

ACCEPTED

# Standard Application Completeness Checklist

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

COMPLETED BY AM'S CONSULTANT  
IN OUR OFFICE - 3 HOURS.

Application G 16930 Township SEE MAP  
 Priority Date 9-18-2007 Range SEE MAP  
 Use(s) IRRIG Section SEE MAP  
 Rate 4.267 120 POA Loc 13 S 3W T 5W NE  
CFS GPM  
 County Linn POU Loc SEE MAP & CHART  
 W.M. \_\_\_\_\_ Caseworker ARTSSA M.

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. YES

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).

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 SEP 18 2007  
 WATER RESOURCES DEPT  
 SALEM, OREGON

- 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 0.267 CFS 120 GPM ONE CHECK 2 FILES

Base Fee \$ \_\_\_\_\_ Total Exam Fee \$ \_\_\_\_\_

1st CFS/AF \_\_\_\_\_ Total Paid \$ \_\_\_\_\_

\_\_\_ Addtn'l CFS/ AF @ \_\_\_ = \_\_\_\_\_ Amount Due \$ EXAM & RF PAID

\_\_\_ Addtn' POD @ \_\_\_ = \_\_\_\_\_

Reviewed by HJM  
\$ ARYSSA M.

Date 9-18-2007

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 # **89714**

INVOICE # \_\_\_\_\_

RECEIVED FROM: Cala Farms, Inc  
 BY: \_\_\_\_\_

APPLICATION	<u>See below</u>
PERMIT	
TRANSFER	

CASH:  CHECK:# 5706 OTHER: (IDENTIFY)

TOTAL REC'D \$ 4,000.00

<b>1083 TREASURY</b>	<b>4170 WRD MISC CASH ACCT</b>
0407 COPIES	\$ _____
OTHER: (IDENTIFY)	\$ _____
0243 I/S Lease	0244 Muni Water Mgmt. Plan
	0245 Cons. Water

<b>4270 WRD OPERATING ACCT</b>	
MISCELLANEOUS	<u>5-86982-3000.00</u>
0407 COPY & TAPE FEES	<u>6-16930 1000.00</u>
0410 RESEARCH FEES	
0408 MISC REVENUE: (IDENTIFY)	<u>RECEIVED</u>
TC162 DEPOSIT LIAB. (IDENTIFY)	<u>OVER THE COUNTER</u>
0240 EXTENSION OF TIME	
<b>WATER RIGHTS:</b>	
0201 SURFACE WATER	EXAM FEE \$ <u>2700.00</u> 0202
0203 GROUND WATER	\$ <u>700.00</u> 0204
0205 TRANSFER	\$ _____
<b>WELL CONSTRUCTION</b>	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____ 0219
LANDOWNER'S PERMIT	\$ _____ 0220
OTHER (IDENTIFY)	

<b>0536 TREASURY</b>	<b>0437 WELL CONST. START FEE</b>
0211 WELL CONST START FEE	\$ _____
0210 MONITORING WELLS	\$ _____
OTHER (IDENTIFY)	

<b>0607 TREASURY</b>	<b>0467 HYDRO ACTIVITY</b>	LIC NUMBER
0233 POWER LICENSE FEE (FW/WRD)		\$ _____
0231 HYDRO LICENSE FEE (FW/WRD)		\$ _____
HYDRO APPLICATION		\$ _____

<b>TREASURY</b>	<b>OTHER / RDX</b>
FUND _____	TITLE _____
OBJ. CODE _____	VENDOR # _____
DESCRIPTION _____	\$ _____

RECEIPT: **89714** DATED: 9/18/07 BY: L. Pauline