

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

REPAIR OF A RETURN

Application G 17066 Township 26 S
JUNE FIFTH
Priority Date 6-5-2008 Range 29 E
Use(s) Prim 800A. IRUG Section 22 23 24 26
Rate 8 CFS PO~~N~~ Loc SEE MAP
County HARNEY POU Loc SEE MAP
W.M. _____ 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) **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☒ The proposed source is or is not (circle one) withdrawn from further appropriation, or Division 538.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. G.W.

☒ 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.

NOT COMPLETELY
FILED OUT

☒ 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. *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 NOTE INDICATES MAP
REPAIRED BY
BILL BEAL

☐ Reference corner on map

☐ Each point of diversion coordinate

☒ Fees: Amount of water requested 8 CFS

1400 + 400
(2) CHECKS
CORRECT FEES

Base Fee \$ _____

Additional Use @ _____ = _____

1st CFS/AF _____

Total Exam Fees \$ 1800

____ Addtn'l CFS/ AF @ _____ = _____

Total Paid \$ 1800

____ Addtn' POD @ _____ = _____

Amount Due \$ KET FEE DUE

Reviewed by: KTW

Date: 6-6-2008

Jerry

Corrected by Bill Beal
6-2-08
thanks

Application Checklist

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

☒ Location of each diversion point
well or dam by reference to a recognized
public land survey corner

☒ Reference corner on map

☒ Each point of diversion coordinate

☐ Fees: Amount of water requested 8.0cfs

Base Fee \$ 500

Total Exam Fee \$ 1800

1st CFS/AF \$ 200

Total Paid \$ 1400

7 Addtn'l CFS/ AF @ \$ 100 = \$700

Amount Due \$ 400

2 Addtn' POD @ \$ 200 = \$ 400

Reviewed by: JK Sauter

Date: May 20, 2008

groups/wr/Customer Service Group/App-checklist-standard.doc

RECEIVED

JUN 05 2008

WATER RESOURCES DEPT.
SALEM, OREGON

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **92772**

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

INVOICE # _____

RECEIVED FROM: Lynn Deguire
BY: _____

APPLICATION	617066
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # 1401 OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ 400.00

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	EXAM FEE \$ _____	0202 \$ _____	RECORD FEE \$ _____
0203 GROUND WATER	\$ <u>400.00</u>	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: **92772**

DATED: 6/5/08

BY: [Signature]

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **92769**

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

INVOICE # _____

RECEIVED FROM: <u>Lynn Deguire</u>		APPLICATION <u>G17066</u>
BY: _____		PERMIT _____
CASH: ☐ CHECK:# <u>1094</u> OTHER: (IDENTIFY) ☐		TRANSFER _____
		TOTAL REC'D \$ <u>1400.00</u>

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	EXAM FEE \$	0202	RECORD FEE \$
0203 GROUND WATER	\$ <u>1400.00</u>	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: **92769**

DATED: 6/5/08 BY: L Pasche

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