

Limited License "Completeness" Checklist

Minimum Requirements (OAR 690-340-030) (ORS 537.143)

LL-1192

Received Date: <u>3-23-2009</u>	Township: <u>14S</u>
Public Notice Date: <u>3-31-2009</u>	Range: <u>10E</u>
Earliest Issue Date: <u>4-14-2009</u>	Section: <u>34</u>
Source: <u>WHYCHUS CREEK</u>	POD Loc: <u>NE NE</u>
Amount: <u>2.23 CFS - 1000 GPM</u>	
Duration: <u>5.1.09 -> 5.1.14</u>	Watermaster: <u>JEREMY GIFFIN</u>
County: <u>DESCHUTES</u>	ODFW: _____
Basin: _____	DEQ: _____

- Applicant/Organization Name, Mailing Address, Telephone Number, and Contact Person. *Signature in ink. Original "wet" signature required.*
- Source listed?
- If source is groundwater...are well log(s) or sufficient information for the Department to determine aquifer, well depth, well seal, open interval, etc. included? Was the intended aquifer identified?. If for multiple wells, each map location shall be clearly tied to a well log.
- Proposed Use of the water...is each proposed use identified?
- If source is stored water.... Is there a contract for delivery of stored water. Must have a copy
- If use is supplemental...is the primary water right listed?
- Amount of water from each source listed in 1000 225 GPM, CFS or AF?
- Acreage being proposed, if applicable.
- Duration of Limited License being requested by applicant.
- Project schedule... Date when water use will start and date when water use will be completed
- Is the application signed in ink by the applicant(s) or by the authorized agent with title or authority if an organization or corporation?
- Water Master Report... Is the local Water Masters report on water availability included?
- COUNTY PENDING
Land Use Form... Is the Land Use Form completed by local planning officials included? *Signature must be within the last 12 months. Signature must be an original "wet" signature.*

CONTINUED ON BACK

Does the map meet requirements of OAR 690-340-030? If map is larger than 11 x 17, four copies must be submitted.

- Township, Range, Section
- Reference corner on map
- Scale of the Map, not less than 2" = 1 mile
- Other topographical features such as roads, streams, railroads, etc, which may be helpful in locating the diversion points in the field.
- Location of each diversion point, well or dam
- Each POD coordinate by reference to a recognized public land survey corner

Fees enclosed?

<u>Base Fee</u>	<u>Water Amount</u>	
\$150.00 including the first point of diversion		<u>150.00</u>
\$15.00 for each additional point of diversion		+ <u>0</u>
		<u>150.00</u> total fee

FEE PAID	<u>150.00</u>	
STILL OWED	<u>0</u>	

Completeness Check by: JS Date: 3.24.2009
 S:\groups\wr\WRIG DOCUMENTS\application related\limited-license-checklist.wpd 11/23/2007 jks

Water Resources Department
 Commerce Building
 158 12th Street NE
 Salem, OR 97301-4172
 (503) 378-3739
 FAX (503) 378-8130
 www.wrd.state.or.us

John A. Kitzhaber, M.D., Governor

Oregon



**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **95973**

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

INVOICE # _____

RECEIVED FROM: <u>Upper Deschutes Watershed Council</u>	APPLICATION <u>LL-1192</u>
BY: _____	PERMIT _____
	TRANSFER _____

CASH: CHECK:# 3093 OTHER: (IDENTIFY) _____

TOTAL REC'D	\$ <u>150.00</u>
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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 <u>46111</u>	\$ _____
0410 RESEARCH FEES	\$ _____
0408 MISC REVENUE: (IDENTIFY) <u>Limited License</u>	\$ <u>150.00</u>
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$ _____
0240 EXTENSION OF TIME	\$ _____

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203 GROUND WATER	\$ _____	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: **95973** DATED: 3/23/09 BY: A. Bell

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