

Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Application G-17678 County Morrow Priority Date 5-28-13
Township 5N 26E 31, 32 & 33 Range 9-15 Section 4N 26E 4-9 & 18
Amount 4.95 cfs Use Muni WM Dist # 5
Applicant Name Port of Morrow
Receipt No. 108906

Caseworker Assigned Kerry Kavanagh Mary Rohling

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 GW 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).**

N/A 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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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. Municipal Use
(Irrigation and Suppl. 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)

*Copy of Port Well #4 attached.
Proposed Port Well #5 will look like that*

Form M attached.

Amount of water from *each* source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)

4.95 cfs

Period of use

Year Round

Water management section (Please estimate if the water system has not been designed).

N/A Resource Protection Section (N/A for Groundwater) GW

Project schedule (If system is already completed, indicate "existing").

N/A Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications

N/A 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

Muni 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

Muni boundary

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

N/A

Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture

Other _____

Fees: Amount of water requested 4.95 cfs

Base Fee \$ 1,000.00

Total Exam Fees \$ 2250.00

1st CFS/AF \$ 250.00

Permit Recording Fees \$ 400.00

4 Addtnl CFS/ AF @ 250 = 1,000.00

Mitigation Fee \$ 0

0 Addtnl POD/POA @ 0 = 0

Total Paid \$ 2650.00

0 Addtnl Use @ 0 = 0

Amount Due \$ 0

Amount Returned \$ 0

Reviewed by: [Signature]

Date: 5-29-13

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 **IF REQUIRED?**
- SECTION 3: well development
- SECTION 4: water use
- SECTION 5: water management
- N/A** SECTION 6: storage of groundwater in a reservoir
- N/A** SECTION 7: use of stored groundwater from the reservoir
- SECTION 8: project schedule
- N/A** SECTION 9: within a district
- SECTION 10: remarks

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. Example: A copy of the deed, land sales contract or title insurance policy.
- Fees - Amount enclosed: \$2650
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: RECEIVED BY OWRD

- Permanent quality and drawn in ink
- Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.) MAY 28 2013
- North Directional Symbol SALEM, OR
- 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
- N/A** Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery
- N/A** Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use)
- N/A** Other _____

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **108906**

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

INVOICE # _____

RECEIVED FROM: <u>Port of Morrow</u>	APPLICATION: <u>G-176TB</u>
BY: _____	PERMIT: _____
CASH: <input type="checkbox"/> CHECK.# <u>X211577</u> OTHER: (IDENTIFY) _____	TRANSFER: _____
	TOTAL REC'D: \$ <u>2,650.00</u>

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:		EXAM FEE	RECORD FEE
0201 SURFACE WATER		\$ _____	\$ _____
0203 GROUND WATER		\$ <u>2,250.00</u>	\$ <u>400.00</u>
0205 TRANSFER		\$ _____	
WELL CONSTRUCTION		EXAM FEE	LICENSE FEE
0218 WELL DRILL CONSTRUCTOR		\$ _____	\$ _____
LANDOWNER'S PERMIT			\$ _____
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 (FWWRD)		\$ _____
0231 HYDRO LICENSE FEE (FWWRD)		\$ _____
HYDRO APPLICATION		\$ _____

TREASURY OTHER / RDX

FUND _____	TITLE _____	
OBJ. CODE _____	VENDOR # _____	
DESCRIPTION _____		\$ _____

RECEIPT: **108906**

DATED: 5-28-13 BY: B Williamson

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