

# Standard Application Completeness Checklist

OK @ 700

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

This is the checklist used by WRD staff

Application G16977 Township 3 S  
Priority Date 12-13-2007 Range 3 E  
Use(s) NURSERY Section 16  
Rate 0.290 CFS POB Loc SE SW1  
County CLATSOP POU Loc SEE MAP  
W.M. \_\_\_\_\_ Caseworker DROOK G

☒ 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.

☐ 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) 170 gpm

☒ Period of use 11-12-07

☒ 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.

☒ 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 \_\_\_\_\_

☒ Reference corner on map

☒ Each point of diversion coordinate

☐ Fees: Amount of water requested 120 gpm  $\approx$  0.29 cfs

Base Fee \$ 500

Total Exam Fee \$ 700

1st CFS/AF 700

Total Paid \$ \_\_\_\_\_

\_\_\_\_ Addtn'l CFS/ AF @ \_\_\_\_\_ = \_\_\_\_\_

Amount Due \$ \_\_\_\_\_

\_\_\_\_ Addtn' POD @ \_\_\_\_\_ = \_\_\_\_\_

Reviewed by: Alyssa

Date : \_\_\_\_\_

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **90939**

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

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

RECEIVED FROM: Stephen M Dorn, JR.

BY: \_\_\_\_\_

APPLICATION	<u>see below</u>
PERMIT	
TRANSFER	

CASH: ☐ CHECK:# 1597 OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ 3,780.00

**1083 TREASURY 4170 WRD MISC CASH ACCT**

0407 COPIES PLA 46111  
OTHER: (IDENTIFY) \_\_\_\_\_

**RECEIVED  
OVER THE COUNTER**

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

G 16977 = 1000.00  
G 16178 = 1000.00  
R 87055 = 180.00  
R 87056 = 180.00  
S 87057 = 1420.00

\$
\$
\$
\$
\$

**WATER RIGHTS:**

0201 SURFACE WATER  
0203 GROUND WATER  
0205 TRANSFER

EXAM FEE
\$ <u>1560.00</u>
\$ <u>1400.00</u>
\$
EXAM FEE
\$

0202  
0204

**RECORD FEE**

\$ <u>220.00</u>
\$ <u>600.00</u>

**WELL CONSTRUCTION**

0218 WELL DRILL CONSTRUCTOR  
LANDOWNER'S PERMIT

0219  
0220

**LICENSE FEE**

\$
\$

OTHER (IDENTIFY) \_\_\_\_\_

**0536 TREASURY 0437 WELL CONST. START FEE**

0211 WELL CONST START FEE  
0210 MONITORING WELLS

\$
\$

CARD #  
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 \_\_\_\_\_

\$
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RECEIPT: **90939**

DATED: 12/13/07 BY: [Signature]

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