

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

Application 5-87914 County Jackson Priority Date June 24, 2013
Township 395 Range 3w Section 10
Amount 132 AF Use Irrigation & Livestock WM Dist # 13
Applicant Name Tacqueline Lucas, Janet Christie, Twiet Anderson
Receipt No. 189136
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.
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Appleade Reservoir Appleate River 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).
List Permit or Certificate number $\frac{T-8969}{T-8945}$, $T-8972$, $T-8970$
The proposed source is (r is not (o rcle one) withdrawn from further appropriation. If it is withdrawn under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 If it is withdrawn by other means, accept the application and a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. Na
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)

Amount of water from <i>each</i> source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)
Period of use 41 - 10/31
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 Other
Fees: Amount of water requested
Base Fee \$ 700 Total Exam Fees \$ 1,012. 1st CFS(AF)\$ 500 Permit Recording Fees \$ 400.
Addtnl CFS/AF@ = 1/2 Mitigation Fee \$
Reviewed by: Whele Date: 142713
Groups\wr\Customer Service Group\templates\standard app checklist 9/5/2012 iks

STATE OF OREGON WATER RESOURCES DEPARTMENT

725 Summer St. N.E. Ste. A RECEIPT # 109136 INVOICE # _ SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) APPLICATION RECEIVED FROM: PERMIT liviett. Hinderson TRANSFER CASH: CHECK:# OTHER: (IDENTIFY) TOTAL REC'D 4170 WRD MISC CASH ACCT TREASURY \$ 0407 COPIES \$ OTHER: (IDENTIFY) 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _ 0243 I/S Lease _ 4270 WRD OPERATING ACCT **MISCELLANEOUS** 0407 **COPY & TAPE FEES** \$ 0410 RESEARCH FEES \$ 0408 MISC REVENUE: (IDENTIFY) TC162 DEPOSIT LIAB. (IDENTIFY) EXTENSION OF TIME 0240 RECORD FEE WATER RIGHTS: EXAM FEE 0201 SURFACE WATER 0202 0203 **GROUND WATER** 0204 0205 TRANSFER LICENSE FEE EXAM FEE WELL CONSTRUCTION 0219 \$ 0218 WELL DRILL CONSTRUCTOR 0220 \$ 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 (FW/WRD) \$ \$ 0231 HYDRO LICENSE FEE (FW/WRD) \$ HYDRO APPLICATION TREASURY OTHER / RDX _____ TITLE _ FUND _ OBJ. CODE ___ _____ VENDOR #_ \$ DESCRIPTION DATED: 624-13 BY: FIX RECEIPT: 109136

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