

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application 87269 Township 1 N
Priority Date 9-19-2008 Range 9 E
Use(s) FISH PRODUCTION FACILITY Section 14
Rate 5 CFS POD Loc SEE MAP
County HOOD RIVER POU Loc SEE MAP
W.M. 3 Caseworker JEANA E

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The proposed source is or is not (circle one) withdrawn from further appropriation, or Division 538.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 *FROM WITHDRAWN MAP*

Property ownership indicated. *STATES NO!*

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).

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **94216**

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

INVOICE # _____

RECEIVED FROM: The Confederated Tribes
BY: of The Warm Springs Reservation

APPLICATION	
PERMIT	
TRANSFER	

CASH: CHECK.# _____ OTHER: (IDENTIFY) _____

01097186

TOTAL REC'D \$ 1400.00

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 46111

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 \$ <u>1100.00</u>	0202 RECORD FEE \$ <u>300.00</u>
0203 GROUND WATER	\$	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 (FW/WRD)		\$
0231 HYDRO LICENSE FEE (FW/WRD)		\$
HYDRO APPLICATION		\$

TREASURY OTHER / RDX

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

RECEIPT: **94216**

DATED: 9/19/08 BY: [Signature]

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal