

# Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application G 17168 Township 25 S  
Priority Date 1-23-2009 Range 33 E  
Use(s) PRIM IRRIG 140 ACRES Section 5  
Rate 1.50 CFS POA Loc NE 1/4 SE 1/4  
County HARNEY POU Loc SEE MAP (4) 1/4 1/4 (S)  
W.M. DIST #10 Caseworker BROOK G

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) <sup>GW</sup> withdrawn from further appropriation, or <sup>TBD</sup> 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).

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 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.

MANY SIGNATURES

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. MAP MISLABELED

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.) 8" = 5280 FT.

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 COMPARISON TO PROVIDED TAX LOT MAP

Reference corner on map

SEE WORK COPIES

Each point of diversion coordinate

Fees: Amount of water requested 1.50 CFS

Base Fee \$ 500

~~Additional Use @~~

1st CFS/AF 200

Total Exam Fees \$ 800

~~/ Addtn'l CFS/AF @ 100 = 100~~

Total Paid \$ 800

~~Addtn' POD @~~

Amount Due \$ REC FEE DUE

Reviewed by: HLM

Date: 1-26-2009

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **95432**

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

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

RECEIVED FROM: Darren R. Lundy  
BY: \_\_\_\_\_

APPLICATION	G-17168
PERMIT	
TRANSFER	

CASH:  CHECK:#  1378 OTHER: (IDENTIFY)

TOTAL REC'D \$ 800.00

**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**

*46111*

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

**WATER RIGHTS:**

0201 SURFACE WATER	\$ _____	0202	RECORD FEE	\$ _____
0203 GROUND WATER	\$ <i>800.00</i>	0204		\$ _____
0205 TRANSFER	\$ _____			

**WELL CONSTRUCTION**

0218 WELL DRILL CONSTRUCTOR	\$ _____	0219	LICENSE FEE	\$ _____
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: **95432**

DATED: *1/23/09* BY: *X. Bell*

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