

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

① REPAIR OF A RETURN

Application G 17095 Township 24 S
Priority Date 8-19-2008 Range 30 E
Use(s) PRIM 71 Section 7
IRRIG ACRES
Rate 0.8875 CFS POA Loc ONE WELL NW SE
County HARNEY POU Loc SEE MAP 71 ACRES
W.M. 10 Caseworker KERRY K

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☒ The proposed source is or is not (circle one) GW withdrawn from further appropriation, or Division 538.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

☒ Property ownership indicated. STATES YES!

☐ 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 (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 ASSIST & Review @
BURNS WLM OFFICE
FOR REPAIR -

☒ Reference corner on map

☒ Each point of diversion coordinate

BEING REPAIRED BY FAX
541 573 3219
8-20-2008

☒ Fees: Amount of water requested 0.8875 CFS

Base Fee \$ 500

~~Additional Use @~~ _____

1st CFS/AF 200

Total Exam Fees \$ 700

~~Addn' CFS/AF @~~ _____ = _____

Total Paid \$ 1000

~~Addn' POD @~~ _____

Amount Due \$ ALL FEES PAID

Reviewed by: HLM

Date: 8-20-2008

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # **93793**725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

RECEIVED FROM:

Jameson Elia
Shepherd

BY:

APPLICATION

G17095

PERMIT

TRANSFER

CASH:

CHECK:#

OTHER: (IDENTIFY)

☒ 1694TOTAL REC'D \$ 1,000.00**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

\$

0410 RESEARCH FEES

\$

0408 MISC REVENUE: (IDENTIFY)

\$

TC162 DEPOSIT LIAB. (IDENTIFY)

\$

0240 EXTENSION OF TIME

\$

WATER RIGHTS:

0201 SURFACE WATER

EXAM FEE

\$

0202

0203 GROUND WATER

\$ 200.00

0204

0205 TRANSFER

\$

RECORD FEE

\$

\$ 300.00**WELL CONSTRUCTION**

0218 WELL DRILL CONSTRUCTOR

EXAM FEE

\$

0219

LANDOWNER'S PERMIT

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: **93793**DATED: 8/19/08 BY: D. Paulk

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