

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

REPAIR OF A RETURN

Application S-87394 Township 33 S
Priority Date 2-17-2009 Range 15 W
Use(s) Dom Exp Section 10
Rate 0.0111 CFS 5 GPM POD Loc SE SW
County CURRY POU Loc SE SW
W.M. DIST # 19 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☒ The proposed source is or is not (circle one) withdrawn from further appropriation, or Division 538.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.

N/A ☐ 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) 5

☒ 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.

☒ 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 0.0111 CFS 5 GPM

Base Fee \$ 500

Additional Use @ _____ = _____

1st CFS/AF 200

Total Exam Fees \$ 700

— Addn'l CFS/ AF @ _____ = _____

Total Paid \$ 700

— Addn'l POD @ _____ = _____

Amount Due \$ _____

Reviewed by: N7M

Date: 2-17-2009

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **95641**

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

INVOICE # _____

RECEIVED FROM: Teal Bree Fleming
BY: _____

APPLICATION	87394
PERMIT	
TRANSFER	

CASH: ☐ CHECK:# 314 OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ **700.00**

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

0407 COPY & TAPE FEES **46111** \$ _____
0410 RESEARCH FEES \$ _____
0408 MISC REVENUE: (IDENTIFY) _____ \$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____
0240 EXTENSION OF TIME \$ _____

WATER RIGHTS:

	EXAM FEE		RECORD FEE
0201 SURFACE WATER	\$ 700.00	0202	\$ _____
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: **95641**

DATED: 2/17/09 BY: LBelp

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