

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application G 17085 Township SEE MAP
Priority Date 7-17-2008 Range 11 11
NURSERY 120
Use(s) IRRIG. ACRES Section 11 11
Rate 1.5 CFS POD Loc 11 11
County CLACK POU Loc 11 11
W.M. 20 Caseworker JOEL 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) **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☒ The proposed source is or is not (circle one) GW withdrawn from further appropriation, or Division 538.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 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 ~~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 CWRE
ED CRANE

☐ Reference corner on map

☐ Each point of diversion coordinate

☒ Fees: Amount of water requested 1.5 CFS

Base Fee \$ 500

Additional Use @

1st CFS/AF 200

Total Exam Fees \$ 2000

1 Addtn'l CFS/ AF @ 100 = 100

Total Paid \$ 2200

5 Addtn' POD @ 200 = 1000

Amount Due \$ 100 NEEDED FOR REC. Fee

Reviewed by: HTM

Date: 7-25-2008

**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 # **93367**

INVOICE # _____

RECEIVED FROM: Scenic Fruit Company

APPLICATION	G 17085
PERMIT	
TRANSFER	

BY: _____

CASH: ☐ CHECK: # 1786 OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ 2,200.00

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)	\$
TC162	DEPOSIT LIAB. (IDENTIFY)	\$
0240	EXTENSION OF TIME	\$

WATER RIGHTS:

0201	SURFACE WATER	\$	0202		\$
0203	GROUND WATER	\$ <u>2000.00</u>	0204		\$ <u>200.00</u>
0205	TRANSFER	\$			

WELL CONSTRUCTION

0218	WELL DRILL CONSTRUCTOR	\$	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: **93367**

DATED: 7/18/08

BY: J. Pauline

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