

# Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

OVER THE COUNTER

Application G 17141 Township 35  
Priority Date 11-14-2008 Range 4E  
Use(s) PRIM COMM Section 14  
IRRIG LSA CAMPGROUND  
Rate 0.0668 30 POA Loc SE SE  
CFS GPM  
County CLATSOP POU Loc SEE MAP  
W.M. DIST #20 Caseworker KERRY K

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- The proposed source is is not (circle one) withdrawn from further appropriation, or Division 538.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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Township, Range, Section  | <input checked="" type="checkbox"/> Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)  |
| <input checked="" type="checkbox"/> Place of use, 1/4, 1/4's and tax lot clearly identified   | <input checked="" type="checkbox"/> Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">400 Feet</span> |
| <input checked="" type="checkbox"/> Location of each diversion point <u>QALE</u> well or dam by reference to a recognized public land survey corner | <input checked="" type="checkbox"/> North Directional Symbol  |
| <input checked="" type="checkbox"/> Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture <u>1.5A</u>                                | <input type="checkbox"/> Other _____  |
| <input checked="" type="checkbox"/> Reference corner on map   |   |
| <input checked="" type="checkbox"/> Each point of diversion coordinate  |   |

Fees: Amount of water requested 1,066.8 CFS 30 GPM

Base Fee \$ 500 ✓  
 1st CFS/AF 200 ✓  
 Addtn'l CFS/ AF @ \_\_\_\_\_ = \_\_\_\_\_  
 Addtn' POD @ \_\_\_\_\_ = \_\_\_\_\_

IRRIG & COMM  
 Additional Use @ 200 = 200 ✓  
 Total Exam Fees \$ 900 ✓  
 Total Paid \$ 900 ✓  
 Amount Due \$ Rec Fee Due

Reviewed by: 11-14-2008 Date: X 7/11

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **94921**

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

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

RECEIVED FROM: <u>Eagle Fern Corp. Inc.</u>	APPLICATION <u>G-17141</u>
BY: _____	PERMIT _____
	TRANSFER _____
CASH: <input type="checkbox"/> CHECK.# <u>1578</u> OTHER: (IDENTIFY) <input type="checkbox"/>	TOTAL REC'D \$ <u>700.00</u>

**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**

<b>MISCELLANEOUS</b>			
0407 COPY & TAPE FEES	\$		
0410 RESEARCH FEES	\$		
0408 MISC REVENUE: (IDENTIFY)	\$		
TC162 DEPOSIT LIAB. (IDENTIFY)	\$		
0240 EXTENSION OF TIME	\$		
<b>WATER RIGHTS:</b>			
0201 SURFACE WATER	\$	0202	RECORD FEE
0203 GROUND WATER	\$ <u>700.00</u>	0204	\$
0205 TRANSFER	\$		
<b>WELL CONSTRUCTION</b>			
0218 WELL DRILL CONSTRUCTOR	\$	0219	LICENSE FEE
LANDOWNER'S PERMIT		0220	\$
OTHER (IDENTIFY) _____			

**RECEIVED  
OVER THE COUNTER**

**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: **94921** DATED: 11/14/02 BY: [Signature]

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