

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application B-88084 County GRANT
Priority Date 13-May Township 17S Range 31e Section 7 Taxlot 1200
Use Mult Caseworker SARBE
Amount (AF) 8 Watermaster 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: 8

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\$ _____ Permit Recording Fee\$ _____

plus\$ _____

plus\$ _____

Total Paid \$ 1040
Completeness Check by: Scott

Total Fees \$ 1040
Date: 4-30-2015

Revised 2011-3-3

**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 # **115688**

INVOICE # _____

RECEIVED FROM: Southworth Bros

| | |
|-------------|---------|
| APPLICATION | R-88084 |
| PERMIT | |
| TRANSFER | |

BY: _____

CASH: CHECK # 1237 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1040.00

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 | <u>4611</u> | \$ | |
| 0410 | RESEARCH FEES | | \$ | |
| 0408 | MISC REVENUE: (IDENTIFY) | | \$ | |
| TC162 | DEPOSIT LIAB. (IDENTIFY) | | \$ | |
| 0240 | EXTENSION OF TIME | | \$ | |
| WATER RIGHTS: | | | | |
| 0201 | SURFACE WATER | EXAM FEE \$ <u>590.00</u> | 0202 | RECORD FEE \$ <u>450.00</u> |
| 0203 | GROUND WATER | \$ | 0204 | \$ |
| 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 (FW/WRD) | | \$ |
| 0231 | HYDRO LICENSE FEE (FW/WRD) | | \$ |
| | HYDRO APPLICATION | | \$ |

TREASURY OTHER / RDX

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

RECEIPT: **115688**

DATED: 4/30/15 BY: Mark Ad...

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