

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Townsend Farms Transklear

Application R-87872 County CLACKAMAS
Priority Date 2-25-13 Township 29 Range 9E Section 21 Taxlot 600
Use Multi purpose Caseworker Kenny
Amount (AF) 8.6 Watermaster Jon Vinger

Minimum Requirements (ORS 537.409) *enlargement*

res under C# 24378

☒ 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

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: 8.6 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 Permit Recording Fee\$ 400

8.6 AF

plus\$ 225

plus\$ 925

Total Paid \$ 925

Total Fees \$ 925

Completeness Check by: KLR

Date: 2-25-13

*4525 exam
4400 recording*
Revised 2011-3-3

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **108169**

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

INVOICE # _____

RECEIVED FROM: Raz Construction Co.

APPLICATION R-87872

BY: _____

PERMIT _____

TRANSFER _____

CASH: ☐ CHECK: # 2446 OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ 920.00

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 \$ 520.00 0202 \$ 400.00
0203 GROUND WATER \$ _____ 0204 \$ _____
0205 TRANSFER \$ _____

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR \$ _____ 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 \$ _____

RECEIVED

OVER THE COUNTER

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION \$ _____

RECEIPT: **108169**

DATED 2-25-13 BY: B Williamson

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