

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application 87052 Township 9 S
Priority Date Dec 10 2007 Range 6 W
Use(s) DOMESTIC Section SEE MAP
Rate 0.0134 6 GPM POD Loc 9 S 7 W 24 SE SE
County POLK POU Loc 9 S 6 W 30 NW NW
W.M. MIKE MCCORD Caseworker JEANNA E

RECEIVED

DEC 10 2007

WATER RESOURCES DEPT.
EXPIRES

Applicant/Organization Name, Mailing Address and Telephone Number.

Source of water. If stored water, is the stored water component filed out, including 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").

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 MAP WITNESSED BY APPLICANT

Reference corner on map

OVER / COUNTER

Each point of diversion coordinate

Fees: Amount of water requested 0.0134 CFS

Base Fee \$ _____

Total Exam Fee \$ 700

1st CFS/AF _____

Total Paid \$ 700

___ Addtn'l CFS/ AF @ ___ = _____

Amount Due \$ REC FEE DUE

___ Addtn' POD @ ___ = _____

Reviewed by: HJM
J. SAUTER

Date: Dec 10 2007

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **90874**

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

INVOICE # _____

RECEIVED FROM: Curt & Marcie
BY: Mc Beth

APPLICATION	587652
PERMIT	
TRANSFER	

CASH: CHECK:# 5276 OTHER: (IDENTIFY)

TOTAL REC'D \$ 700.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES	\$
OTHER: (IDENTIFY)	\$

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

4270 WRD OPERATING ACCT

MISCELLANEOUS			
0407 COPY & TAPE FEES	RECEIVED	\$	
0410 RESEARCH FEES	OVER THE COUNTER	\$	
0408 MISC REVENUE: (IDENTIFY)		\$	
TC162 DEPOSIT LIAB (IDENTIFY)		\$	
0240 EXTENSION OF TIME		\$	
WATER RIGHTS:			
0201 SURFACE WATER	EXAM FEE	\$ 700.00	0202
0203 GROUND WATER		\$	0204
0205 TRANSFER		\$	
WELL CONSTRUCTION			
0218 WELL DRILL CONSTRUCTOR	EXAM FEE	\$	0219
LANDOWNER'S PERMIT		\$	0220
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 (FWWRD)		\$
0231 HYDRO LICENSE FEE (FWWRD)		\$
HYDRO APPLICATION		\$

TREASURY OTHER / RDX

FUND _____ TITLE _____
OBJ CODE _____ VENDOR # _____
DESCRIPTION _____ \$ _____

RECEIPT **90874**

DATED: 12/10/07 BY [Signature]

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