

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application G-17594 County BAKER Priority Date 11-2-12
Township 7S Range 38E Section 24 & 25 & 36
Amount 6.7 cfs Use Supp Irrig of 400.0 acres WM Dist # 8
Applicant Name DELBERT STEPHENS
Receipt No. 107241

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.* Filed 11-5-12
3 wells - proposed
- 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).**

MA 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- The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under QRS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued. unknown
- Property ownership indicated.

- 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 (pg. 4 & 5) or a well log report.
- Proposed use of water. If supplemental, list primary acreage. Supp Irrig of 400.0 ac (*Irrigation and Supp. 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) 6.7 cfs
- Period of use Mar 1 - Oct 31

- Water management section (Please estimate if the water system has not been designed).
- ~~MA~~ Resource Protection Section (*N/A for Groundwater*)
- Project schedule (If system is already completed, indicate "existing").
- ~~MA~~ Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications
- ~~MA~~ 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
- 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.
- 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
 - Other _____

Fees: Amount of water requested 6.7 cfs 3 wells, 1 use

Base Fee \$ <u>1000</u>	Total Exam Fees \$ <u>3250</u>
1st CFS/AF \$ <u>250</u>	Permit Recording Fees \$ <u>400 NEEDED</u>
<u>6</u> Addtl CFS/ AF @ <u>\$250</u> = <u>1500</u>	Mitigation Fee \$
<u>2</u> Addtl POD/POA @ <u>\$250</u> = <u>500</u>	Total Paid \$ <u>3250</u>
Addtl Use @ _____ = _____	Amount Due \$ <u>0</u>
	Amount Returned \$

Reviewed by: K Karunad Date: 11-2-12

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **107241**

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

INVOICE # _____

RECEIVED FROM: <u>S 8 Inc.</u>	APPLICATION <u>G-17594</u>
BY: <u>Delbert or Janelle Stephens</u>	PERMIT _____
CASH: <input type="checkbox"/>	TRANSFER _____
CHECK:# <u>16630</u>	TOTAL REC'D \$ <u>3250.00</u>
OTHER: (IDENTIFY) _____	

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 <u>46111</u>	
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 \$ _____
0203 GROUND WATER	\$ <u>3250.00</u>
0205 TRANSFER	\$ _____
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____
LANDOWNER'S PERMIT	\$ _____
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 (FWWRD)		\$ _____
0231 HYDRO LICENSE FEE (FWWRD)		\$ _____
HYDRO APPLICATION		\$ _____

TREASURY	OTHER / RDX
FUND _____	TITLE _____
OBJ. CODE _____	VENDOR # _____
DESCRIPTION _____	\$ _____

RECEIPT: **107241** DATED: 11-2-12 BY: R Bell

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