

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R-87973 County Grant
Priority Date 3-19-14 Township 135 Range 33E Section 12 Taxlot 100
Use Multi-Purpose Caseworker KIM FRENCH-GORSKI
Amount (AF) 4.5 AP Watermaster Dist. 4

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: 4.5 AP
- 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. Letter/affidavit allowing steph to apply for application on behalf of Tribes
- 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 \$ 350 Permit Recording Fee \$ 450
plus \$ 150
plus \$ _____

Total Paid \$ 950 **Total Fees \$** 950
Completeness Check by: Scott - CSG Date: 4-21-14

RECEIVED BY OWRD

APR 18 2014

SALEM, OR

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Revised 2011-3-3

MAR 19 2014

SALEM, OR

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

RECEIPT # **111780**

INVOICE # _____

RECEIVED FROM: The Confederated Tribes of the Warm Springs Reservation of Oregon
BY: _____
CASH: CHECK: # 152321 OTHER: (IDENTIFY) _____

APPLICATION	<u>L-87973</u>
PERMIT	
TRANSFER	

TOTAL REC'D \$ 950.00

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 Alt Res. \$500.00 0202 RECORD FEE \$450.00
0203 GROUND WATER \$ _____ 0204 \$ _____
0205 TRANSFER \$ _____
WELL CONSTRUCTION
0218 WELL DRILL CONSTRUCTOR EXAM FEE 0219 \$ _____
LANDOWNER'S PERMIT 0220 LICENSE FEE \$ _____
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 \$ _____

TREASURY OTHER / RDX

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

RECEIPT: **111780**

DATED: 4-18-14 BY: [Signature]

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