

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application G 17043 Township SEE MAP
Priority Date 4-23-2008 Range "
Use(s) PRIM 95.9 SUP 124.5 Section "
Rate 1.20 CFS POD Loc "
County TAMMILL POU Loc "
W.M. 16 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The proposed source is or **is not** (circle one) withdrawn from further appropriation, or Division 538. If it is, return application and fees. GW

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 R (Mining)

Spring Description Sheet

Form M (Municipal or Quasi-Municipal)

Form Q (Commercial or Industrial)

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WATER RESOURCES DEPT
SALEM, OREGON

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).

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Project schedule (If system is already completed, indicate "existing").

APR 23 2008

WATER RESOURCES DEPT
SALEM, OREGON

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.

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 JIM SCHUEFER
OWNER

Reference corner on map

Each point of diversion coordinate

Fees: Amount of water requested 1.2 CFS

ONE WELL

Base Fee \$ 500

Additional Use @ =

1st CFS/AF 200

Total Exam Fees \$ 800

+ Addn'l CFS/ AF @ 100 = 100

Total Paid \$ 800

Addn'l POD @ =

Amount Due \$ REC FEE DUE

Reviewed by: HJM

Date: 4-23-2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **92220**

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

INVOICE # _____

RECEIVED FROM: TIMOTHY L + SUZANNE E APPLICATION G17043
 BY: KREDER PERMIT _____
 TRANSFER _____
 CASH: CHECK:# _____ OTHER: (IDENTIFY) _____
 1161 TOTAL REC'D \$ 800.00

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

4270 WRD OPERATING ACCT

MISCELLANEOUS PLA 46111

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 \$ 800.00 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 (FW/WRD) \$ _____
 0231 HYDRO LICENSE FEE (FW/WRD) \$ _____
 HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

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

RECEIPT: **92220** DATED: 4/23/08 BY: [Signature]
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