

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application G 17009 Township SEE MAP
Priority Date 2-25-2008 Range SEE MAP
Use(s) MUNI Section SEE MAP
Rate ONE CFS POA Loc GS 21E 33 NE SW
County WHEELER POU Loc SEE MAP
W.M. _____ Caseworker JUEZ P

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The proposed source **is** or **is not** (circle one) withdrawn from further appropriation, or Division 538.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

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. YES

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.*
OFFICIAL FROM CITY OF FOSSIL

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

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

Other CWRE
CARRY TOLL
#132

Reference corner on map

Each point of diversion coordinate

Fees: Amount of water requested ONE CFS

Base Fee \$ _____

Additional Use @ _____ = _____

1st CFS/AF _____

Total Exam Fees \$ 700

____ Addtn'l CFS/ AF @ _____ = _____

Total Paid \$ 1000

____ Addtn' POD @ _____ = _____

Amount Due \$ 0

Reviewed by: HJM

Date: 2-26-2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

RECEIPT # **91555**

INVOICE # _____

RECEIVED FROM: <u>City of Fossil</u>	APPLICATION <u>G 17009</u>
BY: _____	PERMIT _____
CASH: <input type="checkbox"/> CHECK:# _____ OTHER: (IDENTIFY) _____	TRANSFER _____
<input type="checkbox"/> <input checked="" type="checkbox"/> <u>6013</u> <input type="checkbox"/>	TOTAL REC'D \$ <u>1,000.00</u>

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) _____	\$
TC:162	DEPOSIT LIAB. (IDENTIFY) _____	\$
0240	EXTENSION OF TIME	\$

WATER RIGHTS:

0201	SURFACE WATER	EXAM FEE	\$	0202	RECORD FEE	\$
0203	GROUND WATER	\$ <u>200.00</u>		0204	\$ <u>300.00</u>	
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 (FW/WRD)	\$
0231	HYDRO LICENSE FEE (FW/WRD)	\$
_____	HYDRO APPLICATION	\$

TREASURY OTHER / RDX

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

RECEIPT: **91555**

DATED: 2/25/08 BY: D. Pasalle

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