

ADDITION TO EXISTING STORAGE

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87127 County POLK
 Priority Date 3-18-08 Township 6S Range 5W Section 17 Taxlot 651
 Use M-P Caseworker BRADIK G 800
 Amount (AF) 20 AF Watermaster _____

*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: 20 AF
- Proposed Use of the water.... If for out of reservoir use, is a surface water application included?
- 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*?
 ORIG CHECK
 3 ASY(S)

Base Fee \$ 80
 plus \$ 400 2020
 plus \$ 4

Total Paid \$ _____

Total Fees \$ 480

Completeness Check by: KQ Date: 3-18-08

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **91795**

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

INVOICE # _____

RECEIVED FROM: <u>Maxson Enterprises</u>	APPLICATION <u>See below</u>
BY: _____	PERMIT _____
	TRANSFER _____
CASH: <input type="checkbox"/> CHECK:# _____ OTHER: (IDENTIFY) _____	TOTAL REC'D \$ <u>1,595.00</u>

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES	\$
OTHER: (IDENTIFY) _____	\$
0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____	

**RECEIVED
OVER THE COUNTER**

4270 WRD OPERATING ACCT

MISCELLANEOUS			
0407 COPY & TAPE FEES	<u>R-77127-480.00</u>	\$	
0410 RESEARCH FEES	<u>R-97128-380.00</u>	\$	
0408 MISC REVENUE: (IDENTIFY) _____	<u>77129-1155.00 LF 300.00</u>	\$	
TC162 DEPOSIT LIAB. (IDENTIFY) _____		\$	
0240 EXTENSION OF TIME		\$	
WATER RIGHTS:			
0201 SURFACE WATER	EXAM FEE \$ <u>1295.00</u>	0202	RECORD FEE \$ <u>300.00</u>
0203 GROUND WATER	\$ _____	0204	\$ _____
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 (FWWRD)	\$ _____
0231 HYDRO LICENSE FEE (FWWRD)	\$ _____
HYDRO APPLICATION	\$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____ \$ _____

RECEIPT: **91795** DATED: 3/12/08 BY: [Signature]

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