

Standard Application Completeness Checklist

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

This is the checklist used by WRDstaff

Application 87577 County GRANT Priority Date FEB 3 2010

Township 13 S Range 33 E Section 7

Amount 10 GPM / CFS Use IRRIG / PRIM Watermaster Dist. # 4

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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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

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). NOT COMPLETED

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 GOV. 18} 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 GOV. 18} Land-Use Form and 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 690310-0050.

- 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. Multiple wells shall be uniquely labeled, and identified on well logs if existing.
- Reference corner on map
- North Directional Symbol
- Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture
- Other _____

Fees: Amount of water requested 10 GPM / 0.0223 CFS

Base Fee \$ 700

Additional Use @ _____

1st CFS/AF 250

Total Exam Fees \$ 950

Addn'l CFS/ AF @ _____

Total Paid \$ PAYING REC FEE #160

Addn' POD @ _____

Amount Due \$ _____

Amount Returned \$ _____

Reviewed by: ONE CHECK 2 APPLIC(S) JLM

Date: FEB 3, 2010 SUBMITTED \$1110

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **99128**

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

INVOICE # _____

RECEIVED FROM: Kelly D. Voigt
BY: Barbara Jean Voigt

| | |
|-------------|------------------|
| APPLICATION | <u>See Below</u> |
| PERMIT | |
| TRANSFER | |

CASH: CHECK:# 1149 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1650.00

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 | \$ |
| 0410 RESEARCH FEES | \$ |
| 0408 MISC REVENUE: (IDENTIFY) | \$ |
| TC162 DEPOSIT LIAB. (IDENTIFY) | \$ |
| 0240 EXTENSION OF TIME | \$ |
| WATER RIGHTS: | |
| 0201 SURFACE WATER | \$ |
| 0203 GROUND WATER | \$ |
| 0205 TRANSFER | \$ |
| WELL CONSTRUCTION | |
| 0218 WELL DRILL CONSTRUCTOR | \$ |
| LANDOWNER'S PERMIT | \$ |
| OTHER (IDENTIFY) | \$ |

Handwritten notes:
46111 R-87576 \$ 375 \$165 EXAM RF
S-87577 \$ 950 \$160 EXAM RF

| | |
|--------------------|------|
| EXAM FEE | |
| \$1325.00 | 0202 |
| \$ | 0204 |
| \$ | |
| RECORD FEE | |
| \$ 325.00 | |
| \$ | |
| LICENSE FEE | |
| \$ | 0219 |
| \$ | 0220 |

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 (FWWRD) | \$ |
| 0231 HYDRO LICENSE FEE (FWWRD) | \$ |
| HYDRO APPLICATION | \$ |

TREASURY OTHER / RDX

FUND _____ TITLE _____

OBJ. CODE _____ VENDOR # _____

DESCRIPTION _____ \$ _____

RECEIPT: **99128** DATED: 2-3-10 BY: 28

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