

Standard Application Completeness Checklist

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

well: man 5189

Application 6-10944 Township 145mⁿ
Priority Date 10/16/2007 Range 3 west
Use(s) irrigation Section 25
Rate 200 gpm 0.446 CFS POD Loc NENE
County Wanamco. POU Loc NENE
W.M. Nike McLeod Caseworker Alyssa 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)

1 well
man 5189

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.

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) 200 gpm

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.

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 ADDED DETAILS @ COUNTER WITH INITIALS
- Reference corner on map
- Each point of diversion coordinate

Fees: Amount of water requested 200 gpm CF S

EXAM \$ 700

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

Total Exam Fee \$ 700
 Total Paid \$ _____
 Amount Due \$ RECORDING FEE LATER

\$ 300 RECORDING

Reviewed by Amessa M.
HJM \$
J. SAUTER

Date 10/18/200

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **90225**

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

INVOICE # _____

RECEIVED FROM: Schmerber Farm

APPLICATION 6-16-144

BY: Nursery

PERMIT _____

TRANSFER _____

CASH: CHECK:# _____ OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 700.00

1205

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES PLA 46111 \$ _____
 OTHER: (IDENTIFY) _____ \$ _____

0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

**RECEIVED
 OVER THE COUNTER**

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 \$ _____ 0202 RECORD FEE \$ _____
 0203 GROUND WATER \$ 700.00 0204 RECORD FEE \$ _____
 0205 TRANSFER \$ _____

WELL CONSTRUCTION
 0218 WELL DRILL CONSTRUCTOR \$ _____ 0219 LICENSE FEE \$ _____
 LANDOWNER'S PERMIT _____ 0220 LICENSE FEE \$ _____
 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: **90225**

DATED: 10/18/07 BY: [Signature]

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