

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R-87910 County Polk
Priority Date 6-20-2013 Township 8S Range 4W Section 31 Taxlot 1100
Use Multi-purpose Caseworker Kerry Kavanagh SE 1/4 NW 1/4
Amount (AF) 50.0 AF Watermaster #16

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
 - 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: 50.0 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.)
- Provide the **legal description** of all the property involved with this application. You may include a copy of your deed land sales contract or title insurance to meet this requirement
- 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
plus\$ 25x 50 12.50
plus\$ _____

Total Paid \$ _____ Total Fees \$ 1950
Completeness Check by: Ann Reece Date: 6-20-2013 Revised 2011-3-3

ACT

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **109111**

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

INVOICE # _____

RECEIVED FROM: Peter Dinsdale

APPLICATION R 87910

BY: _____

PERMIT _____
TRANSFER _____

CASH: CHECK: # 17347 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 1950.00

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 46111 \$ _____
0410 RESEARCH FEES \$ _____
0408 MISC REVENUE: (IDENTIFY) _____ \$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____
0240 EXTENSION OF TIME \$ _____

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203 GROUND WATER	\$ <u>1550.00</u>	0204	\$ <u>400.00</u>
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 (FWWRD) \$ _____
0231 HYDRO LICENSE FEE (FWWRD) \$ _____
HYDRO APPLICATION \$ _____

**RECEIVED
OVER THE COUNTER**

TREASURY OTHER / RDX

FUND _____ TITLE _____
OBJ. CODE _____ VENDOR # _____
DESCRIPTION _____ \$ _____

RECEIPT: **109111**

DATED: 6-20-13 BY: B Williamson

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