

# Standard Application Completeness Checklist

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

RECEIVED 2 CHECKS TO QUALIFY EXAM FEE  
OCT 1 2007

Application 86994 Township SEE MAP  
Priority Date 9-26-2007 Range SEE MAP  
Use(s) DOMESTIC Section SEE MAP  
Rate 0.21 CFS POD Loc SEE MAP  
County KLAM POU Loc SEE MAP  
W.M. \_\_\_\_\_ Caseworker JOEZ P

Applicant/Organization Name, Mailing Address and Telephone Number, application signed in ink.

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)

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 2, Section 3 and/or Page 3, Section 2) 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.

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.

*N/R*  A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. *Date of signature must be within the past 6 months.*

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 SEVERAL MAPS  
ADKINS CWRE

Reference corner on map

Each point of diversion coordinate

Fees: Amount of water requested 1.21 CFS

*#2 CHECK  
WILL BE SENT  
RECUV 10-1-2007*

Base Fee \$ 500

Total Exam Fee \$ 700

1st CFS/AF 100

Total Paid \$ \_\_\_\_\_

\_\_\_ Addtn'l CFS/ AF @ \_\_\_ = \_\_\_

Amount Due \$ \_\_\_\_\_

\_\_\_ Addtn' POD @ \_\_\_ = \_\_\_

Reviewed by AMY RAIN PAST  
TIM WAZZIN - GO!  
J. SAUTER - GO!  
ALAN - GO!

Date 9-27-2007

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

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

RECEIPT # **89867-**

INVOICE # \_\_\_\_\_

RECEIVED FROM: Adkins Consulting Engineers  
BY: \_\_\_\_\_

APPLICATION	86994
PERMIT	
TRANSFER	

CASH:  CHECK:#  28524 OTHER: (IDENTIFY)

TOTAL REC'D \$ 200.00

**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	\$
0203	GROUND WATER	\$
0205	TRANSFER	\$
WELL CONSTRUCTION		
0218	WELL DRILL CONSTRUCTOR	\$
	LANDOWNER'S PERMIT	\$
	OTHER (IDENTIFY)	

EXAM FEE	
\$	200.00
\$	
\$	
EXAM FEE	
\$	

RECORD FEE	
\$	0202
\$	0204
LICENSE FEE	
\$	0219
\$	0220

**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: **89867** DATED: 9/26/07 BY: L. Paulsen

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STATE OF OREGON  
**WATER RESOURCES DEPARTMENT**

RECEIPT # **89927**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: <u>Adkins Consulting Engineers, Inc</u>	APPLICATION <u>86994</u>
BY: _____	PERMIT _____
	TRANSFER _____
CASH: <input type="checkbox"/> CHECK:# <u>28530</u> OTHER: (IDENTIFY) _____	TOTAL REC'D \$ <u>500.00</u>

<b>1083 TREASURY 4170 WRD MISC CASH ACCT</b>
0407 COPIES \$ _____
OTHER: (IDENTIFY) _____ \$ _____
0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

<b>4270 WRD OPERATING ACCT</b>	
<b>MISCELLANEOUS</b>	
0407 COPY & TAPE FEES \$ _____	<b>RECEIVED OVER THE COUNTER</b>
0410 RESEARCH FEES \$ _____	
0408 MISC REVENUE: (IDENTIFY) _____ \$ _____	
TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____	
0240 EXTENSION OF TIME \$ _____	
<b>WATER RIGHTS:</b>	
0201 SURFACE WATER \$ <u>500.00</u> 0202 <b>RECORD FEE</b> \$ _____	
0203 GROUND WATER \$ _____ 0204 <b>LICENSE FEE</b> \$ _____	
0205 TRANSFER \$ _____	
<b>WELL CONSTRUCTION</b>	
0218 WELL DRILL CONSTRUCTOR \$ _____ 0219 <b>LICENSE FEE</b> \$ _____	
LANDOWNER'S PERMIT 0220 <b>LICENSE FEE</b> \$ _____	
OTHER (IDENTIFY) _____	

<b>0536 TREASURY 0437 WELL CONST. START FEE</b>
0211 WELL CONST START FEE \$ _____ CARD # _____
0210 MONITORING WELLS \$ _____ CARD # _____
OTHER (IDENTIFY) _____

<b>0607 TREASURY 0467 HYDRO ACTIVITY</b>	LIC NUMBER
0233 POWER LICENSE FEE (FW/WRD) \$ _____	
0231 HYDRO LICENSE FEE (FW/WRD) \$ _____	
HYDRO APPLICATION \$ _____	

<b>TREASURY</b>	<b>OTHER / RDX</b>
FUND _____ TITLE _____	
OBJ. CODE _____ VENDOR # _____	
DESCRIPTION _____	\$ _____

RECEIPT: **89927** DATED: 10-1-07 BY: [Signature]

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