

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application S-87188 Township 10S
Priority Date 5.30.2008 Range 4N
Use(s) IRR- Section 26
Rate 2 AF POD Loc _____
County SEWYON POU Loc _____
W.M. #2 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 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- The proposed source **is** or **is not** (circle one) withdrawn from further appropriation, or Division 538.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.
- N/A 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), 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").

~~N/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.

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 _____

Reference corner on map

Each point of diversion coordinate

Fees: Amount of water requested 2 AF x 15 = 30

Base Fee \$ 250⁰⁰

Additional Use @ _____ = _____

1st CFS/AF 30

Total Exam Fees \$ 280

____ Addtn'l CFS/ AF @ _____ = _____

Total Paid \$ 580 + Recording.

____ Addtn' POD @ _____ = _____

Amount Due \$ _____

Reviewed by: RS

Date: 5-30-2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **92689**

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

INVOICE # _____

RECEIVED FROM: Scenic Hill Farm
BY: _____

APPLICATION	
PERMIT	
TRANSFER	

CASH: CHECK:# X 2260 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	\$ <u>R-87187 - 120.00</u>
0410 RESEARCH FEES	\$ <u>S-87188 250.00 exam</u>
0408 MISC REVENUE: (IDENTIFY)	\$ <u>300.00 Recording</u>
TC162 DEPOSIT LIAB. (IDENTIFY)	\$
0240 EXTENSION OF TIME	\$
WATER RIGHTS:	
0201 SURFACE WATER	EXAM FEE \$ <u>400.00</u> 0202 RECORD FEE \$ <u>300.00</u>
0203 GROUND WATER	\$ 0204 \$
0205 TRANSFER	\$
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ 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: **92689**

DATED: 5/30/08 BY: [Signature]