Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

#IREVAIR OF

This is the checklist used by WRD staff

RETURN

Application	87309	Township	17	\$	_	
Priority Date	10-15-2408	Range	lo	\w\	_	
Use(s) Do	DM. EXMANOD	Section	19		-	
Rate	5 GAM	POD Loc	NE	NW	Mund	
County	LANE	POU Loc	NE	Sw	_	
W.M	2	Caseworker	·		_	
Source of w agreement for s be filled at the s	Organization Name, Mailing rater. If stored water, is the stored water must be included same time as a Reservoir of D Reservoir application (B	e stored water con ded. (ORS 537.40 or Alt Reservoir ij	mponent filed on NOTE: A st	ıt, including <i>ırface water</i>	' applicatio	on cannot
	ed source is or s not circo application and fees.	ele one) withdraw	n from further a	ppropriation	, or Divisio	on 538. If
Property ow	rnership indicated.	MIES	NO		FED	LAW!
ma (O) If ap wri	pplicant does not own all talling address must be listed pplicant does not own all talliten authorization or an east or other work must be seen	d. the land, a statements desement permittin	ent declaring the	e existence o		ed ditch
O Groundwate	r development section (Pa	ge 3 and 4, Section	an B) or a well l	og report.	_	
Proposed us	se of water. If supplementa	ıl, list primary wa	ter right acreage	if applicabl	e.	
_	applemental Form for each			••		
	m I (Irrigation)	O Form M (Mu	unicipal or Quas	i-Municipal)	
O For	m R (Mining)	O Form Q (Co	mmercial or Ind	ustrial)		
O Spri	ing Description Sheet					
Amount of v	water from each source in	gallons per minu	te (GPM), cubic	feet per sec	ond (CFS)	, or acre
Period of us Water mans	se agement section (Please es	timate if the water	er system has no	t been design	ned).	

Resource Protection Section (Page 6, Section 5).
Project schedule (If system is already completed, indicate "existing").
O 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.
O 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.
O A completed Land-Use Form or receipt signed and dated by the appropriate planning department of Cofficials. 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 O Other
Reference corner on map
Each point of diversion coordinate Q.0223 Fees: Amount of water requested From
Base Fee \$ Additional Use @ =
Total Exam Fees \$ 700 Addtn'l CFS/ AF @ Total Paid \$ 700 Amount Due \$ Rec Fee Due
Reviewed by: Date: 10-16-2008 Date: 10-16-2008

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 94560

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

INVOICE # _____

ECI Y: :ASI		CHECK:# OTHER: (IDENT		APPLICATION PERMIT TRANSFER	87309	
		× 9926 -		TOTAL REC'D	\$ 700.00	
	1083	TREASURY 4170 WE	RD MISC CASH	ACCT		
	0407	COPIES			\$	
		OTHER: (IDENTIFY)				
	0243 I/S	Lease 0244 Muni Water Mg			_	
		4270 WF	RD OPERATING	GACCT		
		MISCELLANEOUS	46111			
	0407	COPY & TAPE FEES			\$	
	0410	RESEARCH FEES			\$	
	0408 TC160	MISC REVENUE: (IDENTIFY) DEPOSIT LIAB. (IDENTIFY)			\$	
	TC162 0240	EXTENSION OF TIME			\$	
	0240	WATER RIGHTS:		30 Mar 140 - 0	RECORD FEE	
	0201	SURFACE WATER	# EXAM FI		\$	
	0203	GROUND WATER	\$ 700 \$	0202	\$	
	0205	TRANSFER	\$			
		WELL CONSTRUCTION	EXAM FI		LICENSE FEE	
	0218	WELL DRILL CONSTRUCTOR	\$	0219	\$	
	0210	LANDOWNER'S PERMIT		0220	\$	
		OTHER (IDENTIFY)				
	0536	TREASURY 0437 WE	I CONST S	TART FEE	· · · · · · · · · · · · · · · · · · ·	
	0211	WELL CONST START FEE	\$	CARD#	**************************************	
	0210	MONITORING WELLS	\$	CARD #		
		_ OTHER (IDENTIFY) _				
_					er to the second of the second	
	0607	TOTAL STATE OF THE	and the state of t	/ LIC NUMBER	A	
	0233	POWER LICENSE FEE (FW/WRD)			\$	
	0231	HYDRO LICENSE FEE (FW/WRD)			\$	
		HYDRO APPLICATION			\$	
		TREASURY	HER / RDX			
	FUND _	TITLE		_		
	OBJ. CO	DE VENDOR #		_		
	DESCRI	PTION		_	\$	