

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application G-17448 ✓ County UMAT ✓ Priority Date JAN 12 2011 ✓

Township 3 N ✓ Range 29 E ✓ Section 6 ✓

Amount 0.16 CFS Use IRRIG 12.60 ACRES WM Dist # 5 ✓

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The proposed JUST ABOVE STAGE GULCH source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **102019**

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

INVOICE # _____

RECEIVED FROM: Art Kelley
BY: _____

APPLICATION	G17448
PERMIT	
TRANSFER	

CASH: CHECK:# 10361 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1300.00

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	46111	\$
0410	RESEARCH FEES		\$
0408	MISC REVENUE: (IDENTIFY)		\$
TC162	DEPOSIT LIAB. (IDENTIFY)		\$
0240	EXTENSION OF TIME		\$
WATER RIGHTS:		EXAM FEE	RECORD FEE
0201	SURFACE WATER	\$	0202 \$
0203	GROUND WATER	\$ <u>1250.00</u>	0204 \$ <u>50.00</u>
0205	TRANSFER	\$	
WELL CONSTRUCTION		EXAM FEE	LICENSE FEE
0218	WELL DRILL CONSTRUCTOR	\$	0219 \$
	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: **102019**

DATED: 1-12-11 BY: AK

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