Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

This is the checklist used by WRD staff

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Application S-87831 County Dauglas Priority Date 8-16-12
Township 265 Range 4W Section 6
Amount Oct cfs Use Domestic Expanded WM Dist # 15
Applicant Name Nancy Kidder- West
Receipt No 0 6538
Caseworker Assigned ☐ Jeana Eastman ☐ Kerry Kavanagh
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).
NATION Stored water not under contract, is the source valid / Permit or Certificate issued Y / N List Permit or Certificate number
The proposed source of is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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.
Nh 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.
N/A Well Development (pg. 4 & 5) or a well log report. Source is SW> N. Urupqua R
Proposed use of water. If supplemental, list primary acreage. (Irrigation and Supp.l Irrigation together, is 2 uses) Supplemental data sheets enclosed if needed? Form M (Municipal or Quasi-Municipal) 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 Vew Round.
Year Round.

Water management section (Please estimate if	the water system has not bee	en designed).
Resource Protection Section (N/A for Groundw	vater)	
Project schedule (If system is already complete	ed, indicate "existing").	
Preliminary plans and specifications including for all standard reservoir applications	dam height, width, crest wid	Ith and surface area for each reservoir
A map prepared by a CWRE for a standard res having a dam height of more than 10 feet	ervoir application proposing	to store more than 9.2 acre feet and
You must include a Legal description of all the part The Legal description includes a metes and bounded, land sales contract or title insurance policing report prepared by a title company. The Depart	unds, or other government so cy can provide this informat	urvey description. A copy of the on, or you may submit a lot book
A completed Land-Use Form or receipt signed a be certain that the Land-Use form lists all land within the past 12 months. Signature must be a	ds involved and all uses prop	oosed. Date of signature must be
The map must meet all the minimum requirement	nts of OAR 690-310-0050.	
Township, Range, Section Location of main canals, ditches, pipelines Place of use, 1/4, 1/4=s and tax lot clearly Even map scale not less than 4" = 1 mile (explain the continuous content) Location of each diversion point, well or discrevely corner. Multiple wells shall be uniquely existing. Reference corner on map North Directional Symbol Number of acres per 1/4, 1/4, if for irrigation of the	identified example: 1" = 100 ft, 1" = 20 am by reference to a recogn ly labeled, and identified on	00 ft, etc.) ized public land
Fees: Amount of water requested 0.01	cfs - N. Um	ipqua R. Estic Expanded.
Base Fee \$ 700.00	Total Exam Fees \$ 95	0.00 400.00 > Total: \$1350.
1st CFS/AF \$ 250.00	Permit Recording Fees \$	400.00
Addtnl CFS/ AF @ =	Mitigation Fee \$ Total Paid \$ /350. Amount Due \$ Amount Returned \$	
Reviewed by: arankle	Date: 8-16-12)
Groups\wr\Customer Service Group\templates\stan	dard app checklist	7/30/2012 jks

STATE OF OREGON

WATER RESOURCES DEPARTMENT

EÇEIPT#	L06538	SALEM,	er St. N.E. Ste. A OR 97301-4172 / (503) 986-0904 (INVOICE	#
ECEIVED FRO	M: Kada	er Fan	10-57	HEIGHT	· S-8783
ASH: C	5034	OTHER: (IDENTIF	<u> </u>	TOTAL REC'S	1\$ 3500
1083	TREASURY	4170 WRI	A RESPONSE	ACCT	
0407	COPIES _ OTHER:	(IDENTIFY)			\$
0243 I/S L	ease 024	4 Muni Water Mgmt	t. Plan	0245 Cons. Water _	
		4270 WRG	• CHETAUN	BACCT	
	MISCELLANEOU	_			
0407	COPY & TAPE FE	ES 4	6111		\$
. 0410	RESEARCH FEE				\$
0408	MISC REVENUE	,			\$
TC162	DEPOSIT LIAB.				¢
0240	EXTENSION OF	TIME			Ψ
	WATER RIGHTS		EXAM FI	12	RECOMO FRE
0201	SURFACE WATE	R	\$ 9.50	0202	\$ TO
0203	GROUND WATER	3	\$	0204	\$
0205	TRANSFER		\$	MANAGERECE	
	WELL CONSTRU	ICTION	EXAM A	BOOK STATE	LICENSE PRE
0218	WELL DRILL CO	NSTRUCTOR	\$	0219	\$
	LANDOWNER'S	PERMIT		0220	Φ
	OTHER	(IDENTIFY)	<u> </u>		
0536	THEASURY :	0457 WEL		ATTEL	
0211	WELL CONST ST	ART FEE	\$	A Company	
0210	MONITORING W	ELLS	\$	The state of the s	
	OTHER	(IDENTIFY)			·
0607	TREASURY	6467 HYE	a e Meioni	Y LIC NUMBER	
0233	POWER LICENS	E FEE (FW/WRD)			\$
0231	HYDRO LICENS	E FEE (FW/WRD)			\
	_ HYDRO APPLICA	ATION	. •		\$
-	TREASURY	ON	EN/EDX		
FUND		TITLE			
OBJ. COD	DE	VENDOR #		_	
DESCRIP					\$
	D6538 tribution – White Cop		5-16-12	Eur I	Sant Floor