

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

Application S-87893 County Jackson Priority Date 4-26-2013
Township 365 Range 41N Section 24, 25
Amount 21.25 Ac/or 140 Use 1R12 8.5 Aepol. WM Dist # 13
Applicant Name Hary BUATTIE
Receipt No
Caseworker Assigned 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☐ The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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 (if source is a spring)

U	Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)
Ø	Period of use
4	Water management section (Please estimate if the water system has not been designed).
Ø	Resource Protection Section (N/A for Groundwater)
Ø	Project schedule (If system is already completed, indicate "existing").
ν/ι υ/υ	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.
Ø	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 ? assuming < 1cts	
	Base Fee \$ 700 400 Total Exam Fees \$ 950
	1st CFS/AF\$ _ 250
	Reviewed by: Date :
G	roups\wr\Customer Service Group\templates\standard app checklist 9/5/2012 jks

STATE OF OREGON

WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 108653 INVOICE # ___ SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) eathie APPLICATION RECEIVED FROM: PERMIT BY: TRANSFER OTHER: (IDENTIFY) CASH: CHEC. # TOTAL REC'D 4170 WRD MISE CASH ACCT 1083 TREASURY COP ES 04L ' OTHER: (IDENTIFY) 0243 VS Lease ___ 0244 Muni Water Mgmt. Plan 4270 WRD OPERATING ACCT MISCELLANEOUS COPY & TAPE FEES 0407 \$ 0410 RESEARCH FEES \$ MISC REVENUE: (IDENTIFY) 0408 \$ TC162 DEPORTLIAB. (IDENTIFY) EXTENSION OF TIME 0240 RECORD FEE WATER RIGHTS: **EXAM FEE** SURFACE WATER 0201 0202 GROUND WATER 0203 0204 0205 TRANSFER LICENSE FEE EXAM FEE WELL CONSTRUCTION 0219 \$ WELL PRILL CONSTPUETOR 0218 \$ 0220 LANDOWNER'S PERMIT 13HTO (IDENTIFY) TREASURY 0437 WELL CONST. START FEE WELL CONST START FEE 0211 CARD# MONITORING WELLS 0210 \$ CARD# OTHER (IDENTIFY) 060 TREASURY 046Z HYDRO ARTIVITY LIC NUMBER POWER LICENSE FEE (FW/WRD) 0233 \$ 0231 HYDRD LICENSE FEE (FW/WRD) \$ HYDRO APPLICATION **TREASURY** OTHER / RDX

TITLE OBJ. CODE VENDOR #

RECEIPT:

DESCRIPTION

DATED:

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