Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff
Application R 87660 County Crant Priority Date 10-29-2010
Township 95 Range 27 € Section 5 —
Amount (AF) (1.50 Use Mucti- P Watermaster Dist 4
Jeana Eastman
*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: 4, 5
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?
Dees the use on land-use form match the proposed use on the application? Must be an original "wet" signatur
within the last 12 months.
Acceptable map ** Indicates requirements of standards set forth by the Commission and causes fatal
Naw 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 **
□ 1/41/4'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\$ 700 plus\$ 25
plus\$ 25
Permit Recording Fee \$
Total Paid \$ 325 Total Fees \$ 725
Completeness Check by: 14 YM Date: NOV (2010

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

Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff

Application	County Grant	
Priority Date Use Multi-Purpose storage	Township 95 Range 27E Section 5 Taxlor	t 1511
Use MuHi-Purpose storage		
Amount (AF) 0,50	Watermaster Eric Julsand, Dist. 4	
*Minim	num Requirements (ORS 537.409)	
/x	+ 1 Talambana Manaban	
Landowner Name, Mailing Address		NIDGE II
	CLLS-MUST HAVE GW APP TO USE A WELL AS A SO	URCE !!
Reservoir Location- Township, Rang Dam height*, if applicable	ge, Section, Quarter Quarter, Taxiot	
✓ Total Quantity * of Storage Requeste	ed: 0.50 AF	
	accept application for use of this stored water at the same t	ime (E2)
, -	applicant does not own all the land, is the affected landow	
	nds not owned by applicant, upon which the source is located	
	his includes any roads or rights-of-way.)	
Environmental Impact section comp		
☐ Application signed by the landowner	r(s)? All parties noted as applicants must sign the applicat	ion. Must be an
original "wet" signature.		
-	eipt signed by the appropriate planning department official	
-	oposed use on the application? Must be an original "wet"	signature within
the last 12 months.		
	rements of standards set forth by the Commission and c	auses fatal
flaw if not provided by the applicant		
,	Township, Range, Section, 1/4 1/4 and Tax Lot number(s)*	
✓ Scale of the Map (not less that ✓ Reference corner on map ✓ Reference corner on map	✓ North Directional Symbol **	and the second state of 1922 Section
☑ 1/4,1/4's clearly identified	Reservoir clearly identified *	RECEIVED
	Location coordinates referenced to a government land	007.04.0040
	se coordinates to center of reservoir.**	OCT 2 9 2010
		WATER RESUURCES DEPT
Fees enclosed*?	Base Fee\$ 300	SALEM. OREGON
	plus\$_25	
	plus\$	
Total Paid \$	Total Fees \$ 325 °C	
Completeness Check by:	Date:	
	p/Alt-Review-checklist.doc 11-26-2007 jks	

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT;# **101519**

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 03) 986-0900 / (503) 986-0904 (fax)

INVOICE # ____

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