

# Standard Application Completeness Checklist

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

This is the checklist used by WRD staff  
REPAIR OF A RETURN

Application G 17075 Township SEE MAP  
Priority Date 6-26-2008 Range SEE MAP  
Use(s) COMM/INDUS Section SEE MAP  
Rate 0.089 CFS 40 GPM POA Loc 14S 4W 11 NENE  
County LINN POU Loc SEE MAP  
W.M. 2 Caseworker 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The proposed source is or is not (circle one) withdrawn from further appropriation, or Division 538.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. GWL

Property ownership indicated. STATES YES!

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 (40 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 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.

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

<sup>N/A</sup> 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 1,089 40  
CFS GPM

Base Fee \$ 500

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

1st CFS/AF 200

Total Exam Fees \$ 700

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

Total Paid \$ 700

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

Amount Due \$ REC FEE PAID

Reviewed by: HJM

Date: 6-27-2008

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **93068**

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

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

RECEIVED FROM: Smith Seed Services

APPLICATION	617025
PERMIT	
TRANSFER	

BY: \_\_\_\_\_

CASH:  CHECK:# \_\_\_\_\_ OTHER: (IDENTIFY) \_\_\_\_\_

251396

TOTAL REC'D \$ 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	\$
0410	RESEARCH FEES	\$
0408	MISC REVENUE: (IDENTIFY) _____	\$
TC162	DEPOSIT LIAB. (IDENTIFY) _____	\$
0240	EXTENSION OF TIME	\$

**WATER RIGHTS:**

0201	SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203	GROUND WATER	\$	0204	\$
0205	TRANSFER	\$ 200.00		

**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: **93068**

DATED: 6/26/08 BY: J. P. Powell

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