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

Application 5-87883 County Columbia Priority Date 4-3-13
Township Range Section
Amount 0,5 cfg Use manuferance WM Dist #
Applicant Name R Bruce Fleming
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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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

•	Water management section (Please estimate if the	ne water system has not been designed).
	Resource Protection Section (N/A for Groundwo	ater)
	Project schedule (If system is already completed	, indicate "existing").
	Preliminary plans and specifications including d for all standard reservoir applications	am height, width, crest width and surface area for each reservoir
	having a dam height of more than 10 feet	rvoir application proposing to store more than 9.2 acre feet and
	the Legal description includes a metes and bour	roperties involved where water is diverted, crossed, and used. ands, or other government survey description. A copy of the can provide this information, or you may submit a lot book ment will not accept a copy of the tax bill.
	be certain that the Land-Use form lists all lands	d dated by the appropriate planning department officials. Please involved and all uses proposed. Date of signature must be original "wet" signature. Copies cannot be accepted.
ı	☐ The map must meet all the minimum requirement	s of OAR 690-310-0050.
:	☐ Township, Range, Section ☐ Location of main canals, ditches, pipelines of ☐ Place of use, 1/4, 1/4=s and tax lot clearly id ☐ Even map scale not less than 4" = 1 mile (ex ☐ Location of each diversion point, well or day survey corner. Multiple wells shall be uniquely existing. ☐ Reference corner on map ☐ North Directional Symbol ☐ Number of acres per 1/4, 1/4, if for irrigation ☐ Other ☐ Other	lentified nample: 1" = 100 ft, 1" = 200 ft, etc.) m by reference to a recognized public land labeled, and identified on well logs if
E	Fees: Amount of water requested O.5 c fs	6K J4
	Base Fee \$ 700	Total Exam Fees \$ = (266
	1st CFS/AF \$ 250°C	Permit Recording Fees \$ \$400
	Addtnl POD POA @ 255 = 150 Addtnl Use @=	Mitigation Fee \$ Total Paid \$ (C) Amount Que \$ Amount Returned \$
	Reviewed by:	Date: 4-3-(3

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 108427 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax)

INVOICE # ___

EIVED FRO	OM:	100	10	APPLICATION	57683
9Y:				PERMIT	
SH: C	CHECK:#	OTHER: (IDENTIFY)	TRANSFER	
]	14763	`	· 	TOTAL REC'D	\$ 5000-
1083	TREASURY	4170 WRD	MISC CASH	ACCT	
0407	COPIES				\$
	_ OTHER: (IDENTIFY)			\$
0243 I/S L	ease 0244	Muni Water Mgmt.	Plan 02	245 Cons. Water	_
		4270 WRD	OPERATING	ACCT	
	MISCELLANEOUS	701	9 4611	A	
0407	COPY & TAPE FEI	≣S			\$
0410	RESEARCH FEES		RECEIV	/ED	\$
0408	MISC REVENUE:	(IDENTIFY)	ER THE C		\$
TC162	DEPOSIT LIAB. (I		EN INE C	OUNTEN	\$
0240	EXTENSION OF T	IME			\$
	WATER RIGHTS:		EXAM FEE		RECORD FEE
0201	SURFACE WATER		\$ 1200	0202 عند	\$ 400
0203	GROUND WATER		\$	0204	\$
0205	TRANSFER		\$		
	WELL CONSTRUC	CTION	EXAM FEE		LICENSE FEE
0218	WELL DRILL CON	STRUCTOR	\$	0219	\$
	LANDOWNER'S P	ERMIT		0220	\$
	OTHER	(IDENTIFY)			
0536	TREASURY	0437 WEL	L CONST. STA	RT FEE	
0211	WELL CONST STA		\$	CARD#	
0210	MONITORING WE		\$	CARD#	
	OTHER	(IDENTIFY)			1
0007	TREASURY		O ACTIVITY	LIC NUMBER	
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0233	POWER LICENSE				\$
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