

SURFACE APPLIC

Standard Application Completeness Checklist

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

Application <u>S-86850</u>	Township <u>10S</u>
Priority Date <u>May 2, 2007</u>	Range <u>8E</u>
Use(s) <u>human consumption</u>	Section <u>32</u>
Rate <u>0.005 CFS</u>	POD Loc. <u>NN NE</u> <i>570' S. of 3468 W. From NN Sec. Corner</i>
County <u>Deschutes</u>	POU Loc. <u>NN NE</u>

☒ Applicant/Organization Name, Mailing Address and Telephone Number, application signed in ink.

☐ 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)

☒ Property ownership indicated. *checked yes, but owner letter suggests U.S.F.S. is owner*

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

checked ☒ 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 2, Section 3 and/or Page 3, Section 2) 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). (Section D - application distribution left blank)

Resource Protection Section (Page 6, Section 5).

Project schedule (If system is already completed, indicate "existing"). 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.

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. got it ✓

A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. Date of signature must be within the past 6 months. not necessary - Federal Lands

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

Township, Range, Section

Location of main canals, ditches, pipelines or flumes

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

this is what is still needed

Fees: Amount of water requested 0.005 CFS

Base Fee \$ 300

Total Exam Fee \$ 500.00

1st CFS/AF 200

Total Paid \$ 500.00

Addn'l @ _____ = _____

Amount Due \$ None

Reviewed by Alyssa Workman

Date May 3 2007

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **87384**

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

INVOICE # _____

RECEIVED FROM: <u>L. Scott Letourneau</u>		APPLICATION <u>5-26850</u>
BY: <u>IND</u>		PERMIT
		TRANSFER
CASH: ☐	CHECK: # <u>3609</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)	\$
TC162 DEPOSIT LIAB. (IDENTIFY)	\$
0240 EXTENSION OF TIME	\$

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE \$ <u>500.00</u>	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: **87384**

DATED: 5/2/07 BY: L. Pangle

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