2 =
plus \$ 50

Permit Recording Fee \$ 400

Total Paid \$ 750

Total Fees \$ 750

*INCOMPLETE
NO LAND-USE*

RECEIVED

SEP 27 2010

WATER RESOURCES DEPT
SALEM, OREGON

Completeness Check by: KJK Date: 8-27-10

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **101238**

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

INVOICE # _____

RECEIVED FROM: Linebaugh's Tree Farm	APPLICATION R 87699
BY: _____	PERMIT _____
	TRANSFER _____

CASH: CHECK:# **1905** OTHER: (IDENTIFY) _____

TOTAL REC'D \$ **7500**

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			
0407 COPY & TAPE FEES	46111/46111	\$	
0410 RESEARCH FEES		\$	
0408 MISC REVENUE: (IDENTIFY) _____		\$	
TC162 DEPOSIT LIAB. (IDENTIFY) _____		\$	
0240 EXTENSION OF TIME		\$	
WATER RIGHTS:			
0201 SURFACE WATER ALT RES	EXAM FEE	\$ 3500	0202 RECORD FEE
0203 GROUND WATER	\$		\$ 4000
0205 TRANSFER	\$		\$
WELL CONSTRUCTION			
0218 WELL DRILL CONSTRUCTOR	EXAM FEE	\$	0219 LICENSE FEE
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: **101238** DATED: **9.27.10** BY: **LSG**

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