

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

FERN RIDGE
RESERVOIR

E
II

EXEMPTED
SECONDARY

REPAIR OF A
RETURN

Application S-87710 County LANE Priority Date 4/4/2011

Township 17 S Range 5 W Section 18

Amount 10 A-F Use PRIM IRRIG / 4 ACRES WM Dist # 2

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- The proposed source is or is not (circle one) STORLED WATER withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued. COUNTER APP
- Property ownership indicated. STATES NO!
 - 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 COAS JK
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 COAS JK
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 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 JKM
- Other _____

NOT RETURNED, RETURNED
& RE-SCALED TO APPLICANT
THEN INITIALED.

Fees: Amount of water requested 10 ACRES-FEET CK#1 5210

Base Fee \$ 400
~~10 x 25~~
~~1st CFS/AF~~ 250

Additional Use @ _____
Total Exam Fees \$ 650
Total Paid \$ _____
Amount Due \$ _____
Amount Returned \$ _____

FEES REMAINING
\$150
TOWARDS EXAM

Addn'l CFS/PAF @ _____
Addn'l POD/POA @ _____

RECORDING FEE
REQUIRED
#400

Reviewed by: JKM Date: 4-4-2011

CONSULTED BY PH APRIL 5, 2011 - SENDING CORRECT #550

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **102577**

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

INVOICE # _____

RECEIVED FROM: Beverly Marshall	APPLICATION 5-87710
BY: _____	PERMIT _____
	TRANSFER _____
CASH: <input type="checkbox"/> CHECK:# 6903 OTHER: (IDENTIFY) <input type="checkbox"/>	TOTAL REC'D \$500⁰⁰

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:	
0201 SURFACE WATER	EXAM FEE \$ 500⁰⁰
0203 GROUND WATER	\$ _____
0205 TRANSFER	\$ _____
	RECORD FEE
	0202 \$ _____
	0204 \$ _____
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____
LANDOWNER'S PERMIT	0219 \$ _____
	0220 \$ _____
OTHER (IDENTIFY) _____	

0536 TREASURY	0437 WELL CONST. START FEE
0211 WELL CONST START FEE	\$ _____
0210 MONITORING WELLS	\$ _____
OTHER (IDENTIFY) _____	CARD # _____
	CARD # _____

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: **102577** DATED: **4-4-11** BY: **2R**

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **102682**

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

INVOICE # _____

RECEIVED FROM: Beverly Marshall
BY: _____

APPLICATION	587710
PERMIT	
TRANSFER	

CASH: CHECK:# 6905 OTHER: (IDENTIFY)

TOTAL REC'D \$ 550.00

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	<u>4611</u>	\$		
0410	RESEARCH FEES		\$		
0408	MISC REVENUE: (IDENTIFY)		\$		
TC162	DEPOSIT LIAB. (IDENTIFY)		\$		
0240	EXTENSION OF TIME		\$		
WATER RIGHTS:					
0201	SURFACE WATER	\$ <u>150.00</u>	0202	RECORD FEE	\$ <u>400.00</u>
0203	GROUND WATER	\$	0204		\$
0205	TRANSFER	\$			
WELL CONSTRUCTION					
0218	WELL DRILL CONSTRUCTOR	\$	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: **102682** DATED: 7-18-11 BY: OP

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal