

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87718 County WHEELER Priority Date 4-22-2011

Township 7 S Range 20 E Section 14

Amount (AF) 1.75 Use MULTI-P Watermaster DIST #4

☒ Brook Giffen ☐ Jeana Eastman ☒ Joel Plana ☐ 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 9 FEET
- ☒ Total Quantity * of Storage Requested: 1.75 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 EXHA AF x 2 = \$50

④ ALT RES(S)

Permit Recording Fee \$ NOT PAID

EXAM FEES ONLY

Total Paid \$ 350

Total Fees \$

Completeness Check by: HTW

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.)
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 - ☐ 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-87718

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **102722** 725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172 INVOICE # _____
(503) 986-0900 / (503) 986-0904 (fax)

RECEIVED FROM: Elena M. Brown	APPLICATION See below
BY: _____	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	R87716 = \$350.00	\$
0410 RESEARCH FEES	R87717 = \$350.00	\$
0408 MISC REVENUE: (IDENTIFY)	R87718 = \$350.00	\$
TC162 DEPOSIT LIAB. (IDENTIFY)	R87719 = \$425.00	\$
0240 EXTENSION OF TIME		\$
WATER RIGHTS: PCA 46111		
0201 SURFACE WATER	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: **LAR**

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

R-87718