

E2 Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

NOT TO BE PROCESSED
PENDING TRANSFER ISSUANCE.

Application 87253 Township 18 south
Priority Date 8-12-2008 Range 5 west
Use(s) DOMESTIC EX/ANDED Section 8
Rate STORED 12 POD Loc SW SE
WATER ONLY AF
County LANE POU Loc SW SE
W.M. M. MATTICK Caseworker JERNA E

- ☒ 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- ☒ The proposed source is is not (circle one) withdrawn from further appropriation, or Division 538.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)
- ☒ N/R ☐ 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.

☒ 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 <u>CHANGES INITIALED</u>
<u>@ FRONT COUNTER</u> |
| ☐ Reference corner on map | |
| ☐ Each point of diversion coordinate | |

☒ Fees: Amount of water requested 12 AF

For ONE CHECK
① TRANSFER
② REIMBRSMT
③ THIS SURE WTR.

Base Fee \$ 250
1st CFS/AF _____
12 Addtn'l CFS/ AF @ 15 = 180
Addtn' POD @ _____ = _____

Additional Use @ _____ = _____ REC Fee
Total Exam Fees \$ 430 + 300
Total Paid \$ _____
Amount Due \$ _____

Reviewed by: HTM Date: 8-12-2008
\$ Joez P

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **93692**

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

INVOICE # _____

RECEIVED FROM: Latham Line LLC

BY: _____

CASH: ☐ CHECK: # 44410 OTHER: (IDENTIFY) ☐

APPLICATION **87253**

PERMIT

TRANSFER **10693**

TOTAL REC'D \$ **1255.00**

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES 1002 \$ 100.00

OTHER: (IDENTIFY) Reimbursed \$ 155.00

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:

0201 SURFACE WATER \$ _____ 0202 \$ _____

0203 GROUND WATER \$ _____ 0204 \$ _____

0205 TRANSFER \$ 400.00

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR \$ _____ 0219 \$ _____

LANDOWNER'S PERMIT 0220 \$ _____

OTHER (IDENTIFY) _____

**RECEIVED
OVER THE COUNTER**

EXAM FEE

\$ 100.00

\$ _____

\$ 400.00

EXAM FEE

\$ _____

RECORD FEE

\$ 100.00

\$ _____

LICENSE FEE

\$ _____

\$ _____

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: **93692**

DATED: 10/1/02 BY: [Signature]

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