

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application 6-17602 County Marion Priority Date 12/4/2012

Township 5 S Range 2 W Section 22 & 27

Amount 1122 (2.5 cfs) gpm Use Nursery WM Dist # 16

Applicant Name Cameron Buck

Receipt No. 107493

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).*

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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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

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. (*Irrigation and Suppl. 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

6-17602

Water management section (Please estimate if the water system has not been designed).

Resource Protection Section (N/A for Groundwater)

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

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 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.) *1" = 400*

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 2.5 cfs

Base Fee \$ 1000

1st CFS/AF \$ 250.00

Addtl CFS/ AF @ 2 = 500

Addtl POD/POA @ 0 = _____

Addtl Use @ 0 = _____

Total Exam Fees \$ 1750

Permit Recording Fees \$ 400

Mitigation Fee \$ _____

Total Paid \$ 1750

Amount Due \$ _____

Amount Returned \$ _____

RECORDING DUE

Reviewed by: [Signature]

Date: 12/4/2012

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **107493**

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

INVOICE # _____

RECEIVED FROM: Blue Sky Farm, Inc
BY: Cascade Trees

APPLICATION	<u>G-17602</u>
PERMIT	
TRANSFER	

CASH: CHECK:# 28688 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1750.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES \$ _____
OTHER: (IDENTIFY) \$ _____
0243 I/S Lease _____ 0244 Muni Water Plant _____

**RECEIVED
OVER THE COUNTER**

4270 WRD OPERATING ACCT

MISCELLANEOUS 4611

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	\$ _____	0202	RECORD FEE	\$ _____
0203 GROUND WATER	\$ <u>1750.00</u>	0204	\$ _____		
0205 TRANSFER	\$ _____				

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE	\$ _____	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 0457 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: **107493** DATED: 12-4-12 BY: L Bell

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