

Water Resources Department

North Mall Office Building 725 Summer Street NE, Suite A Salem, OR 97301-1271 503-986-0900 FAX 503-986-0904

November 29, 2006

Mark D. Lemmon P.O. Box 816 Heppner, Oregon 97836

## Dear Mark D. Lemmon:

The Water Resources Department has received your application to use water. At this time however, we are unable to accept your application, because the minimum filing requirements are not met according to the Oregon Administrative Rules (OAR 690-310-0040 and 0050).

We are hereby returning the incomplete application and the fees submitted. Please return the application, the required information, and this checklist, so the Department may begin processing your application in a timely manner.

Should you have any questions, please do not hesitate to contact Herb Mosgar at the address above or by telephone at 503-986-0804.

Sincerely.

Jerry Sauter

Water Rights Program Analyst

Cc: Gina Beaman - OWRD Fiscal

## Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040) (ORS 537,400)

	Application	Township	
į	Priority Date	Range	
·   τ	Jse(s)	Section	
R	Late	POD Loc.	
·   c	County	POU Loc.	
0	ink.  Source of water. If stored water, is the sto	ored water component filed out, including a non-	
0	expired agreement for stored water n  Property ownership indicated.	nust be included. (ORS 537.400)	
·	O If applicant does not own all the 1 mailing address must be listed.	and, the affected landowner's name and	
		and, a statement declaring the existence of either nent permitting access to land crossed by the rk must be submitted.	
aK0	Groundwater development section (Page 2 report.	2, Section 3 and/or Page 3, Section 2) or a well log	
0	Proposed use of water. If supplemental, li	st primary water right acreage if applicable.	
ok 0	Enclosed Supplemental Form for each proposed use.		
	O Form I (Irrigation)	Form M (Municipal or Quasi-Municipal)	
	O Form R (Mining)	Form Q (Commercial or Industrial)	
	O Spring Description Sheet		
0K0	Amount of water from each source in gall or acre feet (AF)	ons per minute (GPM), cubic feet per second (CFS),	
0	Period of use		

:	O Water management section (Please estimate if the water system has not been designed).	
•	O Resource Protection Section (Page 6, Section 5).	
	O Project schedule (If system is already completed, indicate "existing").	
•	O For reservoir applications storing more than 9.2 acre feet, and a dam height of more than 10 feet, preliminary plans and specifications for dam and impoundment are required.	
	O If the above is statement is checked, the map must be prepared by a CWRE.	
	O All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink.	
	You must include a Legal description of the property involved that 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.	• • •
MISSING	A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. Date of signature must be within the past 6 months.	EAR-0
FAILE	The map must meet all the minimum requirements of OAR 690-310-0050.	
	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 O North Directional Symbol well or dam by reference to a recognized public land survey corner	
•	Number of acres per 1/4, 1/4, if O Other O NOT USE irrigation, nursery, or agriculture	
	Reference corner on map  Each point of diversion coordinate	
	O Fees: Amount of water requested <u>Go g</u> p -	,
	Base Fee \$ Total Exam Fee \$	
	1st CFS/AF Total Paid \$ 750	
	Addtn'l@= Amount Due \$ RETURNED	
	Reviewed by Hens MosGAR Date	
	503-986-0804	

## **Application Checklist**

0	You must include a Legal description of the property involved that 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.		
0	A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. Or the signed stub from the second page. Date of signature must be within the past 6 months.		
0	The map must meet all the minimum requirements of OAR 690-310-0050.		
	O Township, Range, Section	O Location of main canals, ditches, pipelines or flumes	
	O Place of use, 1/4, 1/4's and tax lot clearly identified	O Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.)	
	O Location of each diversion point well or dam by reference to a recognized public land survey corner	O North Directional Symbol	
	O Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture	O Other	
	O Reference corner on map		
	O Each point of diversion coordinate		