

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

CRANE CREEK #156

Application G 16991 Township 55

Priority Date 12-28-2007 Range 3E

Use(s) NURSERY & AGRICULTURE IRRIG & USE Section 4

Rate 1.223 CFS 100 GPM POP Loc (2) WELLS NW SW

County CLARK POU Loc NW SW

W.M. SABRINA #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)

Property ownership indicated. 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.

YES
 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. ONE SIGNATURE
2 NAMES

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. PAGE #2 MARKED IN SEPARATE Y.

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 CWRE ED CRANE
156

Reference corner on map

Each point of diversion coordinate

Fees: Amount of water requested 0,223 CFS 1 CFS

Base Fee \$ 500

Total Exam Fee \$ 900 JKS

1st CFS/AF 200

Total Paid \$ 1100

~~Addn'l CFS/AF @ =~~

Amount Due \$ _____

Addn'l POA @ 200 = 200

Reviewed by: HJM

Date: JAN 2 2008
WED

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **91049**

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

INVOICE # _____

RECEIVED FROM: Foothills Honey Company

APPLICATION	616991
PERMIT	
TRANSFER	

CASH: CHECK.# 14171 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1,100.00

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:

	EXAM FEE		RECORD FEE
0201 SURFACE WATER	\$ _____	0202	\$ _____
0203 GROUND WATER	\$ <u>800.00</u>	0204	\$ <u>300.00</u>
0205 TRANSFER	\$ _____		

WELL CONSTRUCTION

	EXAM FEE		LICENSE FEE
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: **91049**

DATED: 12/28/07 BY: [Signature]

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