

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application G 17082 Township 2 SOUTH
Priority Date 7-16-2008 Range 39 EAST
Use(s) PRIM IRRIG Section 16 & 17
Rate 4.45 CFS POA Loc (2) SEE MAP
County UNION POU Loc SEE MAP
W.M. 6 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The proposed source is or is not (circle one) GW withdrawn from further appropriation, or Division 538. If it is, return application and fees.

Property ownership indicated. STATES NO

If applicant does not own all the land, the affected landowner's name and mailing address must be listed. YES

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. SEPARATE DOCUMENTS

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.*

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.

RECEIVED/INITIALED BY FAX

Township, Range, Section

Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)

Place of use, Full 1/4 1/4 S 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 ALL 1/4 1/4 S 1/4, 1/4, if irrigation, nursery, or agriculture

Other FAXING TO MANAGER BEN CASE

Reference corner on map

RETURN FAX 7-16-08

Each point of diversion coordinate

700
200
400

1300

Fees: Amount of water requested 4.45 CFS

Base Fee \$ 500

~~Additional Use @ _____ = _____~~ 300

1st CFS/AF 200

Total Exam Fees \$ 1300

4 Addtn'l CFS/AF @ 100 = 400

Total Paid \$ 1900

1 Addtn' POA @ 200 = 200

Amount Due \$ OVER PAID BY

\$300

Reviewed by: HJM

Date: 7-16-2008

**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 # **93318**

INVOICE # _____

RECEIVED FROM: **IRREANTUM DEVELOPMENT LLC**
BY: _____

APPLICATION	6-17082
PERMIT	
TRANSFER	

CASH: CHECK:# **5031** OTHER: (IDENTIFY)

TOTAL REC'D \$ **1900.00**

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES \$ _____
OTHER: (IDENTIFY) \$ _____
0243 I/S Lease _____ 0244 **RECEIVED OVER THE COUNTER** 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS **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	\$	0202	RECORD FEE	\$
0203	GROUND WATER	\$ 1600.00	0204	LICENSE FEE	\$ 300.00
0205	TRANSFER	\$			

WELL CONSTRUCTION

0218	WELL DRILL CONSTRUCTOR	\$	0219	LICENSE FEE	\$
	LANDOWNER'S PERMIT		0220	LICENSE FEE	\$
	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: **93318** DATED: **7/16/08** BY: 

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