Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87686 County HARNEY BLM Priority Date 1-28-2011

Township 32 S Range 25 E Section 16

Amount (AF) 0.50 Use LIVESTOCK WATER Watermaster DIST # 10

~~☐ Brook Geffen~~ ☒ Jeana Eastman ~~☐ Joel Plaan~~ ☐ 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: 0.50 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.*

N/R **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$ 25

~~Permit Recording Fee $~~

Total Paid $ 325 **Total Fees $** 325

Completeness Check by: HLM Date: 1-31-2011

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # **102138**

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

INVOICE # _____

RECEIVED FROM: BLM
BY: Janell Rekow

APPLICATION	R87686
PERMIT	
TRANSFER	
TOTAL REC'D	$325.00

CASH: ☐ CHECK:# ☒ 1270 OTHER: (IDENTIFY) ☐ _____

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 AIT / Res	$325.00	0202	$
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: **102138** DATED: 1-28-11 BY: RR

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