Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff

Application Sas County Jack Priority Date 12/8/2012
Township 365 Range 1 Section 22
Amount 0. Use WM Dist # 13
Applicant Name Rosset Russell
Receipt No
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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.
A 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.
Ø Well Development (pg. 4 & 5) or a well log report.
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)
Z Period of use

X	Water management section (Please estimate if the water system has not been designed).						
N	Resource Protection Section (N/A for Groundwater)						
Ø	Project schedule (If system is already completed, indicate "existing").						
r/Jr	Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications						
r/tr	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						
Ø,	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.						
Æ A	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.						
Ø	The map must meet all the minimum requireme	ents 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 irrigati	ion, nursery, or agriculture	0.1 cts				
Ø F	ees: Amount of water requested 6-1 cts						
	Base Fee \$ 1000	Total Exam Fees \$ 12-50 Permit Recording Fees \$ 400					
	1st CFS/AF \$ 350	Permit Recording Fees \$ 4	9 400				
	Addtnl CFS/ AF @ = Addtnl POD/POA @ = Addtnl Use @ =	Mitigation Fee \$ Total Paid \$ 1050 Amount Due \$ & Amount Returned \$					
	Reviewed by:	Date: 12/5/12					

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 107513 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax)

INVOICE # ______

RECEIVED FRO	DM: Bulls	APPLICATION	6-17603		
BY:		/~			
CASH: (CHECK.#	OTHER: (IDENTIE	IED. (IDENTIES)	TRANSFER	\$ 1650.00
	S629	OTHER: (IDENTIF		TOTAL REC'D	
1083	TREASURY	4170 WR	MISC CASH A	CCT	
0407	COPIES				\$
	_ OTHER: (IDENTIFY)			\$
0243 I/S L	ease 0244	4 Muni Water Mgm	t. Plan 024	15 Cons. Water	
			OPERATING A		
	MISCELLANEOUS				
0407	COPY & TAPE FE	ES Y	6111		\$
0410	RESEARCH FEES	5			\$
0408	MISC REVENUE:	(IDENTIFY)			\$
TC162	DEPOSIT LIAB. (I	DENTIFY)			\$
0240	EXTENSION OF T	IME			\$
	WATER RIGHTS:		EXAM FEE		RECORD FEE
0201	SURFACE WATER	3	\$	0202	\$
0203	GROUND WATER		\$ 1250.0	0204	\$ 400.00
0205	TRANSFER		\$		
	WELL CONSTRU	CTION	EXAM FEE		LICENSE FEE
0218	WELL DRILL CON	STRUCTOR	\$	0219	\$
	LANDOWNER'S P	ERMIT		0220	\$
	OTHER	(IDENTIFY)			
0536	TREASIDY	0437 WEI	L CONST. STA	RT FFF	
0211	WELL CONST STA				
0210	MONITORING WE		\$	CARD #	
0210			*	OALID W	
	OTHER				
0607			RO ACTIVITY	LIC NUMBER	<u> </u>
0233	POWER LICENSE	,	-		\$
0231	HYDRO LICENSE	FEE (FW/WRD)	L		
	_ HYDRO APPLICA	TION			\$
	TREASURY	ОТН	ER / RDX		
FUND					
OBJ. COD	DE	_ VENDOR #			
DESCRIP	TION				\$

RECEIPT: 10/513 DATED: 12-5-12 BY: X 15010

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