

Minimum Requirements Checklist

Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.140)

Include this checklist with the application

Check that each of the following items is included. The application will be returned if all required items are not included. If you have questions, please call the Water Rights Customer Service Group at (503) 986-0900.

- ☒ SECTION 1: applicant information and signature
- ☒ SECTION 2: property ownership
- ☒ SECTION 3: source of water requested
- ☒ SECTION 4: water use *MAINTENANCE, TO STONE WALL RESTORE REG. APPLICANT*
- ☒ SECTION 5: water management *LOOK LIKE SOME SCENES*
- check* ☒ SECTION 6: resource protection
- ☒ SECTION 7: project schedule
- ☒ SECTION 8: remarks

RECEIVED

MAY 19 2011

WATER RESOURCES DEPT
SALEM, OREGON

Attachments:

- ☒ *Good* Land Use Information Form with approval and signature (*must be an original*) or signed receipt
- ☒ *Good* Provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map.
- ☒ Fees - Amount enclosed: \$ 1,425.00
See the Department's Fee Schedule at www.oregon.gov/owrd or call (503) 986-0900.

700 GALT
250 1st. c.f.
400 Permit.
1350

Provide a map and check that each of the following items is included:

- ☒ Permanent quality and drawn in ink
- ☒ Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
- ☒ North Directional Symbol
- ☒ Township, Range, Section, Quarter/Quarter, Tax Lots
- ☒ Reference corner on map
- ☒ Location of each well, and/or dam if applicable, by reference to a recognized public land survey corner (distances north/south and east/west)
- ☒ Indicate the area of use by Quarter/Quarter and tax lot clearly identified
- ☐ Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery
- ☐ Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use)
- ☐ Other:

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # **102927**725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

RECEIVED FROM:

Perry O. Parmelee
Loise E. Parmelee

BY:

APPLICATION

3-87725

PERMIT

TRANSFER

CASH:

CHECK #

OTHER: (IDENTIFY)

☒ 1001

TOTAL REC'D

\$ 1425.00**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**46 111

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\$ 950.00

0202

RECORD FEE\$ 475.00

0203 GROUND WATER

\$

0204

\$

0205 TRANSFER

\$

WELL CONSTRUCTION**EXAM FEE**

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: **102927**DATED: 5-19-11BY: [Signature]

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