

# Standard Application Completeness Checklist

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

OVER COUNTER

PREPARED BY  
STEVE  
ATTORNEY

Application 16940 Township [REDACTED]

Priority Date [REDACTED] Range [REDACTED]

Use(s) [REDACTED] Section [REDACTED]

Rate [REDACTED] POA Loc [REDACTED] 2 WELLS

County CLACK POU Loc [REDACTED]

W.M. [REDACTED] Caseworker [REDACTED] K

Applicant/Organization Name, Mailing Address and Telephone Number, application signed in ink.

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)

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.

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.

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 6 months.*

The map must meet all the minimum requirements of OAR 690-310-0050.

Township, Range, Section

Location of main canals, ditches, pipelines or flumes

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 CONSULTANT  
STEVE ADLERGATE

Reference corner on map

Each point of diversion coordinate

Fees: [redacted] for water requested 2.90 [redacted]

Base Fee \$ 500

Total Exam Fee \$ 900

1st CFS/AF 200

Total Paid \$ 1200

   Addtn'l CFS/ AF @    =   

Amount Due \$ ALL FEES PAID

1 Addtn' POD @ 200 = 200

Reviewed by: [signature]

Date: 11-19-2007

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **90647**

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

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

RECEIVED FROM: Patterson Nursery Sales  
BY: Inc

APPLICATION	67-16940
PERMIT	
TRANSFER	

CASH:  CHECK:#  5052 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1,200.00

**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**

**RECEIVED  
OVER THE COUNTER**

**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	\$ <u>900.00</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: **90647** DATED: 11/19/04 BY: [Signature]