Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

RECEIPT # 101942
BMT, LLC D. BOYDEN

Application R 87673 County JACKSON Priority Date 12-29-2010

Township 39S Range 3E Section 2

Amount (AF) 4.90 Use MULTI. - P Watermaster DIST #

~~Brook Cotton~~ X 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
☑ **Total Quantity** * of Storage Requested: 4.9 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 located .....**or**..... 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 **
- ☑ 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
plus$ 125
Permit Recording Fee $ 400

Total Paid $ 825 **Total Fees $** 825

Completeness Check by: HM Date: 12-29-2010

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **101942**

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

INVOICE # _____

RECEIVED FROM: BMT, LLC

BY: _____

APPLICATION	R-87673
PERMIT	
TRANSFER	

CASH: ☐ CHECK:# ☒ 1009 OTHER: (IDENTIFY) ☐ _____

TOTAL REC'D $825.00

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 46111

0407	COPY & TAPE FEES		$
0410	RESEARCH FEES		$
0408	MISC REVENUE: (IDENTIFY)	_____	$
TC162	DEPOSIT LIAB. (IDENTIFY)	_____	$
0240	EXTENSION OF TIME		$

	WATER RIGHTS:	EXAM FEE		RECORD FEE
0201	SURFACE WATER	$425.00	0202	$ 400.00
0203	GROUND WATER	$	0204	$
0205	TRANSFER	$		

	WELL CONSTRUCTION	EXAM FEE		LICENSE FEE
0218	WELL DRILL CONSTRUCTOR	$	0219	$
	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: **101942** DATED: 12-29-10 BY: _____

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