

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application _____ Township _____

Priority Date _____ Range _____

Use(s) _____ Section _____

Rate _____ POA Loc 3 WELLS

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The proposed source is or is not (circle one) GROUND STORED WATER withdrawn from further appropriation, or Division 538.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 TENNESSEE
ENGRG
LARRY TOLL

Reference corner on map

Each point of diversion coordinate

Fees: Amount of water requested 109 GPM

Base Fee \$ 500

Additional Use @ 2 = 400

1st CFS/AF 200

Total Exam Fees \$ 1500⁰⁰

1st 1st 1st
Suppl 1st 1st
Dom.

2 Addtn'l CFS/ AF @ 200 = 400

Total Paid \$ 1400⁰⁰

2 Addtn' POD @ 200 = 400

Amount Due \$ 100⁰⁰

Reviewed by: HJM

Date: 8-21-2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **93826**

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

INVOICE # _____

RECEIVED FROM: CAMP MORROW BIBLE CONFERENCE	APPLICATION see below
BY: _____	PERMIT _____
	TRANSFER _____
CASH: <input type="checkbox"/> CHECK:# <input checked="" type="checkbox"/> 2292 OTHER: (IDENTIFY) _____	TOTAL REC'D \$ 2,122.00

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 \$ 722.00 0202
0203 GROUND WATER	EXAM FEE \$ 1400.00 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	\$ _____
0210 MONITORING WELLS	\$ _____
OTHER (IDENTIFY) _____	CARD # _____
	CARD # _____

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: **93826** DATED: **8/21/08** BY: *[Signature]*

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