# Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff

A55187

Application G17121	Township	C 2		
Priority Date (107 9 2008	Range	39€		
Use(s) IRRIG ACRES	Section	SEE	MAP	
Rate (-337 G00 Gpm	POM Loc 2	SEE	MAP	
County BAKER	POU Loc	SEE	M	
W.M8	Caseworker	JEANA	$\in$	•
Applicant/Organization Name, Mailir	ng Address and Tele	phone Number		
Source of water. If stored water, is the agreement for stored water must be included be filled at the same time as a Reservoir the PROPOSED Reservoir application (I	ded. (ORS 537.400) or Alt Reservoir if i	) NOTE: A sur	face water a	application cannot
The proposed source is or is not circuit is, return application and fees.	cle one) withdrawn	from further app	propriation,	or Division 538. If
Property ownership indicated.	THIES YE	<u> </u>		
O If applicant does not own all mailing address must be listed		d landowner's r	name and	
O If applicant does not own all a written authorization or an eacanal or other work must be	asement permitting	_		
Groundwater development section (Pa	age 3 and 4, Section	B) or a well lo	g report.	
Proposed use of water. If supplementa	al, list primary wate	r right acreage i	f applicable	
Enclosed Supplemental Form for each	n proposed use.	·		
Form I (Irrigation)	O Form M (Mun	icipal or Quasi-	-Municipal)	
Form R (Mining)	O Form Q (Com	mercial or Indu	strial)	
O Spring Description Sheet				
Amount of water from each source in feet (AF)	gallons per minute	(GPM), cubic f	feet per secon	nd (CFS), or acre
Period of use				

Water management section (Please estimate if the water system has not been designed).

٣	Resource Protection Section (Page 6, Section 5).
ot	Project schedule (If system is already completed, indicate "existing").
0	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.
٠.	O If the above is statement is checked, the map must be prepared by a CWRE.
4	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.
A	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.
b	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.
$\langle$	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 WM ASSIST
	Reference corner on map
Ġ	Fees: Amount of water requested CFS GPM 700  1337 G00  + 100  800
	Base Fee \$ 500 Additional Use @ CK # 1  1st CFS/AF Zaa Total Exam Fees \$ 1000
	1 Addtn'l CFS AF @ 100 = 100 Total Paid \$ 1000 Page For Due
	CK#2 RECVD 10-22-08
	Reviewed by: HTM Date: 10-10-2008

### STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT # 94502

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

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

	HECK:#	OTHER: (IDEN	TIFY)		TOTAL	NSFER REC'D	\$ 800.0
	TREASURY	4170 W	RD MIS	C CASH A	CCT		
0407	COPIES						\$
		(IDENTIFY)	_	_		_	\$
0243 I/S Le	ease 024	4 Muni Water M	Igmt. Plan_	024	5 Cons. W	/ater	_
				RATING A			
	MISCELLANEOU	s					
0407	COPY & TAPE FE	ES	46	111			\$
0410	RESEARCH FEES	3	, •	•			\$
0408	MISC REVENUE:	(IDENTIFY)	_				\$
TC162	DEPOSIT LIAB. (	IDENTIFY)	_				\$
0240	EXTENSION OF T	IME					\$
	WATER RIGHTS:			EXAM FEE			RECORD FE
0201	SURFACE WATER	3	\$	The Paris of the P	020	02	\$
0203	GROUND WATER	ł	\$	800,50	020	04	\$
0205	TRANSFER		\$	0001	$\neg$		
	WELL CONSTRU	CTION		EXAM FEE			LICENSE FE
0218	WELL DRILL CON	ISTRUCTOR	\$		02	19	\$
	LANDOWNER'S F	PERMIT	_		02	20	\$
	OTHER	(IDENTIFY)					
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0607	TREASURY	0467 H	YDRO A	CTIVITY	LIC NUM	MBER	T. 1
0233	POWER LICENSE	FEE (FW/WR	D)	<u> </u>			\$
0231	HYDRO LICENSE	FEE (FW/WR	D)	L			\$
	HYDRO APPLICA	TION					\$
	TREASURY	Cayari hi See	THER /	RDX	:	82.5L.4L.7%	
FUND		_ TITLE					
OBJ. CODE	Ε	_ VENDOR #					
DESCRIPT	ION						\$

#### STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT # 94672

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

INVOICE # \_\_\_\_

	OM: Elmer	Gmer D + Janis N  C:# OTHER: (IDENTIFY)			PE	CATION RMIT NSFER	G-17121
	X2148				TOTAL	HEC'D	\$ 200.00
1083	TREASURY	4170	WRD MIS	C CASH A	CCT		
0407	COPIES						\$
	_ OTHER:	(IDENTIFY)	_				\$
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v .		4270	WRD OPE	ERATING A	ACCT	27 27 2 20 - e Alb Albi	TOWN TOWNSHIPS
	MISCELLANEOU	IS	46111	l			•
0407	COPY & TAPE FE	EES		•			\$
0410	RESEARCH FEE						\$
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TC162	DEPOSIT LIAB.	(IDENTIFY)	_				\$
0240	EXTENSION OF	TIME					\$
	WATER RIGHTS:	:	4	EXAM FEE	8.7.		RECORD FE
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0203	GROUND WATER	R	\$	200.00	02	04	\$
0205	TRANSFER		\$				
	WELL CONSTRU	ICTION	<del>27</del> 5	EXAM FEE	- Color		LICENSE FE
0218	WELL DRILL CO		R \$	Anti hor he Instant	02	19	\$
	LANDOWNER'S		_		02:	20	\$
	OTHER	(IDENTII	FY)				
0536	TREASURY	0437	WELL CO	NST. STA	RT FEE		The Company of the Co
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0210	MONITORING W	ELLS	\$			CARD #	
	OTHER	(IDENTII	FY)				
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