

# Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application G 17067 Township SEE MAP  
Priority Date JUNE 12 2008 Range " "  
Use(s) IRRIG PRIM Section " "  
Rate 6.25 CFS POD Loc " "  
County CROOK POU Loc " "  
W.M. \_\_\_\_\_ Caseworker JOEL P KERRY K

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The proposed source **is** or **is not** (circle one) withdrawn from further appropriation, or Division 538.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

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").
- 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 <u>tax lot</u> 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 <u>1 &amp; 2</u> | <input checked="" type="checkbox"/> North Directional Symbol   |
| <input checked="" type="checkbox"/> Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture   | <input type="checkbox"/> Other <u>CWRE</u><br><u>D J NEWTON</u>  |
| <input checked="" type="checkbox"/> Reference corner on map  |  |

Each point of diversion coordinate  
 OK WELL 1 YES  
 OK WELL 2 PARTIAL (H.DING)

Fees: Amount of water requested 6.25 CFS

Base Fee \$ <u>500</u>	Additional Use @ _____ = _____
1st CFS/AF <u>200</u>	Total Exam Fees \$ _____
<u>6</u> Addtn'l CFS/ AF @ <u>100</u> = <u>600</u>	Total Paid \$ _____
<u>1</u> Addtn' POD @ <u>200</u> = <u>200</u>	Amount Due \$ _____

Reviewed by: NJW Date: JUNE 12 2008

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **92837**

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

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

RECEIVED FROM: **THE YOUNG'S FARM BLUE MOUNTAIN RANCH LLC**  
BY: \_\_\_\_\_

APPLICATION	<b>G17067</b>
PERMIT	
TRANSFER	

CASH:  CHECK:#  **1999** OTHER: (IDENTIFY)

TOTAL REC'D \$ **1500.00**

**1083 TREASURY 4170 WRD MISC CASH ACCT**

0407	COPIES		\$
	OTHER: (IDENTIFY)	<b>RECEIVED OVER THE COUNTER</b>	\$

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

**4270 WRD OPERATING ACCT**

<b>MISCELLANEOUS</b>			
0407	COPY & TAPE FEES	<b>PLA 46111</b>	\$
0410	RESEARCH FEES		\$
0408	MISC REVENUE: (IDENTIFY)		\$
TC-162	DEPOSIT LIAB. (IDENTIFY)		\$
0240	EXTENSION OF TIME		\$

<b>WATER RIGHTS:</b>			
0201	SURFACE WATER	<b>EXAM FEE</b>	0202
0203	GROUND WATER	\$ <b>1500.00</b>	0204
0205	TRANSFER	\$	
<b>WELL CONSTRUCTION</b>		<b>EXAM FEE</b>	<b>LICENSE FEE</b>
0218	WELL DRILL CONSTRUCTOR	\$	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 (FWWRD)		\$
0231	HYDRO LICENSE FEE (FWWRD)		\$
	HYDRO APPLICATION		\$

**TREASURY OTHER / RDX**

FUND _____	TITLE _____	
OBJ. CODE _____	VENDOR # _____	
DESCRIPTION _____		\$

RECEIPT: **92837**

DATED: **6/12/08** BY: *J.P. Paulhe*

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