

Standard Application Completeness Checklist

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

Application <u>G 17056</u>	Township <u>1 S</u>
Priority Date <u>5.20.08</u>	Range <u>4 E</u>
Use(s) <u>Sup Nurs</u>	Section <u>30</u>
Rate <u>0.174</u>	POD Loc. <u>NWSW</u>
County <u>Clac</u>	POU Loc. <u>NE SW, NWSW</u>

- Applicant/Organization Name, Mailing Address and Telephone Number, application signed in ink.
- 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)
- Property ownership indicated.
 - 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 2, Section 3 and/or Page 3, Section 2) 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)
 - 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.

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 6 months.*

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

Township, Range, Section

Location of main canals, ditches, pipelines or flumes

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 _____

Reference corner on map

Each point of diversion coordinate

Fees: Amount of water requested _____

Base Fee \$ 500

Total Exam Fee \$ 700 +

1st CFS/AF 200

Total Paid \$ 1000

~~Adm'l~~ Adm'n'l @ _____ = _____

Amount Due \$ _____

Reviewed by by

Date 5/21/08

300 recording

WATER RESOURCES DEPARTMENT

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

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

RECEIPT # 92563

INVOICE # _____

RECEIVED FROM: Reardon Nursery, Inc

APPLICATION	<u>617056</u>
PERMIT	
TRANSFER	

BY: _____

CASH: CHECK:# 20116 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 1,000.00

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 \$ _____

WATER RIGHTS:

0201 SURFACE WATER	\$ _____	0202	\$ _____
0203 GROUND WATER	\$ <u>700.00</u>	0204	\$ <u>300.00</u>
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 _____ \$ _____

RECEIPT: 92563

DATED: 5/20/08 BY: S. Paulke

REARDON NURSERY, INC.

Oregon Water Resources Department

5/19/2008

20116

1,000.00

RECEIVED

MAY 20 2008

**WATER RESOURCES DEPT
SALEM, OREGON**

Checking

Application for permit to use ground water

1,000.00

NEW APPLICATIONS (GROUND WATER, RESERVOIR, & SURFACE) ROUTE SLIP

RECEIPTING 5/21/08
POST CARD SENT
DATA CENTER

GEOLOGY REVIEW YES NO
ENFORCEMENT YES NO

<u>Caseworker:</u>		
Brook Geffen	503-986-0808	<input checked="" type="checkbox"/>
Jeana Eastman	503-986-0859	<input type="checkbox"/>
Joel Plahn	503-986-0815	<input 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 caseworkers name.
Route file to Caseworker.**

