## **Alternate Reservoir Application Completeness Checklist** This is the checklist used by WRD staff Application <u>R-88-133</u> County <u>T-llawok</u> Priority Date <u>8 - Sapt-15</u> Township <u>IN</u>-Range <u>9W</u>-Section <u>32</u> Taxlot <u>600</u> Use <u>Irr. 4 Ag</u> Caseworker <u>Kept</u> Amount (AF) <u>19 af</u> Watermaster <u>Lept</u> Minimum Requirements (ORS 537.409) **Completed Watermaster review sheet** signed and dated by Watermaster. Will the reservoir injure an existing water right? VES If YES, can conditions be applied to mitigate the injury? YES D NO If NO, return the application. Did the watermaster determine when water is available for the proposed use? VES DIVIDE The Watermaster review sheet must have been completed within the last 6 months. It the watermaster determined that water is NOT available, return the application. Completed ODFW review sheet signed and dated by ODFW representative. Wilk the reservoir pose a significant detrimental impact to an existing fishery resource? YES YO If YES, can conditions be applied to mitigate the impact? DYES DNO 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 Total Quantity of Storage Requested: 9.19 Actor 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 arg 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. E Reservoir Location - noting Township, Range, Section, 1/4 1/4 and Tax Lot number(s)\* $\square$ Scale of the Map (not less than 1'' = 1320') \*\* Keference corner on map North Directional Symbol \*\* s clearly identified Keservoir 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.\*\* Permit Recording Fee\$450 □ Fees enclosed\*\*? Examination: Base Fee\$ 350 plus\$ 300 plus\$ Total Paid \$\_\_\_\_\_Total Fees \$\_\_\_\_\_Completeness Check by:Date: Revised 2011-3-3

STATE OF OREGON           WATER RESOURCES DEPARTMENT           RECEIPT # 117524         725 Summer St. N.E. Ste. A           SALEM, OR 97301-4172           INVOICE #           (503) 986-0900 / (503) 986-0904 (fax)					
BY: Flowers, LLC				APPLICATION	R-88133
CASH: CHECK:# OTHER: (IDENTIFY)			10000	TRANSFER	\$1,100.00
1083 TREASURY 4170 WRD MISC CASH ACCT					
0407	COPIES OTHER:	(IDENTIFY)			\$ \$
0243 I/S	Lease 0	244 Muni Water Mgmt.	Plan 0245 0	Cons. Water	
4270 WRD OPERATING ACCT					
0407	MISCELLANEC COPY & TAPE	FEES	46111		\$ \$
0410 0408 TC162	RESEARCH FE MISC REVENU DEPOSIT LIAB	E: (IDENTIFY)			\$ \$
0240	EXTENSION O	FTIME	EXAN FEE		\$ RECORD FEE
0201 0203 0205	GROUND WAT	ER	\$650.00 \$	0202 0204	\$450.00 \$
0218	WELL CONST	ONSTRUCTOR	EXAM FEE \$	0219 0220	LICENSE FEE \$ \$
	_ OTHER	(IDENTIFY)			
0536	TREASURY	0437 WEL	CONST. START		
0211	WELL CONST	START FEE	\$	CARD	
	OTHER	(IDENTIFY)			
0607	TREASURY	0467 HYDI		IC NUMBER	
0233		ISE FEE (FW/WRD)			\$
0231		SE FEE (FW/WRD)			\$
	HYDRO APPLICATION				\$
	TREASURY	OTH	ER / RDX		
FUND		TITLE			
	DE	VENDOR #			
DESCRIPTION			UVEN I	HE COL	IS IEM
RECEIPT: 117524 DATED: 9-28-15 BY: Manufacture Distribution – White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal					