

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application G 17014 Township 27 S
Priority Date 2-28-2008 Range 34 E
Use(s) PRIM 160 ACRES Section 16
Rate 2 CFS POA Loc NW SW
County HARNEY POU Loc SEE MAP
W.M. DIST #10 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)
- The proposed source is or **is not** (circle one) ^{GROUNDWATER?} withdrawn from further appropriation, or Division 538.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.
- 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. **(2) SIGNATURES**

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) **No Roads/No EASEMENTS**

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 _____

Reference corner on map

Each point of diversion coordinate

Fees: Amount of water requested 2 cfs

Base Fee \$ 500

Additional Use @ _____ = _____

1st CFS/AF 200

Total Exam Fees \$ 800

~~1 Addtn'l CFS/ AF @ 100 = 100~~

Total Paid \$ 800

~~Addtn' POD @ _____ = _____~~

Amount Due \$ _____

Reviewed by: H/M

Date: 2-29-2018

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **91606**

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

INVOICE # _____

RECEIVED FROM: KENNETH A + PAULA J THOMAS	APPLICATION 6-17014
BY: _____	PERMIT _____
	TRANSFER _____
CASH: <input type="checkbox"/> CHECK:# 8862 OTHER: (IDENTIFY) <input type="checkbox"/>	TOTAL REC'D \$ 800.00

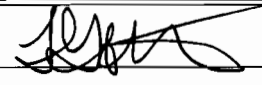
1083 TREASURY 4170 WRD MISC CASH ACCT
0407 COPIES PLA 46111 \$ _____
OTHER: (IDENTIFY) _____ \$ _____
0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

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 \$ _____
0203 GROUND WATER	\$ 800.00 0204 \$ _____
0205 TRANSFER	\$ _____
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE 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: **91606** DATED: **2/29/08** BY: 

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