

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application g-17089 Township _____
Priority Date _____ Range _____
Use(s) _____ Section _____
Rate _____ POD Loc _____
County _____ POU Loc _____
W.M. _____ Caseworker _____

☒ 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☒ The proposed source **is** or **is not** (circle one) withdrawn from further appropriation, or Division 538. If it is, return application and fees.

☒ 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").
- ☒ 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 (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 _____ |
| ☒ Reference corner on map | |
| ☒ Each point of diversion coordinate | |

☐ Fees: Amount of water requested > 1 cfs

Base Fee \$ <u>500</u>	Additional Use @ <u>1</u> = <u>200</u>
1st CFS/AF <u>200</u>	Total Exam Fees \$ <u>200 900</u> + 300 record 1200
<u> </u> Addtn'l CFS/ AF @ <u> </u> = <u> </u>	Total Paid \$ <u> </u>
<u> </u> Addtn' POD @ <u> </u> = <u> </u>	Amount Due \$ <u> </u>

Reviewed by: _____ Date : _____

WATER RESOURCES DEPARTMENT

RECEIPT # 93532

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

INVOICE # _____

RECEIVED FROM: STROEMPLE & ASSOCIATESAPPLICATION see below

BY: _____

PERMIT

TRANSFER

CASH: _____ CHECK: # _____ OTHER: (IDENTIFY) _____

6365TOTAL REC'D \$ 2520.00**1083 TREASURY 4170 WRD MISC CASH ACCT**

0407 COPIES

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

R-87245 = \$320.00
S-87246 = \$1000.00
6-17089 = \$1200.00

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

WATER RIGHTS:

0201 SURFACE WATER

0203 GROUND WATER

0205 TRANSFER

EXAM FEE\$ 1200.00

0202

\$ 900.00

0204

\$ _____

RECORD FEE\$ 60.00\$ 300.00**WELL CONSTRUCTION**

0218 WELL DRILL CONSTRUCTOR

LANDOWNER'S PERMIT

EXAM FEE

\$ _____

0219

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 (FW/WRD)

0231 HYDRO LICENSE FEE (FW/WRD)

HYDRO APPLICATION

\$ _____

\$ _____

\$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____

\$ _____

RECEIPT: 93532

DATED: 7/31/08BY: [Signature]

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