

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R-87863 County umatilla
Priority Date 1/31/13 Township 4N Range 37E Section 29 Taxlot 1903
Use multi-purpose Caseworker Kerry
Amount (AF) 6 Watermaster #5

Minimum Requirements (ORS 537.409)

☒ Completed Watermaster review sheet signed and dated by Watermaster.

Will the reservoir injure an existing water right? ☒ YES ☐ NO

If YES, can conditions be applied to mitigate the injury? ☒ YES ☐ NO If NO, return the application.

Did the watermaster determine when water is available for the proposed use? ☒ YES ☐ NO 11/1 to 4/5

The Watermaster review sheet must have been completed within the last 6 months.

If the watermaster determined that water is NOT available, return the application.

☒ Completed ODFW review sheet signed and dated by ODFW representative.

Will the reservoir pose a significant detrimental impact to an existing fishery resource? ☒ YES ☐ NO

If YES, can conditions be applied to mitigate the impact? ☒ YES ☐ NO If NO, return the application.

The ODFW review sheet must have been completed within the last 6 months.

☒ 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.

☒ 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: 6 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?

☒ Application signed by the landowner(s)? All parties noted as applicants must sign the application.

Must be an original "wet" signature.

☐ 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**? Examination: Base Fee\$ 300.00 Permit Recording Fee\$ 150.00
plus\$ 150.00
plus\$ 50.00

Total Paid \$ 400.00

Total Fees \$ 450.00

Completeness Check by: [Signature]

Date: 1/31/13

Revised 2011-3-3

RECEIVED BY OWRD

FEB 08 2013

2/8/2013

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **108018**

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

INVOICE # _____

RECEIVED FROM: ABC Mountain Retreat

BY: _____

CASH: ☐ CHECK: # 2048 OTHER: (IDENTIFY) ☐

APPLICATION	<u>R-87863</u>
PERMIT	
TRANSFER	

TOTAL REC'D \$ 400.00

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) \$
TC162 DEPOSIT LIAB. (IDENTIFY) \$
0240 EXTENSION OF TIME \$

WATER RIGHTS:

0201 SURFACE WATER PCA 46111 EXAM FEE \$ 400.00 0202 \$
0203 GROUND WATER \$ 0204 \$
0205 TRANSFER \$

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR EXAM FEE \$ 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: **108018**

DATED: 2/8/13 BY: C. Anderson

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

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **108019**

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

INVOICE # _____

RECEIVED FROM: Alfred L. Kube

BY: Edythe Kube

CASH: ☐ CHECK: # 2286 OTHER: (IDENTIFY) ☐

APPLICATION	<u>R-87863</u>
PERMIT	
TRANSFER	

TOTAL REC'D \$ 50.00

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

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OBJ. CODE _____ VENDOR # _____
DESCRIPTION \$

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DATED: 2/8/13 BY: C. Anderson