

Standard Application Completeness Checklist

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

This is the checklist used by WRD staff

Application G 17646 County Harney Priority Date 4/12/2013
Township 23S Range 32 1/2 E Section 3
Amount 1 cfs Use TR WM Dist # 10
Applicant Name Amanda Zgraggen
Receipt No. 108530-108531

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☒ The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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 Suppl 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 water system has not been designed).
- ☐ Resource Protection Section (N/A for Groundwater)
- ☒ Project schedule (If system is already completed, indicate "existing").
- ☐ Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications
- ☒ 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
- ☒ 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.
- ☒ 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.*
- ☒ The map must meet all the minimum requirements 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 irrigation, nursery, or agriculture
 - ☐ Other _____

☐ Fees: Amount of water requested 1 cfs

Base Fee \$ 1000

1st CFS/AF \$ 250

Addtl CFS/ AF @ =

Addtl POD/POA @ 250 = 250

Addtl Use @ =

Total Exam Fees \$ 1500

Permit Recording Fees \$ 400

Mitigation Fee \$

Total Paid \$ 1900

Amount Due \$

Amount Returned \$

Reviewed by: Laura W

Date: 4-12-2013

Minimum Requirements Checklist

Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.615)

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: well development
- ☒ SECTION 4: water use
- ☒ SECTION 5: water management
- ☒ SECTION 6: storage of groundwater in a reservoir
- ☒ SECTION 7: use of stored groundwater from the reservoir
- ☒ SECTION 8: project schedule
- ☒ SECTION 9: within a district
- ☒ SECTION 10: remarks

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SALEM, OR

Attachments:

- ☒ Land Use Information Form with approval and signature (*must be an 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: \$ 1500 Ground water Application \$ 400 Recording fee
See the Department's Fee Schedule at www.oregon.gov/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). Each well must be identified by a unique name and/or number.
- ☒ 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
- ☒ Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use)
- ☐ Other _____

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SALEM, OR

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # **108531**725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

RECEIVED FROM:

Amanda M. Zraggen

BY:

APPLICATION

G17646

PERMIT

TRANSFER

CASH:

CHECK: #

OTHER: (IDENTIFY)

*1397*

TOTAL REC'D

\$ *400.00***1083 TREASURY 4170 WRD MISC CASH ACCT**

0407 COPIES

\$

OTHER:

(IDENTIFY)

\$

0243 I/S Lease

0244 Muni Water Mgmt. Plan

0245 Cons. Water

4270 WRD OPERATING ACCT

MISCELLANEOUS

0407 COPY & TAPE FEES

\$

0410 RESEARCH FEES

\$

0408 MISC REVENUE: (IDENTIFY)

\$

TC162 DEPOSIT LIAB. (IDENTIFY)

\$

0240 EXTENSION OF TIME

\$

WATER RIGHTS:

0201 SURFACE WATER

EXAM FEE

\$

0202

RECORD FEE

\$

0203 GROUND WATER

\$

0204

\$ *400.00*

0205 TRANSFER

\$

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR

EXAM FEE

\$

0219

LICENSE FEE

\$

LANDOWNER'S PERMIT

0220

\$

OTHER

(IDENTIFY)

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE

\$

CARD #

0210 MONITORING WELLS

\$

CARD #

OTHER

(IDENTIFY)

0607 TREASURY 0467 HYDRO ACTIVITY

LIC NUMBER

0233 POWER LICENSE FEE (FW/WRD)

\$

0231 HYDRO LICENSE FEE (FW/WRD)

\$

HYDRO APPLICATION

\$

TREASURY

OTHER / RDX

FUND

TITLE

OBJ. CODE

VENDOR #

DESCRIPTION

\$

RECEIPT: **108531**DATED: *4-12-13*BY: *B Williamson*

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

STATE OF OREGON
WATER RESOURCES DEPARTMENTRECEIPT # **108530**725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

RECEIVED FROM:

Amanda M. Zraggen

BY:

APPLICATION

G17646

PERMIT

TRANSFER

CASH:

CHECK: #

OTHER: (IDENTIFY)

*1394*

TOTAL REC'D

\$ *1500.00***1083 TREASURY 4170 WRD MISC CASH ACCT**

0407 COPIES

\$

OTHER:

(IDENTIFY)

\$

0243 I/S Lease

0244 Muni Water Mgmt. Plan

0245 Cons. Water

4270 WRD OPERATING ACCT

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0202

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\$ *1500.00*

0204

\$

0205 TRANSFER

\$

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR

EXAM FEE

\$

0219

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0220

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(IDENTIFY)

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