

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87716 County WHEELER Priority Date 4-22-2011

Township 7 S Range 20 E Section 14

Amount (AF) TWO Use MULTI-PURPOSE Watermaster DIST #4

☒ ~~Brook Giffen~~ ☐ 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 8 FEET
- ☒ Total Quantity * of Storage Requested: 2.0 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 * 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 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*?

Base Fee\$ 300

ONE CHECK #1475

plus\$ 25.00 x ONE AF (2) = \$50

④ RT RES(5)

Permit Recording Fee \$ NOT PAID

EXAM FEES ONLY

Total Paid \$ 350

Total Fees \$

Completeness Check by: HFW

Date: 4-22-2011

RECEIVED

APR 22 2011

WATER RESOURCES DEPT
SALEM, OREGON**Alternate Reservoir Application Completeness Checklist**

This is the checklist used by WRD staff

Application _____ County WHEELER
 Priority Date _____ Township _____ Range _____ Section _____ Taxlot _____
 Use _____ Caseworker _____
 Amount (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: _____
- ☐ **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 *** 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*? Base Fee\$ _____

plus\$ _____

plus\$ _____

Total Paid \$ _____

Total Fees \$ _____

Completeness Check by: _____ Date: _____

Groups/wr/Customer Service Group/Alt-Review-checklist.doc 11-26-2007 jks

R-07746

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **102722**

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

INVOICE # _____

RECEIVED FROM: Elena M. Brown
BY: _____

APPLICATION	<u>see below</u>
PERMIT	
TRANSFER	

CASH: ☐ CHECK # 4673 ☒ OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 1475.00

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

0407 COPY & TAPE FEES \$ _____
0410 RESEARCH FEES \$ _____
0408 MISC REVENUE: (IDENTIFY) R87716 = \$350.00 \$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) R87717 = \$350.00 \$ _____
0240 EXTENSION OF TIME R87718 = \$350.00 \$ _____
R87719 = \$425.00

WATER RIGHTS:

0201 SURFACE WATER PCA 46111 **EXAM FEE** \$ 1475.00 0202 **RECORD FEE** \$ _____
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 (FW/WRD) \$ _____
0231 HYDRO LICENSE FEE (FW/WRD) \$ _____
HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____
OBJ. CODE _____ VENDOR # _____
DESCRIPTION \$ _____

RECEIPT: **102722**

DATED: 4/22/11 BY: LAG

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