

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff Application

RECD OVER
COUNTER
MON. PM

Application G 17302 / Township 2 N /
Priority Date FEB 01 2010 / Range 1 W /
Use(s) PRIM IRRIG A. / Section 7 /
Rate 50 GPM / 1.11 CFS / POA Loc NE 1/4 /
County MULT / POU Loc N 1/2 SE 1/4 /
W.M. DIST # 20 / Caseworker MICHELE /

- 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- The proposed source is or is not (circle one) withdrawn from further appropriation, or Division 538. If it is return application and fees. → *double check*
- Property ownership indicated.
 - If applicant does not own all the land, the affected landowners 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. MA TES
- 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).

- Resource Protection Section (Page 6, Section 5). *NA*
- Project schedule (If system is already completed, indicate "existing"). *NOT complete NA*
- 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. *NA*
- 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 GOOD RD} 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. *→ check at county re: TL 902*
- A completed ^{LAND-USE GOOD RD} 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
- Place of use, 1/4, 1/4s and tax lot clearly identified
- Location of each diversion point well or dam by reference to a recognized public land survey corner *WELL*
- Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture
- Reference corner on map
- Each point of diversion coordinate
- Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)
- Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.)
- North Directional Symbol
- Other _____

Fees: Amount of water requested 50 GPM / 0.111 CFS

Base Fee \$ 1000 Additional Use @ _____

1st CFS/AF 250 Total Exam Fees \$ 1250

_____ Addtn'l CFS/AF @ _____ Total Paid \$ 1250

_____ Addtn'l POD @ _____ Amount Due \$ 1250 *REC FEE DUE*

Reviewed by: *ben* Date: 2/1/2010

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **99110** 725 Summer St. N.E. Ste. A INVOICE # _____
 SALEM, OR 97301-4172
 (503) 986-0900 / (503) 986-0904 (fax)

RECEIVED FROM: Kathleen R Sowa & David Thompson

BY: _____

APPLICATION	417302
PERMIT	
TRANSFER	

CASH: CHECK: # 3735 OTHER: (IDENTIFY)

TOTAL REC'D \$ 2500

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES		\$
OTHER: (IDENTIFY)		\$
0243 I/S Lease		
0244 Muni Water Mgmt. Plan		
0245 Cons. Water		

**RECEIVED
OVER THE COUNTER**

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	0202	RECORD FEE
0203 GROUND WATER	\$ 1250.00	0204	\$
0205 TRANSFER	\$		

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
LANDOWNER'S PERMIT	\$	0220	\$
OTHER (IDENTIFY)			

46111

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: **99110** DATED: 2-1-10 BY: LSG

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