

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

TODD DAVIS

Application G-17386 County WASCO Priority Date 5/21/2010
Township 15 Range 13E Section 19, 20, 29 & 30
Amount 0.99 CFS Use IR of 79.9 ac Watermaster Dist. # 3

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).*
2 wells - WASCO 3414 - proposed

The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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

Property ownership indicated.
 If applicant does not own all the land, the affected landowner's name and mailing address must be listed.
included Wasco County Public Works & address ✓ reconditioning
 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.
log also provided 5/21/10

Groundwater development section (Page 3 and 4, Section B) or a well log report. *Well log for WASCO 3414*

Proposed use of water. If supplemental, list primary acreage. *IR RIG of 79.5 ac*
incomplete info for proposed well

Enclosed Supplemental Form for each proposed use.
 Form I (Irrigation) Form M (Municipal or Quasi-Municipal) *doesn't include # acres in GCSW Sec 20 ✓*
 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 *Mar 1 - Oct 31* *0.99 CFS*

Water management section (Please estimate if the water system has not been designed) **RECEIVED**

Resource Protection Section (Page 6 Section 5). **MAY 2 2010**

Project schedule (If system is already completed, indicate "existing"). **WATER RESOURCES DEPT SALEM, OR 97331**

MA 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 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 Form or 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 *Need # acres in SESW see 20 ✓*

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 *Need # acres in SESW see 20 ✓*

Other _____

Fees: Amount of water requested 0.99 cfs

Base Fee \$ 1000

Additional Use @ _____ = _____

1st CFS/AF 250

Total Exam Fees \$ 1500

Addn'l CFS/AF @ _____ = _____

Total Paid \$ 1500

1 Addn' POD @ 250 = 250

Amount Due \$ 0

Amount Returned \$ _____

Reviewed by: KKK

Date: 5-17-10

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MAY 21 2010
WATER RESOURCES DEPT
SALEM, OREGON

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Groundwater development section (Page 5) or a well log report.

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

Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture. Need acres for the SE 1/4, SW 1/4, Section 20

Fees: Amount of water requested 0.99 cfs

Base Fee \$ 1000

Additional Use @ _____ = _____

1st CFS/AF \$ 250

Total Exam Fees \$ 1500

____ Addtn'l CFS/ AF @ _____ = _____

Total Paid \$ 1500

1 Addtn' POD @ 250 = & 250

Amount Due \$ _____

____ Stored Water @ _____ = _____

Amount Returned \$ 1500

____ Stored Water @ _____ = _____

Reviewed by: Kerry Kavanagh

Date : May 18. 2010

Groups\wr\Customer Service Group\templates\standard app checklist

7-1-2009 jks

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MAY 21 2010

WATER RESOURCES DEPT
SALEM, OREGON

G-17306

STATE OF OREGON
WATER RESOURCES DEPARTMENT

RECEIPT # **100049**

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

INVOICE # _____

RECEIVED FROM: F & C ROYALS LLC APPLICATION 617386
 BY: _____ PERMIT _____
 CASH: CHECK: # 1004 OTHER: (IDENTIFY) TRANSFER _____
 TOTAL REC'D \$ 1,500.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES **RECEIVED** \$ _____
 OTHER: (IDENTIFY) **OVER THE COUNTER** \$ _____
 0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS 46111

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	\$ _____	0204	\$ _____
0205 TRANSFER	\$ <u>1500.00</u>		

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: **100049** DATED: 5-21-10 BY: AR

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