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

Application <u>G-6 1824</u> County <u>Douglas</u> Priority Date <u>2-27-13</u>
Township 365 Range 5W Section 30
Amount 0.0 Use Dow Exp WM Dist # 15
Applicant Name Jeffery or Ann Lorence
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The proposed source is or is not circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.
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 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 $V_{\mathcal{L}}$

Water management section (Please estima	ate if the water system has not been designed).
Resource Protection Section (N/A for Gro	oundwater)
Project schedule (If system is already com	apleted, indicate "existing").
Preliminary plans and specifications inclusion for all standard reservoir applications	ading dam height, width, crest width and surface area for each reservoir
A map prepared by a CWRE for a standar having a dam height of more than 10 feet	rd reservoir application proposing to store more than 9.2 acre feet and
The Legal description includes a metes an deed, land sales contract or title insurance	I the properties involved where water is diverted, crossed, and used. In the diverted of the sounds, or other government survey description. A copy of the expolicy can provide this information, or you may submit a lot book department will not accept a copy of the tax bill.
be certain that the Land-Use form lists all	ned and dated by the appropriate planning department officials. Please l lands involved and all uses proposed. Date of signature must be t be an original "wet" signature. Copies cannot be accepted.
The map must meet all the minimum require	rements of OAR 690-310-0050.
Place of use, 1/4, 1/4=s and tax lot cle Even map scale not less than 4" = 1 m Location of each diversion point, well	nile (example: 1" = 100 ft, 1" = 200 ft, etc.) I or dam by reference to a recognized public land aiquely labeled, and identified on well logs if
Fees: Amount of water requested	.01CF3
Base Fee \$ 700 1st CFS/AF \$ 250 Addtnl CFS/ AF @ = Addtnl POD/POA @ = Addtnl Use @ =	Total Exam Fees \$ 950 Permit Recording Fees \$ 400 Mitigation Fee \$ Total Paid \$ 1350 Amount Due \$ Amount Returned \$ 8
Raviamed how XTV	Data: 2-28-13

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 108201 725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172 INV
(503) 986-0900 / (503) 986-0904 (fax)

INVOICE # ___

	A .		(503) 966-0904 (18X)		In 0
CEIVED FRO	OM: Any Lux		IKE		5-87874
	Teltery	Levere		PERMIT	
SH: C	CHECK:#	OTHER: (IDENTIFY)	TRANSFER	L
	X 1159		<u> </u>	TOTAL REC'D	\$1,350.0
1083	TREASURY	4170 WRD	MISC CASH A	CCT	
0407	COPIES				\$
	_ OTHER:	(IDENTIFY)			\$
0243 I/S L	_ease 024	4 Muni Water Mgmt.	Plan 024	5 Cons. Water	
		4270 WRD	OPERATING A	CCT	
	MISCELLANEOU	S			
0407	COPY & TAPE FE	ES			\$
0410	RESEARCH FEES	3			\$
0408	MISC REVENUE:	(IDENTIFY)			\$
TC162	DEPOSIT LIAB. (IDENTIFY)			\$
0240	EXTENSION OF 1	IME			\$
	WATER RIGHTS:		EXAM FEE	7	RECORD FE
0201	SURFACE WATER	PCA 46111	\$ 970.00	0202	\$ 400.0
0203	GROUND WATER	יניי שעייי	\$	0204	\$
0205	TRANSFER		\$		
	WELL CONSTRU	CTION	EXAM FEE	-	LICENSE FE
0218	WELL DRILL CON	ISTRUCTOR	\$	0219	\$
	LANDOWNER'S F	PERMIT		0220	\$
	OTHER	(IDENTIFY)			
0536	TREASURY	0437 WEL	L CONST. STAF	RT FEE	
0211	WELL CONST ST	ART FEE	\$	CARD #	
0210	MONITORING WE	ELLS	\$	CARD #	
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0233	POWER LICENSE		-		\$
0231	HYDRO LICENSE	FEE (FW/WRD)	L		
	HYDRO APPLICA	TION			\$
	TREASURY	OTH	R / RDX		
		TITLE			
FUND _					
		VENDOR #			
	DE	VENDOR#			\$

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