

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application G-17169 Township 36S
Priority Date 1-26-09 Range 1W
Use(s) NW Section 2
Rate 9.5 gpm ^{0.0212} CFS POD Loc NWSE
County JACKSON POU Loc NWSE
W.M. #13 Larry Menke Caseworker Kerry Kavanagh

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The proposed source **is** or **is not** (circle one) withdrawn from further appropriation, or Division 538.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. to be determined

Property ownership indicated.

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.

IRRIG
NURSERY

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 YR

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.*

^{Handwritten} 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 _____

Reference corner on map

Each point of diversion coordinate

Fees: Amount of water requested 9.5 gpm 0.0212 CFS

Base Fee \$ 500 Additional Use @ _____ = _____

1st CFS/AF 200 Total Exam Fees \$ 700

_____ Addtn'l CFS/ AF @ _____ = _____ Total Paid \$ 700

_____ Addtn' POD @ _____ = _____ Amount Due \$ 0

Reviewed by: K Kavanagh

Date: 1-26-09

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # **95441**

INVOICE # _____

RECEIVED FROM: Brod Lind
BY: _____

APPLICATION	6-17169
PERMIT	
TRANSFER	

CASH: CHECK:# 2148 OTHER: (IDENTIFY)

TOTAL REC'D \$ 200.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES **RECEIVED OVER THE COUNTER** \$ _____
OTHER: (IDENTIFY) \$ _____
0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS 4/11/11

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

WATER RIGHTS:	EXAM FEE		RECORD FEE
0201 SURFACE WATER	\$ _____	0202	\$ _____
0203 GROUND WATER	\$ <u>200.00</u>	0204	\$ _____
0205 TRANSFER	\$ _____		
WELL CONSTRUCTION	EXAM FEE		LICENSE FEE
0218 WELL DRILL CONSTRUCTOR	\$ _____	0219	\$ _____
LANDOWNER'S PERMIT	<u>See receipt # 95412</u>	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: **95441**

DATED: 1-26-07 BY: LAZ

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

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **95442**

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

INVOICE # _____

RECEIVED FROM: WALU / Brad Wind

APPLICATION	917169
PERMIT	
TRANSFER	

BY: _____

CASH: CHECK: # 2205202312 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 500.00

1083 TREASURY	4170 WRD MISC CASH ACCT
0407 COPIES	RECEIVED
OTHER: (IDENTIFY) _____	OVER THE COUNTER
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	\$ _____
WATER RIGHTS:	
0201 SURFACE WATER	EXAM FEE \$ _____ 0202
0203 GROUND WATER	\$ <u>500.00</u> 0204
0205 TRANSFER	\$ _____
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____ 0219
LANDOWNER'S PERMIT <u>see receipt # 95442</u>	\$ _____
OTHER (IDENTIFY) _____	\$ _____

0536 TREASURY	0437 WELL CONST. START FEE
0211 WELL CONST START FEE	\$ _____
0210 MONITORING WELLS	\$ _____
OTHER (IDENTIFY) _____	CARD # _____
	CARD # _____

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: **95442**

DATED: 1-26-07 BY: LAG

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