

# Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R-88085 County Linn  
Priority Date 5-18-2015 Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Taxlot \_\_\_\_\_  
Use Multipurpose Caseworker K French  
Amount (AF) 10.3 Watermaster M. Mattek

## 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: 10.3 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 located .....or..... 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 \$ 350 Permit Recording Fee \$ 450  
plus \$ 330  
plus \$ \_\_\_\_\_

Total Paid \$ 1,130

Total Fees \$ 1330

Completeness Check by: A22

Date: 5-18-2015

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 # **115887**

INVOICE # \_\_\_\_\_

RECEIVED FROM: State of Oregon; Parks and Recreation Department

APPLICATION	R-88085
PERMIT	
TRANSFER	

CASH:  CHECK: # 23974006 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1130.00

**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>680.00</u>	0204	\$ <u>450.00</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 (FW/WRD) \$ \_\_\_\_\_  
0231 HYDRO LICENSE FEE (FW/WRD) \$ \_\_\_\_\_  
HYDRO APPLICATION \$ \_\_\_\_\_

**TREASURY OTHER / ...**

FUND \_\_\_\_\_ TITLE \_\_\_\_\_  
OBJ. CODE \_\_\_\_\_ VENDOR # \_\_\_\_\_  
DESCRIPTION \_\_\_\_\_

**RECEIVED  
OVER THE COUNTER**

RECEIPT: **115887**

DATED: 5-18-15 BY: Mani Bach

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