

Alternate Reservoir Application Completeness Checklist

This is the checklist used by WRD staff

Application R-88163 County Clack
Priority Date 5-Jan-16 Township 2S Range 4E Section 5 Taxlot 2300
Use Multi Caseworker Kim
Amount (AF) .96 Watermaster 20

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: _____
- 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 \$ _____

Total Fees \$ _____

Completeness Check by: _____ Date: _____

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 # **118498**

INVOICE #
R-88164

RECEIVED FROM: Brady Donahue
BY: Elizabeth Donahue

APPLICATION	R-88163
PERMIT	
TRANSFER	

CASH: CHECK.# 1322 OTHER: (IDENTIFY)

TOTAL REC'D \$ **1,750.00**

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 \$
0410 RESEARCH FEES \$
0408 MISC REVENUE: (IDENTIFY) \$
TC162 DEPOSIT LIAB. (IDENTIFY) \$
0240 EXTENSION OF TIME \$

46111

WATER RIGHTS:

0201 SURFACE WATER	\$ 350.00	0202	RECORD FEE	\$ 900.00
0203 GROUND WATER	\$ <u> </u>	0204		\$ <u> </u>
0205 TRANSFER	\$ <u> </u>			

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	\$ <u> </u>	0219	LICENSE FEE	\$ <u> </u>
LANDOWNER'S PERMIT		0220		\$ <u> </u>
OTHER (IDENTIFY) <u> </u>				

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 /

FUND TITLE
OBJ. CODE VENDOR #
DESCRIPTION

**RECEIVED
OVER THE COUNTER**

RECEIPT: **118498** DATED: 11/5/16 BY: Mani Adh

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