

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87671 County JACKSON Priority Date Dec 06, 2010

Township 38 S Range 3 W Section 32

Amount (AF) 4.0 Use M-P Watermaster DIST # 13

~~Brock Giffen~~ Jeana Eastman ~~Joel Pahn~~ 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: 4 AF
- 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 * RECEIPT ONLY - KP 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 law 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
- 1/4's 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.**
- North Directional Symbol **
- Reservoir clearly identified *

Fees enclosed*? Base Fee \$ 300
plus \$ 100 4 x 25
Permit Recording Fee \$ 400
Total Paid \$ 800 Total Fees \$ 800

Completeness Check by: JHM Date: Dec 6, 2010

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Application _____ County _____
Priority Date _____ Township _____ Range _____ Section _____ Taxlot _____
Use _____ Caseworker _____
Amount (AF) _____ Watermaster _____

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Fees enclosed*?

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plus\$ 100

plus\$ 400

Total Paid \$ _____

Total Fees \$ 800

Completeness Check by: _____

Date: _____

Groups/wr/Customer Service Group/Alt-Review-checklist.doc

11-26-2007 jks

RECEIVED

DEC 06 2010

WATER RESOURCES DEPT
BUREAU OF PERMITS

R-87671

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **101780**

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

INVOICE # _____

| | |
|---|------------------------------------|
| RECEIVED FROM: <u>Mark A Thorkelson</u> | APPLICATION <u>R 8 7671</u> |
| BY: _____ | PERMIT _____ |
| CASH: <input type="checkbox"/> CHECK:# <u>252</u> <input type="checkbox"/> OTHER: (IDENTIFY) _____ | TRANSFER _____ |
| TOTAL REC'D \$ _____ | |

| | |
|--|----------------------------------|
| 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 | \$ _____ |
| 0410 RESEARCH FEES | \$ _____ |
| 0408 MISC REVENUE: (IDENTIFY) _____ | \$ _____ |
| TC162 DEPOSIT LIAB. (IDENTIFY) _____ | \$ _____ |
| 0240 EXTENSION OF TIME | \$ _____ |
| WATER RIGHTS: | |
| 0201 SURFACE WATER <u>ALT RES</u> | \$ <u>400.00</u> |
| 0203 GROUND WATER | \$ _____ |
| 0205 TRANSFER | \$ _____ |
| WELL CONSTRUCTION | |
| 0218 WELL DRILL CONSTRUCTOR | \$ _____ |
| LANDOWNER'S PERMIT | \$ _____ |
| OTHER (IDENTIFY) _____ | \$ _____ |

| | |
|---|----------|
| 0536 TREASURY 0437 WELL CONST. START FEE | |
| 0211 WELL CONST START FEE | \$ _____ |
| 0210 MONITORING WELLS | \$ _____ |
| 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: **101780** DATED: 12-6-10 BY: LTG

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal