Alternate Reservoir Application Completeness Checklist  This is the checklist used by WRD staff
Application R-87728 ALT County Washington Priority Date 5/27/2011
Township 2N Range 4W Section 4
Amount (AF) 3.0 Actor. Use Huin Purpose Watermaster 18
□ Brook Geffen ☑ 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: 7.Oac/cr
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. West Frent Page - Suner Uhr Blackspr. LK.  - 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 **  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
Permit Recording Fee \$ 400 350 Recording for Permit Recording Fee \$ 775
Completeness Check by: VI Date: 5/27/2011
Groups\wr\Customer Service Group\templates\alt res review checklist.doc 7-01-2009

## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT# 102985

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

INVOICE # \_\_\_\_\_

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