

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application 6-17060 Township 4 N
Priority Date 5-27-2008 Range 28
Use(s) IRRIGATION Section 2
Rate _____ POD Loc NW NE
County UWATILLA POU Loc _____
W.M.# 5 Caseworker KERRY

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) **NOTE:** A surface water application cannot be filed at the same time as a Reservoir or Alt Reservoir if it will be for the use of the stored water under the PROPOSED Reservoir application (E2).

The proposed source is or is not (circle one) withdrawn from further appropriation, or Division 538.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

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 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)

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) 450, 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.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Township, Range, Section | <input type="checkbox"/> Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU) |
| <input checked="" type="checkbox"/> Place of use, 1/4, 1/4's and tax lot clearly identified | <input checked="" type="checkbox"/> Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) |
| <input checked="" type="checkbox"/> Location of each diversion point well or dam by reference to a recognized public land survey corner | <input checked="" type="checkbox"/> North Directional Symbol |
| <input type="checkbox"/> Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Reference corner on map | |
| <input checked="" type="checkbox"/> Each point of diversion coordinate | |

Fees: Amount of water requested 1

| | |
|--|---|
| Base Fee \$ <u>500</u> | Additional Use @ _____ = _____ |
| 1st CFS/AF <u>200</u> | Total Exam Fees \$ <u>700</u> |
| Addn' CFS/ AF @ _____ = _____ | Total Paid \$ <u>1000</u> includes <u>300 recording</u> |
| Addn' POD @ _____ = _____ | Amount Due \$ <u>0</u> |

Reviewed by: [Signature] Date: 5-28-2009

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **92625**

725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

RECEIVED FROM: Medelez Trucking
BY: _____

| | |
|-------------|--------|
| APPLICATION | 617060 |
| PERMIT | |
| TRANSFER | |

CASH: CHECK.# 10466 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) | _____ | \$ |
| TC-162 | DEPOSIT LIAB. (IDENTIFY) | _____ | \$ |
| 0240 | EXTENSION OF TIME | | \$ |
| WATER RIGHTS: | | EXAM FEE | RECORD FEE |
| 0201 | SURFACE WATER | \$ | 0202 \$ |
| 0203 | GROUND WATER | \$ 700.00 | 0204 \$ 300.00 |
| 0205 | TRANSFER | \$ | |
| WELL CONSTRUCTION | | EXAM FEE | LICENSE FEE |
| 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 (FWWRD) | | \$ |
| 0231 | HYDRO LICENSE FEE (FWWRD) | | \$ |
| _____ | HYDRO APPLICATION | | \$ |

TREASURY OTHER / RDX

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

RECEIPT: **92625**

DATED: 5/27/08 BY: [Signature]

MEDELEZ TRUCKING LLC

10466

Oregon Water Resources Department
Suspense

5/20/08

1,000.00

CRB - Checking #902 Water Rights

1,000.00

MEDELEZ TRUCKING LLC

10466

Oregon Water Resources Department
Suspense

5/20/08

1,000.00

RECEIVED

MAY 27 2008

WATER RESOURCES DEPT.
SALEM, OREGON

CRB - Checking #902 Water Rights

1,000.00