

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application 87388 Township SEE MAP
Priority Date 1-31-2009 Range " "
PRM 261.5 / SURF 6.5
Use(s) IRRIG A. / IRRIG A Section " "
Rate 152.60 AF STORED WATER POD Loc " "
County GILLIAM POU Loc " "
W.M. DIST # 21 Caseworker MICHERE M

☒ 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 filled 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☒ The proposed source is STORED WATER is not (circle one) withdrawn from further appropriation, or Division 538. If it is, return application and fees.

☒ Property ownership indicated. STATE 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, 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.~~

☒ 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).

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

A completed 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

☒ 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 1320
(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 CONSULTANT
Bill Porcely

☒ Reference corner on map

☒ Each point of diversion coordinate

Fees: Amount of water requested 152.6 AF

Base Fee \$ 250

~~Additional Use @~~

¹⁰ 1st CFS/AF 15 = 150

Total Exam Fees \$ 543

143 Addtn'l CFS/AF @ 1 = 143

Total Paid \$ 586

~~Addtn' POD @~~ =

Amount Due \$ Ret Fee \$257

CK #1 708

CK SPLIT TO COVER OTHER EXAM FEE

Reviewed by: HJM

Date: FEB. 5, 2009

EXAM 543

PACAL 43

RF 43

586

²⁹ 300

43

257

WATER RESOURCES DEPARTMENT

RECEIPT # 95495

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

INVOICE #

RECEIVED FROM: Robert James & Susan L. Claus

BY:

CASH:

CHECK: #

OTHER: (IDENTIFY)

☐☒

5511

☐

APPLICATION

See

PERMIT

below

TRANSFER

TOTAL REC'D

\$708.00

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

SR 87388

\$543.00

\$42.00

0407 COPY & TAPE FEES

\$

0410 RESEARCH FEES

R 87387

\$80.00

\$43.00

\$

0408 MISC REVENUE: (IDENTIFY)

\$

TC162 DEPOSIT LIAB. (IDENTIFY)

EXAM

R.F.

\$

0240 EXTENSION OF TIME

\$

WATER RIGHTS: PCA 46111

EXAM FEE

\$623.00

0202

RECORD FEE

\$85.00

0201 SURFACE WATER

\$

0203 GROUND WATER

\$

0204

\$

0205 TRANSFER

\$

WELL CONSTRUCTION

EXAM FEE

\$

0219

LICENSE FEE

\$

0218 WELL DRILL CONSTRUCTOR

0220

\$

LANDOWNER'S PERMIT

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: 95495

DATED: 1/20/01 BY: LAG

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