

# Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application 6-16982 Township 4 S  
Priority Date 12-17-2007 Range 1 W  
Use(s) IRR. Section 6  
Rate 0.175 cfs POD Loc NE SW  
County Marion POU Loc NE SW  
W.M. 16 Miles - M. Caseworker Joe Carson

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)

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").

~~W/A~~ 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

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 C. 175 c AF

Base Fee \$ 500

Total Exam Fee \$ 700

1st CFS/AF 200

Total Paid \$ 1000

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

Amount Due \$ ALL PAID Pol.

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

Reviewed by: KS

Date: DECEMBER 17, 2007

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **90947**

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

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

<b>RECEIVED FROM:</b> _____	<b>APPLICATION</b>	
<b>BY:</b> _____	<b>PERMIT</b>	
<b>CASH:</b> <input type="checkbox"/> <b>CHECK:#</b> <input checked="" type="checkbox"/> _____ <b>OTHER: (IDENTIFY)</b> _____	<b>TRANSFER</b>	
		<b>TOTAL REC'D</b> \$ _____

<b>1083 TREASURY 4170 WRD MISC CASH ACCT</b>		
0407	COPIES	\$ _____
_____	OTHER: (IDENTIFY) _____	\$ _____
0243 I/S Lease _____	0244 Muni Water Mgmt. Plan _____	0245 Cons. Water _____

<b>4270 WRD OPERATING ACCT</b>		
<b>RECEIVED OVER THE COUNTER</b>		
<b>MISCELLANEOUS</b>		
0407	COPY & TAPE FEES	\$ _____
0410	RESEARCH FEES	\$ _____
0408	MISC REVENUE: (IDENTIFY) _____	\$ _____
TC162	DEPOSIT LIAB. (IDENTIFY) _____	\$ _____
0240	EXTENSION OF TIME	\$ _____
<b>WATER RIGHTS:</b>		
0201	SURFACE WATER	\$ _____
0203	GROUND WATER	\$ _____
0205	TRANSFER	\$ _____
<b>WELL CONSTRUCTION</b>		
0218	WELL DRILL CONSTRUCTOR	\$ _____
_____	LANDOWNER'S PERMIT	\$ _____
_____	OTHER (IDENTIFY) _____	\$ _____

<b>0536 TREASURY 0437 WELL CONST. START FEE</b>		
0211	WELL CONST START FEE	\$ _____
0210	MONITORING WELLS	\$ _____
_____	OTHER (IDENTIFY) _____	\$ _____

<b>0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER</b>		
0233	POWER LICENSE FEE (FW/WRD)	\$ _____
0231	HYDRO LICENSE FEE (FW/WRD)	\$ _____
_____	HYDRO APPLICATION	\$ _____

<b>_____ TREASURY</b>	<b>OTHER / RDX</b>
FUND _____	TITLE _____
OBJ. CODE _____	VENDOR # _____
DESCRIPTION _____	\$ _____

RECEIPT: **90947** DATED: 12/11/20 BY: [Signature]