

MONTE WOOD

ENLARGEMENT

ORIGINAL HEIGHT 7'

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff Application

ORIGINAL STORAGE
CERT 21964
7 A-F

STANDARD RES

Application R 87702 Township 5 S
 Priority Date FRI MAR 4, 2011 Range 3 W
 Use(s) STORAGE Section 19
 Rate 20 AF POD Loc HEIGHT 12.9 FT.
 County TAMH POU Loc _____
 W.M. DIST # 16 Caseworker J. EASTMAN

- 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).
run-off > Palmer Creek
- The proposed source is is not (circle one) withdrawn from further appropriation, or Division 538. If it is return application and fees.
Enlargement of existing reservoir
- Property ownership indicated.
 - If applicant does not own all the land, the affected landowners 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. *Multipurpose - all beneficial uses as classified in basin plan - including irrig.*

N/A

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)
20.0 AF
- Period of use
not stated
- Water management section (Please estimate if the water system has not been designed).
*area submerged by reservoir = 5.3 acres
dam ht = 12.9 feet*

MAX HEIGHT STRUCTURE
12.9 FEET
STORAGE 20 A-F

- Resource Protection Section (Page 6, Section 5).
- 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. *COMING NEXT WEEK TO BE DELIVERED BY BOATWRIGHT ENGINEER.*
- If the above is 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. *COMPLETE WITH STAMP* 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.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Township, Range, Section | <input checked="" type="checkbox"/> Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU) |
| <input checked="" type="checkbox"/> Place of use, 1/4, 1/4s and tax lot clearly identified | <input checked="" type="checkbox"/> Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) |
| <input checked="" type="checkbox"/> Location of each diversion point well or dam by reference to a recognized public land survey corner | <input checked="" type="checkbox"/> North Directional Symbol |
| <input checked="" type="checkbox"/> Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture | <input checked="" type="checkbox"/> Other _____ |

- Reference corner on map
- Each point of diversion coordinate

Fees: Amount of water requested 20 Ac/FT.

Base Fee \$ 700

20 1st CFS/AF @ 25 = 520

_____ Addn'l CFS/AF @ _____ = _____

_____ Addn'l POD @ _____ = _____

Additional Use @ N/A

Total Exam Fees \$ 1200

Total Paid \$ 1200

Amount Due \$ REC FEE 400

Reviewed by: HTM
J SAUER
K-K.

Date: FRI MAR 4 2011

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

RECEIPT # **102386**

INVOICE # _____

RECEIVED FROM: Monte Terrell

APPLICATION R-94702

BY: _____

PERMIT _____

TRANSFER _____

CASH: CHECK # _____ OTHER: (IDENTIFY) _____

3814

TOTAL REC'D \$ 1200⁰⁰

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES \$ _____
OTHER: (IDENTIFY) \$ _____

**RECEIVED
OVER THE COUNTER**

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:

0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203 GROUND WATER	\$ <u>1200⁰⁰</u>	0204	\$ _____
0205 TRANSFER	\$ _____		

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

TREASURY OTHER / RDX

FUND _____ TITLE _____
OBJ. CODE _____ VENDOR # _____
DESCRIPTION _____ \$ _____

RECEIPT: **102386**

DATED: 3-4-11 BY: DR

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