

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application 5-87246 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☒ ☐ The proposed source **is** or **is not** (circle one) withdrawn from further appropriation, or Division 538.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 _____

Base Fee \$ 500

Additional Use @ _____ = _____

1st CFS/AF 1200 9w 200

Total Exam Fees \$ 940

12 Addtn'l CFS/AF @ \$20 = 240

Total Paid \$ _____

12 Addtn' POD @ _____ = _____

Amount Due \$ _____

Reviewed by: _____

Date: _____

1200 9w
1240 5w
320
2760

720
940
320
1960

**STATE OF OREGON
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 ASSOCIATES**

BY: _____

CASH: ☐ CHECK:# **6365** OTHER: (IDENTIFY) ☐

APPLICATION	see below
PERMIT	
TRANSFER	

TOTAL REC'D \$ **2520.00**

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES

OTHER: (IDENTIFY) _____

0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

**RECEIVED
OVER THE COUNTER**

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

0203 GROUND WATER

0205 TRANSFER

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR

LANDOWNER'S PERMIT

OTHER (IDENTIFY) _____

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

EXAM FEE

\$ **1200.00**

\$ **900.00**

\$ _____

EXAM FEE

\$ _____

\$ _____

RECORD FEE

\$ **60.00**

\$ **300.00**

\$ _____

LICENSE FEE

\$ _____

\$ _____

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE

0210 MONITORING WELLS

OTHER (IDENTIFY) _____

\$ _____

\$ _____

CARD # _____

CARD # _____

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

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