

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application 87303 Township 26 S
Priority Date Oct 8 2008 Range 5 W
Use(s) Dom EXPND Section 23
Rate 0.01 CFS POD Loc SE SW
County Doug POU Loc SE SW
W.M. 15 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The proposed source is or is not (circle one) withdrawn from further appropriation, or Division 538.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).

N/R

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. RETURN TO CWC*
SIGNATURE TO BE FORWARDED

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 Donor CMTT
WMA ASSIST
- Reference corner on map
- Each point of diversion coordinate

Fees: Amount of water requested 0.01 CWT

Base Fee \$ <u>500</u>	Additional Use @ _____
1st CFS/AF <u>200</u>	Total Exam Fees \$ <u>700</u>
<u>_____</u> Addtn'l CFS/AF @ _____ = _____	Total Paid \$ <u>700</u>
<u>_____</u> Addtn' POD @ _____ = _____	Amount Due \$ <u>REC FEE DUE</u>

Reviewed by: HTCM Date: Oct 9 2008

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **94492**

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

INVOICE # _____

RECEIVED FROM: Richard + Martha Deichler

APPLICATION	87303
PERMIT	
TRANSFER	

BY: _____

CASH: CHECK:# 150 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

0407 COPY & TAPE FEES \$
0410 RESEARCH FEES \$
0408 MISC REVENUE: (IDENTIFY) \$
TC162 DEPOSIT LIAB. (IDENTIFY) \$
0240 EXTENSION OF TIME \$

46111

WATER RIGHTS:

0201 SURFACE WATER \$ 0202 \$
0203 GROUND WATER \$ 0204 \$

EXAM FEE
\$ 700.00
\$
EXAM FEE
\$

RECORD FEE
\$
\$
LICENSE FEE
\$
\$

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR \$ 0219 \$
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: **94492**

DATED: 10/8/08 BY: X Bell

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