

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

REAR OF A RETURN

Application G 17101 Township 23 S
Priority Date 9-15-2008 Range 31 E
Use(s) PRIM IRRIG 28.84 Section 10
Rate 0.40 CFS POA Loc NE SE
County HARNEY POU Loc NE SE 28.84 Acres
W.M. 10 Caseworker JOEL P

☒ 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☒ The proposed source is or is not GW (circle one) withdrawn from further appropriation, or Division 538.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 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. *REMAINED*

☐ 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 _____

☐ Reference corner on map

☐ Each point of diversion coordinate

☒ Fees: Amount of water requested 0.40 CFS

Base Fee \$ 500

~~Additional Use @ _____~~

1st CFS/AF 200

Total Exam Fees \$ 700

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

Total Paid \$ 700

~~Addn' POD @ _____~~

Amount Due \$ PER FEE 300 DUE

Reviewed by: HTM

Date: 9-16-2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **94149**
725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

RECEIVED FROM: AGRI-MANAGERS INC

BY: _____

APPLICATION	<u>G-17107</u>
PERMIT	
TRANSFER	

CASH: ☐ CHECK:# 6631 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

PCA 46611

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	RECORD FEE
0203 GROUND WATER	\$ <u>700.00</u>	0204	\$
0205 TRANSFER	\$		

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
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: **94149**

DATED: 9/15/08 BY: Kim Lunde

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