

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 G 17194 County JOSEPHINE Priority Date 3-23-2009

Township 36 S Range 6 W Section 6

Amount 0.05 CFS Use QUASI-MUNI Watermaster Dist. # 14

Caseworker Assigned

Brook Geffen Jeana Eastman Joel Plahn Kerry Kavanagh Michele McAleer

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 filed 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The proposed source is is not (circle one) Guar withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.

Property ownership indicated. SAYS NO!

If applicant does not own all the land, the affected landowner's name and mailing address must be listed. LIST

If applicant does not own all the land, a signed 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. WELL LOGS

Proposed use of water. If supplemental, list primary acreage.

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 Standard reservoir applications proposing to store 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. In addition, the map must be prepared by a CWRE.

All applicants or the applicant's authorized agent (include title or authority if for an organization or corporation), must sign the application in ink. Signature must be an original "wet" signature. Copies cannot be accepted.

You must include a Legal description of all the properties involved where water is diverted, crossed, and used. The Legal description 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. *Please be certain that the Land-Use form lists all lands involved and all uses proposed. Date of signature must be within the past 12 months. Signature must be an original "wet" signature. Copies cannot be accepted.*

The map must meet all the minimum requirements of OAR 690-310-0050. (Minimum)

- 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
- Reference corner on map
- North Directional Symbol
- Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture *N/R for Q-M.*
- Each point of diversion coordinate
- Other Wm KATHY SMITH ASSIST

Fees: Amount of water requested 0.05 CFS

| | |
|---|------------------------------------|
| Base Fee \$ <u>500</u> | Additional Use @ _____ = _____ |
| 1st CFS/AF <u>200</u> | Total Exam Fees \$ <u>900</u> |
| Addn'l CFS/ AF @ _____ = _____ | Total Paid \$ <u>1200</u> |
| <u>1 Addtn' POA @ 200 = 200</u> | Amount Due \$ <u>ALL FEES PAID</u> |

Reviewed by: HLM Date: 3-23-2009

**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 # **95969**

INVOICE # _____

| | |
|---|----------------------------|
| RECEIVED FROM: <u>Seclusion Estates Community</u> | APPLICATION <u>6-17194</u> |
| BY: <u>Water Systems LLC</u> | PERMIT _____ |
| | TRANSFER _____ |

CASH: CHECK.# 152 OTHER: (IDENTIFY)

TOTAL REC'D \$1200.00

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: | EXAM FEE | | RECORD FEE |
| 0201 SURFACE WATER | \$ _____ | 0202 | \$ _____ |
| 0203 GROUND WATER | \$ <u>900.00</u> | 0204 | \$ <u>300.00</u> |
| 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: **95969** DATED: 3/23/09 BY: A. Bell

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