

WATER RESOURCES DEPARTMENT

725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172

(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # 92230

INVOICE # _____

RECEIVED FROM: John & Erna Watts
BY: _____

APPLICATION	<u>G1 17045</u>
PERMIT	
TRANSFER	

CASH: CHECK:# 4521 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 700.00

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) \$
 TC:162 DEPOSIT LIAB. (IDENTIFY) \$
 0240 EXTENSION OF TIME \$

WATER RIGHTS:

0201 SURFACE WATER ~~\$~~ 0202 ~~\$~~
 0203 GROUND WATER \$ 700. 0204 ~~\$~~
 0205 TRANSFER ~~\$~~

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR \$ 0219 \$
 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 / RDX

FUND _____ TITLE _____
 OBJ. CODE _____ VENDOR # _____
 DESCRIPTION _____ \$

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DATED: 4/23/08 BY: J. Pasolun

Standard Application Completeness Checklist

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

This is the checklist used by WRD staff

Application G-17045 Township 26 S
Priority Date 4-23-2008 Range 33 E
Use(s) PRIM 35 A. Section 33
Rate 0.4375 CFS POD Loc NE NE
County HARNEY POU Loc NE NE
W.M. DIST 10 Caseworker BROOK G.
WM CATIE OWENS

Applicant/Organization Name, Mailing Address and Telephone Number.

Source of water. If stored water, is the stored water component filed out, including a non-expired agreement for stored water must be included. (ORS 537.400)

The proposed source is is not (circle one) GW withdrawn from further appropriation, or Division 538. If it is, return application and fees.

Property ownership indicated. STATES YES!

If applicant does not own all the land, the affected landowner's name and mailing address must be listed.

If applicant does not own all the land, a statement declaring the existence of either written authorization or an easement permitting access to land crossed by the proposed ditch canal or other work must be submitted.

Groundwater development section (Page 3 and 4, Section B) or a well log report. YES

Proposed use of water. If supplemental, list primary water right acreage if applicable.

Enclosed Supplemental Form for each proposed use.

Form I (Irrigation)

Form M (Municipal or Quasi-Municipal)

Form R (Mining)

Form Q (Commercial or Industrial)

Spring Description Sheet

Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)

Period of use

Water management section (Please estimate if the water system has not been designed).

Resource Protection Section (Page 6, Section 5).

Project schedule (If system is already completed, indicate "existing").

For reservoir applications ~~storing more than 9.2 acre feet, and a dam height of more than 10 feet,~~ preliminary plans and specifications for dam and impoundment are required.

~~If the above is statement is checked, the map must be prepared by a CWRE.~~

All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink. *Signature must be an original "wet" signature.*

You must include a Legal description of the property involved that includes a metes and bounds, or other government survey description. A copy of the deed, land sales contract or title insurance policy can provide this information, or you may submit a lot book report prepared by a title company. The Department will not accept a copy of the tax bill.

A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. *Date of signature must be within the past 12 months. Signature must be an original "wet" signature.*

The map must meet all the minimum requirements of OAR 690-310-0050.

Township, Range, Section

Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)

Place of use, 1/4, 1/4's and tax lot clearly identified

Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) 1" @ 660 FT.

Location of each diversion point well or dam by reference to a recognized public land survey corner

North Directional Symbol

Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture 35 A.

Other WIM OFFICE
ASSIST

Reference corner on map

DIST 10
CATIE OWENS

Each point of diversion coordinate

Fees: Amount of water requested 0.4375 CFS

Base Fee \$ 500

Additional Use @ =

1st CFS/AF 200

Total Exam Fees \$ 700

Addtn'l CFS/ AF @ =

Total Paid \$ 700

Addtn' POD @ =

Amount Due \$ REC FEE DUE

Reviewed by: XJW

Date: 4-24-2008