

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application S-87665 County Doug Priority Date Nov 9 2010
Township 25 S Range 4 W Section 9
Amount a.005 CFS Use HUMAN CONSUMPTION WM Dist # 15

Caseworker Assigned Jeana Eastman 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- The proposed source is or is not (circle one) OK BY WITHDRAWN OR withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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, a 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.
- ~~Well Development (Section 3) 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
- Project schedule (If system is already completed, indicate "existing").

Preliminary plans and specifications including ~~dam height, width, crest width and surface area for each reservoir for all standard reservoir applications~~

A map prepared by a CWRE for a standard reservoir application proposing to store more than 9.2 acre feet and having a dam height of more than 10 feet

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.*

^{LEGAL DESC. JKS} 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.

^{LAND-USE CROSS JKS} 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 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 (example: 1" = 100 ft, 1" = 200 ft, etc.)

Location of each diversion point, well or dam by reference to a recognized public land ^{CORRECTED JKS} 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 ASSIST @ WM DIST 15
HEADQUARTERS

Fees: Amount of water requested acres ft

Base Fee \$ 700

~~Additional Use @ _____ = _____~~

1st CFS/AF 250

Total Exam Fees \$ 950

~~Addn'l CFS/AF @ _____ = _____~~

Total Paid \$ 950

~~Addn' POD/POA @ _____ = _____~~

Amount Due \$ REC FEE DUE

~~Amount Returned \$ _____~~

Reviewed by: HTM

Date: NOV 9 2010

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **101604**

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

INVOICE # _____

RECEIVED FROM: <u>Phile E. Morey</u> BY: <u>Estate Executor</u> <u>Phillip S. J. Butcher</u> CASH: <input type="checkbox"/> CHECK # <u>1124</u> <input checked="" type="checkbox"/> OTHER: (IDENTIFY) _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">APPLICATION</td> <td><u>S-87665</u></td> </tr> <tr> <td>PERMIT</td> <td></td> </tr> <tr> <td>TRANSFER</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">TOTAL REC'D</td> <td><u>\$950.00</u></td> </tr> </table>	APPLICATION	<u>S-87665</u>	PERMIT		TRANSFER		TOTAL REC'D	<u>\$950.00</u>
APPLICATION	<u>S-87665</u>								
PERMIT									
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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 <u>46111</u>	\$
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) _____	

0536 TREASURY 0437 WELL CONST. START FEE

0211	WELL CONST START FEE	\$
0210	MONITORING WELLS	\$
_____	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: **101604** DATED: 11-9-10 BY: AR

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