

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application G 17174 Township 1 S 2 S
Priority Date FEB 6 2009 Range 24 E 24 E
Use(s) PRIM 33.8
IRRIG ACRES Section 35 2
Rate ONE CFS POH Loc (2) NE NW
County MARROW POU Loc SEE MAP
W.M. DIST # 21 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☒ The proposed source is is not (circle one) withdrawn from further appropriation, or Division 538.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. GW

☒ 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) 1

☒ 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.*

☒ 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.

☒ 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 MAR @ WM DIST 21

☒ Reference corner on map

☒ Each point of diversion coordinate

☒ Fees: Amount of water requested ONE CFS

Base Fee \$ 500

~~Additional Use @~~

1st CFS/AF 200

Total Exam Fees \$ 700

Total Paid \$ 1000

Amount Due \$ ALL REMAINING

~~Addn'l CFS/AF @~~

~~Addn'l POD @~~

2 CHECKS @ 500 PER

Reviewed by: HFM

Date: FEB 6 2009

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **95557**

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

INVOICE # _____

RECEIVED FROM: <u>RX Ranch</u> BY: <u>Roderick K. & Margaret G. Murray</u>		APPLICATION <u>6-1174</u> PERMIT _____ TRANSFER _____
CASH: ☐ CHECK.# <u>574</u> ☒ OTHER: (IDENTIFY) _____ ☐	TOTAL REC'D \$ <u>500.00</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

MISCELLANEOUS		
0407 COPY & TAPE FEES		\$ _____
0410 RESEARCH FEES		\$ _____
0408 MISC REVENUE: (IDENTIFY) <u>see also receipt #95558</u>		\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____		\$ _____
0240 EXTENSION OF TIME		\$ _____
WATER RIGHTS:		
0201 SURFACE WATER	EXAM FEE	0202 RECORD FEE
0203 GROUND WATER	\$ <u>500.00</u>	0204 \$ _____
0205 TRANSFER	\$ _____	
WELL CONSTRUCTION		
0218 WELL DRILL CONSTRUCTOR	EXAM FEE	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 (FW/WRD)	\$ _____	
0231 HYDRO LICENSE FEE (FW/WRD)	\$ _____	
HYDRO APPLICATION	\$ _____	

TREASURY OTHER / RDX

FUND _____	TITLE _____	
OBJ. CODE _____	VENDOR # _____	
DESCRIPTION _____		\$ _____

RECEIPT: **95557** DATED: 2/6/09 BY: LSG

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

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WATER RESOURCES DEPARTMENT**

RECEIPT # **95558**

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SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

RECEIVED FROM: John R Murray
BY: _____

APPLICATION	<u>9-17174</u>
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # 758 OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ 500.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES \$ _____
OTHER: (IDENTIFY) \$ _____

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0218 WELL DRILL CONSTRUCTOR	\$ _____	0219	\$ _____
LANDOWNER'S PERMIT		0220	\$ _____

OTHER (IDENTIFY) _____

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