

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

E - II

Application 87169 Township 28 S
Priority Date MAY 9 2008 Range 7 W
Use(s) PRIM IRRIG Section ONE
Rate 87.5 AF POD Loc SW SW
County DOUG POU Loc SEE MAP
W.M. #15 D. WILLIAMS Caseworker JOEL P

- 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- The proposed source is or **is not** (circle one) withdrawn from further appropriation, or Division 538. If it is, return application and fees. STORED WATER
- Property ownership indicated. STATES NO!
 - 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.~~
- Proposed use of water. If supplemental, list primary water right acreage if applicable.
- Enclosed Supplemental Form for each proposed use.
 - Form I (Irrigation) PROPERTY SCHEM 6
 - 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.)

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

Other DOUG COUNTY WMA ASSIST #15

Reference corner on map

Each point of diversion coordinate

Fees: Amount of water requested 87.5 AF

Base Fee \$ 250

Additional Use @ 78 AF @ 1.00 = 78

~~1st CFS/AF~~

Total Exam Fees \$ 478

10 Addtn'l CFS/ AF @ 15.00 = 150

Total Paid \$ 478

~~Addn' POD @~~ =

Amount Due \$ REC FEE DUE

Reviewed by: HJM

Date: MAY 9 2008

WATER RESOURCES DEPARTMENT

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

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

RECEIPT # 92421

INVOICE # _____

RECEIVED FROM: Jerry & Mrs. Jerry Powell

APPLICATION	S-87169
PERMIT	
TRANSFER	

BY: _____

CASH: CHECK:# 7192 OTHER: (IDENTIFY)

TOTAL REC'D \$ 478.00

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

PCA-4611

0407 COPY & TAPE FEES	\$
0410 RESEARCH FEES	\$
0408 MISC REVENUE: (IDENTIFY)	\$
TC162 DEPOSIT LIAB. (IDENTIFY)	\$
0240 EXTENSION OF TIME	\$

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE	0202	\$	RECORD FEE
0203 GROUND WATER	\$ 478.00	0204	\$	\$
0205 TRANSFER	\$			

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	\$	LICENSE FEE
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 _____ \$

RECEIPT: 92421

DATE: 5/8/08 BY: J. Smith

S-87169

SURFACE WATER APPLICATION – USE OF STORED WATER ONLY!

Expedited Secondary Review (HB 2178) – Process Route Slip

RECEIPTING

POST CARD SENT

DATA CENTER

5/8/08
Public Notice 5/1/08 MAY 9 2008

Caseworker:

Alyssa Mucken	503-986-0853	<input type="checkbox"/>
Brook Geffen	503-986-0808	<input type="checkbox"/>
Jeana Eastman	503-986-0859	<input type="checkbox"/>
Joel Plahn	503-986-0815	<input checked="" type="checkbox"/>
Kerry Kavanagh	503-986-0816	<input type="checkbox"/>

WATER RIGHTS SUPPORT

ATTN: WATER RIGHTS

SUPPORT...>>>>> Mark contents of file with application number;

Update the WRIS Database with caseworker name,

and enter Public Notice Date 5/20/08

File cabinet.

E2

“NOTE:” IF RELATED FILE IS GROUND WATER, ROUTE TO GROUND WATER, BUT ROUTE THIS FILE TO WATER RIGHTS DIVISION.”

A.S.P.