## Alternate Reservoir Application Completeness Checklist This is the checklist used by WRD staff

	Application <u><b>R-88141</b></u> County <u>Clack</u> Priority Date <u>33-0ct · 15</u> Township <u>25</u> Range <u>26</u> Section <u>14</u> Taxlot <u>100</u> <u>f</u> 200 Use <u>Multi · Purcese</u> Caseworker <u>Kum</u>	
	Application N-001 IT County Clark	
	Priority Date 25-0ct . 15 Township 25 Range 26 Section 14 Taxlot 100 8200	
	Use Multi-Junoose Caseworker Kin -	
	Amount (AF) 1.55 - Watermaster 20 -	
	Minimum Requirements (ORS 537.409)	
	Completed Watermaster review sheet signed and dated by Watermaster.	
	Win the reservoir injure an existing water right? YES	
	If YES, can conditions be applied to mitigate the injury? <b>F</b> YES INO If NO, return the application.	
	Did the watermaster determine when water is available for the proposed use? $\Box$ YES $\Box$ NO	
	The Watermaster review sheet must have been completed within the last 6 months.	
5	If the watermaster determined that water is NOT available, return the application.	
pone	Completed ODFW review sheet signed and dated by ODFW representative.	
	Will the reservoir pose a significant detrimental impact to an existing fishery resource?  VES DO	
	If YES, can conditions be applied to mitigate the impact? $\Box$ YES $\Box$ NO If NO, return the application.	
3	The ODFW review sheet must have been completed within the last 6 months.	
Done	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 Ves	
	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: 1.55	
	Proposed Use of the waterCannot 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.	R TTO N
	Must be an original "wet" signature.	
	Acceptable map ** Indicates requirements of standards set forth by the Commission and causes fatal	
	aw if not provided by the applicant.	
	Reservoir Location - noting Township, Range, Section, 1/4 1/4 and Tax Lot number(s)* <b>RECEIVED</b> BY OWRD	
	/Scale of the Map (not less than 1" = 1320') **	
	Reference corner on map	
	North Directional Symbol ** OCT 23 2015	
	<sup>1</sup> / <sub>4</sub> <sup>1</sup> / <sub>4</sub> 's clearly identified	
	A Deservoir slowly identified **	
MOUL		,
Maps	Dam or POD (If off channel) Location coordinates referenced to a government land survey corner* If no dam, use coordinates to center of reservoir.** NEED POD LOCATION & RESERVOIR	ON
	Fees enclosed**? Examination: Base Fee\$ 350 Permit Recording Fee\$ 450	. 3
	plus\$ 60	
	Total Paid \$ 860 Total Fees \$ 860	
	Completeness Check by: Date: Revised 2011-3-3	

ECEIPT #	117795	TER RESOUR 725 Summ SALEM, (	DF OREGON RCES DEPARTM er St. N.E. Ste. A DR 97301-4172 / (503) 986-0904 (fax)	INVOICE #	
CEIVED FR	IOM: Charle	APPLICATION	R-88141		
RECEIVED FROM: Charles J Wrobel BY: Helen Heidi Affentranger					
<u> </u>				TRANSFER	
ASH:			r)	TOTAL REC'D	\$860.00
1083	TREASURY	4170 WRC	MISC CASH AC	CCT	
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	LANDOWNER'S	PERMIT		0220	\$
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