Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff
Application <u>S-87752</u> County Douglas Priority Date Aug. 10,2011
Township <u>265</u> Range <u>5</u> Section <u>2</u>
Amount 0,0 CFS Use Dom EXP WM Dist # 15
Applicant Name Robert & Deborah Walker
Receipt No. 103795
Caseworker Assigned O Jeana Eastman O Kerry Kavanagh O Michele McAleer
Applicant/Organization Name, Mailing Address, and Telephone Number.
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.
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, Expedited Secondary(E2).
M/O If for stored water not under contract, is the source valid / Permit or Certificate issued Y/N List Permit or Certificate number
The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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.
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.
$\mathbb{N}/\mathbb{N}$ Well Development (pg. 4 & 5) or a well log report.
<ul> <li>Supplemental data sheets enclosed if needed ?</li> <li>O Form M (Municipal or Quasi-Municipal)</li> <li>O Spring Description Sheet</li> </ul>
Amount of water from <i>each</i> source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF) O Period of use

Resource Protection Section

Project schedule (If system is already completed, indicate "existing").

9	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	2 acre feet and
	having a dam height of more than 10 feet	

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. <u>The Department will not accept a copy of the tax bill.</u>

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.

X Township, Range, Section

D Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)

 $\bullet$  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

**0 %** NGS - 100 Other

$\varnothing$ Fees: Amount of water requested0, $\Im$ [	CFS .
Base Fee \$7⊖⊃ 1st CFS/AF25♡	Total Exam Fees \$ 950 Permit Recording Fees \$ 400
Addtnl CFS/ AF @= Addtnl POD/POA @= Addtnl Use @=	Total Paid \$   1350     Amount Due \$   9     Amount Returned \$   9
Reviewed by: KK	Date : 8-34-11

Groups/wr/Customer Service Group/templates/standard app checklist

12-22-2010 jks

CEIPT #	103795	TER RESOUR 725 Summer SALEM, Of (503) 986-0900 / (	F OREGON CES DEPARTN St. N.E. Ste. A R 97301-4172 (503) 986-0904 (fax)	IENT INVOICE #	
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	W/t1	LKER		PERMIT TRANSFER	
SH: C	HECK:#	OTHER: (IDENTIFY)	_	INANSFER	
]	R-320B			TOTAL REC'D	\$1350
1083	TREASURY	4170 WRD	MISC CASH AC	CT	
0407	COPIES				\$
	_ OTHER: (	IDENTIFY)			\$
0243 I/S L	ease 0244	4 Muni Water Mgmt. I	Plan 0245	Cons. Water	
		4270 WRD	OPERATING A	ССТ	
	MISCELLANEOUS	» PLA	46111		
0407	COPY & TAPE FE		-		\$
0410	RESEARCH FEES	5			\$
0408	MISC REVENUE:	(IDENTIFY)			·
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0203	GROUND WATER		\$	0204	\$
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0218	WELL DRILL CON		\$	0219	\$
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