## **Alternate Reservoir Application Completeness Checklist**

This is the checklist used by WRD staff

Application R-88164	County Clac	K	_	
Priority Date 5-Jan-14	Township 2 5	Range 4	Section	5 Taxlot 2300
Use multi	Caseworker	Kim		
Amount (AF) <u>4</u>	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 DNO

If YÈS, can conditions be applied to mitigate the injury? **TYES**  $\Box$  NO **If NO, return the application.** 

Did the watermaster determine when water is available for the proposed use? 
U YES UNO

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? FYES D NO If YES, can conditions be applied to mitigate the impact? #YES DNO If NO, return the application. The QDFW 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 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 flow 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 \*\* 2 1/41/4'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.\*\*

Permit Recording Fee\$ □ Fees enclosed\*\*? Examination: Base Fee\$\_ plus\$

	plus\$	
Total Paid \$	Total Fees \$	
Completeness Check by:	Date:	Revised 2011-3-3

STATE OF OREGON           WATER RESOURCES DEPARTMENT           RECEIPT # 118498         725 Summer St. N.E. Ste. A           SALEM, OR 97301-4172           INVOICE #           (503) 986-0900 (fax)							
				APPLICATION	<u>R-88164</u>		
RECEIVED FR			<b>`</b>	PERMIT	R-88163		
BY:	Elizabeth Donahue		TRANSFER				
CASH: CHECK:# OTHER: (IDENTIFY)							
	×1322		****	TOTAL REC'D	\$1,750.00		
1083	TREASURY	4170 WRD	MISC CASH A	ICCT			
0407	COPIES				\$		
	OTHER:	(IDENTIFY)			\$		
0243 I/S	Lease 02	44 Muni Water Mgmt. F	Plan 02	45 Cons. Water			
	-	4270 WRD	OPERATING.	ACCT			
	MISCELLANEO	US	46111				
0407	COPY & TAPE F	EES	-10111		\$		
0410	RESEARCH FE	ES			\$		
0408	MISC REVENUE	: (IDENTIFY)			\$		
TC162	DEPOSIT LIAB.	(IDENTIFY)			\$ \$		
0240	EXTENSION OF	TIME					
	WATER RIGHTS	<b>;</b> :	EXAM FEE		RECORD FEE		
0201	SURFACE WAT	ER	\$ \$50.0	0202	\$900.00		
0203	GROUND WATE	R	\$	0204	\$		
0205	TRANSFER		\$				
	WELL CONSTR	UCTION	EXAM FEE		LICENSE FEE		
0218	WELL DRILL CO	NSTRUCTOR	\$	0219	\$		
	LANDOWNER'S	PERMIT		0220	\$		
	OTHER	(IDENTIFY)					
0536	TREASURY	0437 WELL	CONST. STA	AT FEE			
0211	WELL CONST S	TART FEE	\$	CARD			
0210	MONITORING V		\$	CARD #			
	OTHER	(IDENTIFY)	L'				
0607	TREASURY	0467 HYDR	O ACTIVITY	LIC NUMBER			
0233		SE FEE (FW/WRD)			\$		
0231		E FEE (FW/WRD)	F		\$		
0201	HYDRO APPLIC		L		\$		
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