

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

WITH
CONTRACT

E-2

Application 87386 Township 26 S 26 S
Priority Date 2-2-2009 Range 7 W 6 W
Use(s) PRIM 20 Section 13 18
IRRIG. ACRES
Rate 44.6 AF POD Loc 18 SW SW
County DOUG POU Loc SEE MAP
W.M. DIST #15 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The proposed source is or is not (circle one) is not E-2 STORED H₂O withdrawn from further appropriation, or Division 538. If it is, return application and fees.

Property ownership indicated. STARTS 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).

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 # **95511**

INVOICE # _____

RECEIVED FROM: Derek A + Lori A. Adams
 BY: _____

APPLICATION	87386
PERMIT	
TRANSFER	

CASH: CHECK:# 1611 OTHER: (IDENTIFY)

TOTAL REC'D \$ 735.00

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		<u>46111</u>	
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	\$ 435.00	0202	\$ 300.00
0203 GROUND WATER	\$	0204	\$
0205 TRANSFER	\$		
WELL CONSTRUCTION		EXAM FEE	LICENSE FEE
0218 WELL DRILL CONSTRUCTOR	\$	0219	\$
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: **95511** DATED: 2/2/09 BY: A. Bell

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