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

Application 5-87880 County Douglas Priority Date 3/14/1.3
Township 30 S Range 40 Section 9
Amount 0.005 cfs Use DomESTIC Human WM Dist # 15
Applicant Name Charles D Pritchard
Receipt No. 108335
Caseworker Assigned
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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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 year -round

Minimum Requirements Checklist
Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.140)

Include this checklist with the application

Check that each of the following items is included. The application will be returned if all required items are not included. If you have questions, please call the Water Rights Customer Service Group at (503) 986-0900.

	SECTION 1: applicant information and signature				
	SECTION 2: property ownership SECTION 3: source of water requested				
\square					
Z/	SECTION 4: water use	RECEIVED BY OWRD			
	SECTION 5: water management				
	SECTION 6: resource protection	MAR 1 9 2013			
	SECTION 7: project schedule				
	SECTION 8: within a district	SALEM, OR			
\mathbb{Z}	SECTION 9: remarks				
Attachments:					
乜 ,	Land Use Information Form with approval and signature (must be a	n original) or signed receipt			
	Provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map.				
	Fees - Amount enclosed: \$ \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) See the Department's Fee Schedule at \(\frac{\text{www.oregon.gov/owrd}}{\text{owrd}} \) or call (503) 986-0900.				
Provide a map and check that each of the following items is included:					
	Permanent quality and drawn in ink				
	Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)				
	North Directional Symbol				
	Township, Range, Section, Quarter/Quarter, Tax Lots				
	Reference corner on map				
	Location of each well, and/or dam if applicable, by reference to a recognized public land survey corner (distances north/south and east/west) Indicate the area of use by Quarter/Quarter and tax lot clearly identified Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery				
Z.					
Z Z	Location of main canals, ditches, pipelines or flumes (if well is outs Other:	side of the area of use)			



Water management section (Please estimate if	f the water system has not been desig	ned).		
Resource Protection Section (N/A for Ground	lwater)	· ,		
Project schedule (If system is already complet	ted, indicate "existing"). Exist in	ĵ		
Preliminary plans and specifications including for all standard reservoir applications	g dam height, width, crest width and	surface area for each reservoir		
A map prepared by a CWRE for a standard re having a dam height of more than 10 feet	servoir application proposing to store	e more than 9.2 acre feet and		
You must include a Legal description of all the The Legal description includes a metes and be deed, land sales contract or title insurance policeport prepared by a title company. The Depare	ounds, or other government survey de icy can provide this information, or y	escription. A copy of the vou may submit a lot book		
A completed Land-Use Form or receipt signed be certain that the Land-Use form lists all lan within the past 12 months. Signature must be	ds involved and all uses proposed. D	Date of signature must be		
The map must meet all the minimum requireme	ents of OAR 690-310-0050. +ax	map		
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 Other				
Fees: Amount of water requested				
Base Fee \$ 700°C 1st CFS/AF\$ 250°C	Total Exam Fees \$ 450° Permit Recording Fees \$ 450°			
Addtnl CFS/ AF @ = Addtnl POD/POA @ = Addtnl Use @ =	Mitigation Fee \$ Total Paid \$ Amount Due \$ Amount Returned \$			
Reviewed by:	Date: 3/14/13			
Groups\wr\Customer Service Group\templates\stand	dard app checklist	7/30/2012 jks		

STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 108335 INVOICE #. SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) **APPLICATION** harles RECEIVED FROM: PERMIT BY: TRANSFER CASH: CHECK:# OTHER: (IDENTIFY) TOTAL REC'D 4170 WRD MISC CASH ACCT 1083 \$ 0407 COPIES \$ OTHER: (IDENTIFY) 0243 I/S Lease ___ 0244 Muni Water Mgmt. Plan____ 0245 Cons. Water 4270 WRD OPERATING ACCT MISCELLANEOUS **COPY & TAPE FEES** 0407 \$ 0410 RESEARCH FEES \$ 0408 MISC REVENUE: (IDENTIFY) \$ TC162 DEPOSIT LIAB. (IDENTIFY) \$ 0240 EXTENSION OF TIME RECORD FEE WATER RIGHTS: EXAM FEE SURFACE WATER 0201 0202 0203 GROUND WATER 0204 0205 TRANSFER \$ LICENSE FEE EXAM FEE WELL CONSTRUCTION \$ 0219 0218 WELL DRILL CONSTRUCTOR 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) TREASURY 0437 WELL CONST. START FEE 0536 WELL CONST START FEE 0211 CARD # 0210 MONITORING WELLS CARD# OTHER (IDENTIFY) 0467 HYDRO ACTIVITY TREASURY LIC NUMBER 0607 0233 POWER LICENSE FEE (FW/WRD) \$ 0231 HYDRO LICENSE FEE (FW/WRD) \$ HYDRO APPLICATION TREASURY OTHER / RDX

FUND ______ TITLE _____

OBJ. CODE ______ VENDOR #____

DESCRIPTION _____

DATED: 3-19-13 BY PUDILIZANSO

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