

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R 87719 County WHEELER Priority Date 4-22-2011

Township 7 S Range 20 E Section 14

Amount (AF) 4.50 Use Wells 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 9 FEET
- ☒ Total Quantity * of Storage Requested: 4.50 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 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\$ 300

ONE CHECK \$1475

plus\$ 25.00 x EXHA AF x 5 = \$125

④ ALT RES(S)

Permit Recording Fee \$ NOT PAID

EXAM FEES ONLY

Total Paid \$ 425

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.)
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 - ☐ 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-07719

**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: <u>Elenq M. Brown</u>	APPLICATION <u>see below</u>
BY: _____	PERMIT _____
CASH: ☐ CHECK: # <u>4673</u> OTHER: (IDENTIFY) _____	TRANSFER _____
	TOTAL REC'D \$ <u>1475.00</u>

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	<u>R87710 = \$350.00</u>
0407 COPY & TAPE FEES	<u>R87717 = \$350.00</u>
0410 RESEARCH FEES	<u>R87718 = \$350.00</u>
0408 MISC REVENUE: (IDENTIFY) _____	<u>R87719 = \$425.00</u>
TC162 DEPOSIT LIAB. (IDENTIFY) _____	
0240 EXTENSION OF TIME	
WATER RIGHTS: <u>PCA 416111</u>	EXAM FEE
0201 SURFACE WATER	\$ <u>1475.00</u>
0203 GROUND WATER	\$ _____
0205 TRANSFER	\$ _____
WELL CONSTRUCTION	EXAM FEE
0218 WELL DRILL CONSTRUCTOR	\$ _____
LANDOWNER'S PERMIT	\$ _____
OTHER (IDENTIFY) _____	
	RECORD FEE
	0202 \$ _____
	0204 \$ _____
	LICENSE FEE
	0219 \$ _____
	0220 \$ _____

0536 TREASURY	0437 WELL CONST. START FEE
0211 WELL CONST START FEE	\$ _____
0210 MONITORING WELLS	\$ _____
OTHER (IDENTIFY) _____	
	CARD # _____
	CARD # _____

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

R-87719