## STATE OF OREGON

WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A 103448 INVOICE # \_ **SALEM, OR 97301-4172** (503) 986-0900 / (503) 986-0904 (fax) **APPLICATION** Lowell RECEIVED FROM: **PERMIT** BY: **TRANSFER** CASH: OTHER: (IDENTIFY) CHECK:# 32566 TOTAL REC'D **TREASURY** 4170 WRD MISC CASH ACCT \$ 0407 COPIES \$ OTHER: (IDENTIFY) 0245 Cons. Water 0243 I/S Lease \_ 0244 Muni Water Mgmt. Plan\_\_\_\_ **4270 WRD OPERATING ACCT MISCELLANEOUS** 0407 **COPY & TAPE FEES** \$ 0410 RESEARCH FEES \$ 0408 MISC REVENUE: (IDENTIFY) \$ TC162 DEPOSIT LIAB. (IDENTIFY) 0240 **EXTENSION OF TIME RECORD FEE** WATER RIGHTS: **EXAM FEE** 0202 SURFACE WATER 0201 \$ 0203 **GROUND WATER** 0204 **TRANSFER** 0205 LICENSE FEE **EXAM FEE WELL CONSTRUCTION** \$ 0219 WELL DRILL CONSTRUCTOR 0218 0220 \$ LANDOWNER'S PERMIT OTHER (IDENTIFY) TREASURY 0437 WELL CONST. START FEE 0536 WELL CONST START FEE 0211 \$ CARD# MONITORING WELLS \$ CARD# 0210 **OTHER** (IDENTIFY) 0467 HYDRO ACTIVITY LIC NUMBER 0607 **TREASURY** \$ POWER LICENSE FEE (FW/WRD) 0233 \$ 0231 HYDRO LICENSE FEE (FW/WRD)

	HYDRO APPLICATI	ON			Þ	
	TREASURY		OTHER / RDX			
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FUND		TITLE				
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VENDOR #

RECEIPT:

OBJ. CODE

DESCRIPTION

103448

DATED: 7-20-11

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

Standard Application Completeness Checking
Minimum Requirements (OAR 690-310-0040)(ORS 537.400)  This is the checklist used by WRD staff
ENFORCEMENT ACTION NO CHECK
Application G 17478 County C LACK Priority Date Jucy 1, 2011
10Wnship 23 Range 2 4 5 E Section 15 PRIV — 40 A.
Township 2 S Range 2 4 3 E Section 13 18  PR.M — 40 A.  Amount Use 54NL — 44 A. WM Dist # 20
Caseworker Assigned O Jeana Eastman O 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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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. 574785
O If applicant does not own all the land, the affected landowner's name and mailing address must be listed.  O 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.
O Well Development (Section 3) or a well log report. Tes J Det Arcs Out of
Proposed use of water. If supplemental, list primary acreage.
Enclosed Supplemental Form for each proposed use.  O Form I (Irrigation)  O Form M (Municipal or Quasi-Municipal)
O Form R (Mining) O Form Q (Commercial or Industrial)
O Spring Description Sheet
O 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").

$\circ$	Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir
	for all standard reservoir applications
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$\circ$	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
4	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.
A.	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. #2 MAILING
1	TENE OFF RECEIPT COLLINE Signed and dated by the appropriate planning department officials.  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.
, 	TEAR-OFF SUBMITTED.
W.	The map must meet all the minimum requirements of OAR 690-310-0050.
	Township, Range, Section  Township Place 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 comer on map
· · · · · ·	North Directional Symbol  Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture Both frum & Suntant  O Other
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	REVIEWED BY SH JULY 5 2011 LE PATION; NEED CHECK
	ees: Amount of water requested
De 1	125%
	Base Fee \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	1st CFS/AF 257 Total Exam Fees \$ 1250
· .	Addtn'l CFS/AF@ Total Paid \$ 1250
	Addin' POD/POA @ Amount Due \$
	Amount Returned \$
	Reviewed by: #711 Date: July 41, 2011
Grou	os\wr\Customer Service Group\templates\standard app checklist 11-9-2010 jks