

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

3 RELATED GW APP(S)

Application G 1707 Township 24 S
Priority Date 6-17-2008 Range 33 E
Use(s) PRIM IRRIG 250.4 ACRES Section 3
Rate 2.9 CFS POA Loc SEE MAP
County HARNEY POU Loc SEE MAP
W.M. _____ Caseworker BRACK G

- 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- The proposed source is or is not (circle one) withdrawn ^{GW} from further appropriation, or Division 538.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 tax lot 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 | <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>ASSIST BY BAKER</u>
<u>WELL INSPECTOR</u>
<u>BOB MATNARD</u> |
| <input checked="" type="checkbox"/> Reference corner on map | |
| <input checked="" type="checkbox"/> Each point of diversion coordinate | |

Fees: Amount of water requested 2.9 CFS ONE CHECK
3 APP(S)

Base Fee \$ 80 <u>500</u>	Additional Use @ _____ = _____
1st CFS/AF <u>200</u>	Total Exam Fees \$ <u>11 CFS</u> ✓
<u>2</u> Addtn'l CFS/ AF @ <u>100</u> = <u>200</u>	Total Paid \$ _____
<u>1</u> Addtn' POD @ <u>200</u> = <u>200</u>	Amount Due \$ <u>REC FEE DUE</u>

Reviewed by: HJM Date: 6-17-2008

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **92901**

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

INVOICE # _____

RECEIVED FROM: United Country
 BY: Clemens Real Estate

APPLICATION See below
 PERMIT _____
 TRANSFER _____

CASH: CHECK:# 4548 OTHER: (IDENTIFY)

TOTAL REG'D \$ 2,700.00

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 G-17071-800.00 \$ _____
 0410 RESEARCH FEES G-17072-1100.00 \$ _____
 0408 MISC REVENUE: (IDENTIFY) G-17073 800.00 \$ _____
 TC162 DEPOSIT LIAB. (IDENTIFY) \$ _____
 0240 EXTENSION OF TIME \$ _____

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203 GROUND WATER	\$ <u>2700.00</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 (FWWRD) \$ _____
 0231 HYDRO LICENSE FEE (FWWRD) \$ _____
 HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

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

RECEIPT: **92901**

DATED: 6/17/08 BY: [Signature]

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