

# Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application R 87103 Township 9 S

Priority Date 3-3-2008 Range 5 W

Use(s) STORAGE M-P Section 36

Rate 150 A-F POD Loc (RES LOCATED)

County POLK POU Loc (WITHIN SW 1/4 & NW 1/4)

W.M. 16 Caseworker BROOK 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)

The proposed source is is not (circle one) withdrawn from further appropriation, or Division 538. If it is, return application and fees. WITHDRAWN STATE

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. *MAP WILL BE AMENDED WITH STAMP*

*RELATED*

If the above is statement is checked, the map must be prepared by a CWRE.

*CUB/WPK  
WILLIAM  
KNESS*

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

*N/A*  Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture

Other CUB & WPK

Reference corner on map

*WILLIAM  
KNESS*

Each point of diversion coordinate

Fees: Amount of water requested 150 AF

Base Fee \$ \_\_\_\_\_

Additional Use @ \_\_\_\_\_ = \_\_\_\_\_

1st CFS/AF \_\_\_\_\_

Total Exam Fees \$ 1030

\_\_\_ Addtn'l CFS/ AF @ \_\_\_\_\_ = \_\_\_\_\_

Total Paid \$ 1030

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

Amount Due \$ \_\_\_\_\_

*ONE CHECK  
4 APPLIC.*

Reviewed by: NJM

Date: MAR 6 2008

STATE OF OREGON  
**WATER RESOURCES DEPARTMENT**

RECEIPT # **91617**

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

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

RECEIVED FROM: Olsen Agricultural  
 BY: Company

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

CASH:  CHECK:# 27157 OTHER: (IDENTIFY)

TOTAL REC'D \$ 2,800.00

**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 2-871031 Alt Res 370 Exam \$ \_\_\_\_\_  
27104 J1+3 370 Exam \$ \_\_\_\_\_  
 0410 RESEARCH FEES 2-87103 Stan Res 1030 Exam \$ \_\_\_\_\_  
 0408 MISC REVENUE: (IDENTIFY) 6-17017 700 Exam \$ \_\_\_\_\_  
 TC162 DEPOSIT LIAB. (IDENTIFY) \$ \_\_\_\_\_  
 0240 EXTENSION OF TIME \$ \_\_\_\_\_

WATER RIGHTS:	EXAM FEE		RECORD FEE
0201 SURFACE WATER	\$ <u>2180</u>	0202	\$ _____
0203 GROUND WATER	\$ <u>700.00</u>	0204	\$ _____
0205 TRANSFER	\$ _____		

WELL CONSTRUCTION	EXAM FEE		LICENSE FEE
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 (FW/WRD) \$ \_\_\_\_\_  
 0231 HYDRO LICENSE FEE (FW/WRD) \$ \_\_\_\_\_  
 HYDRO APPLICATION \$ \_\_\_\_\_

**TREASURY OTHER / RDX**

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

RECEIPT: **91617** DATED: 3/3/08 BY: L. Paulle

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