

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application 6-17058 Township 15 South
Priority Date 5-27-2008 Range 10 EAST
Use(s) Mu. Section 4, 5, 8, 9
Rate 2.0 cfs POD Loc _____
County Deschutes POU Loc _____
W.M. 11 Caseworker _____

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 filled 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The proposed source **is** or **is not** (circle one) withdrawn from further appropriation, or Division 538.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. MU

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 (879 GPM), cubic feet per second (2 CFS), or acre feet (AF) 2 cfs

Period of use 1 YEAR ROUND

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").
- ~~W/A~~ 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 checked="" 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 |
| W/A 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 2.0 cfs

Base Fee \$ 500
 1st CFS/AF 200
1 Addtn'l CFS/ AF @ 100 = 100
3 Addtn' POD @ 200 = 600

Additional Use @ _____ = _____
 Total Exam Fees \$ 1400⁰⁰
 Total Paid \$ 1700 + 300 *includes 300 RECEIVING.*
 Amount Due \$ 0

Reviewed by: 

Date: 5-27-2008

STATE OF OREGON
WATER RESOURCES DEPARTMENT

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

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

RECEIPT # **92614**

INVOICE # _____

RECEIVED FROM: City of Sisters
 BY: _____

APPLICATION	<u>E17058</u>
PERMIT	
TRANSFER	

CASH: CHECK:# X121295 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1,700.00

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)	\$	
TC162	DEPOSIT LIAB. (IDENTIFY)	\$	
0240	EXTENSION OF TIME	\$	
WATER RIGHTS:		EXAM FEE	RECORD FEE
0201	SURFACE WATER	\$	0202 \$
0203	GROUND WATER	\$ <u>1400.00</u>	0204 \$ <u>300.00</u>
0205	TRANSFER	\$	
WELL CONSTRUCTION		EXAM FEE	LICENSE FEE
0218	WELL DRILL CONSTRUCTOR	\$	0219 \$
	LANDOWNER'S PERMIT		0220 \$
_____	OTHER (IDENTIFY)		

**RECEIVED
 OVER THE COUNTER**

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: **92614**

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

CITY OF SISTERS - PO BOX 39 - SISTERS, OR 97759

21295
021295

0576 STATE OF OREGON

05/22/2008

DATE	I.D.	PO #	DESCRIPTION	AMOUNT
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05/21/2008	05212008		APPL FOR USE OF GROUND WATER	1,700.00
			APPLICATION FOR PERMIT TO USE GROUND WATER	
			CITY OF SISTERS	

CHECK TOTAL 1,700.00