



# Oregon

Theodore R. Kulongoski, Governor

## Water Resources Department

North Mall Office Building  
725 Summer Street NE, Suite A  
Salem, OR 97301-1271  
503-986-0900  
FAX 503-986-0904

December 19, 2006

Travis Singhose  
29327 Weaver Springs Lane  
Burns, Oregon 97720

Dear Travis Singhose:

The Water Resources Department has received your application to use water. At this time however, we are unable to accept your application, because the minimum filing requirements are not met according to the Oregon Administrative Rules (OAR 690-310-0040 and 0050).

We are hereby returning the incomplete application and the fees submitted. Please return the application, the required information, and this checklist, so the Department may begin processing your application in a timely manner.

Should you have any questions, please do not hesitate to contact Herb Mosgar at the address above or by telephone at 503-986-0804.

Sincerely,

Jerry Sauter  
Water Rights Program Analyst

Cc: Gina Beaman – OWRD Fiscal

## Application Checklist

- A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. *Date of signature must be within the past 6 months. The form submitted is not signed by a local planning official*
- The map must meet all the minimum requirements of OAR 690-310-0050.
  - Township, Range, Section
  - Location of main canals, ditches, pipelines or flumes
  - 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
  - North Directional Symbol
  - Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture
  - Reference corner on map
  - Each point of diversion coordinate
- Fees: Amount of water requested: *Page 4 C Flow Rate Not Indicated*

Base Fee \$ 300

1st CFS/AF \$ 200

4 Addtn'l @ \$100 = \$ 400

Reviewed by: Herb Mosgar

Total Exam Fee \$ 900

Total Paid \$ \_\_\_\_\_

Amount Due \$ \_\_\_\_\_

Date: December 19, 2006

# Standard Application Completeness Checklist

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

Application _____	Township _____
Priority Date _____	Range _____
Use(s) _____	Section _____
Rate _____	POD Loc. _____
County _____	POU Loc. _____

- Applicant/Organization Name, Mailing Address and Telephone Number, application signed in ink.
- 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)
- 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 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.
- Groundwater development section (Page 2, Section 3 and/or Page 3, Section 2) or a well log report. AQUIFER NOT STATED
- Proposed use of water. If supplemental, list primary water right acreage if applicable.
- Enclosed Supplemental Form for each proposed use.
  - Form I (Irrigation)
  - Form M (Municipal or Quasi-Municipal)
  - Form R (Mining)
  - Form Q (Commercial or Industrial)
  - 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

OK

- Water management section (Please estimate if the water system has not been designed).
- Resource Protection Section (Page 6, Section 5).
- Project schedule (If system is already completed, indicate "existing").
- For reservoir applications storing more than 9.2 acre feet, and a dam height of more than 10 feet, preliminary plans and specifications for dam and impoundment are required.
- If the above is statement is checked, the map must be prepared by a CWRE.
- All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink.
- You must include a Legal description of the property involved that 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. *Date of signature must be within the past 6 months.* NOT SIGNED BY PLANNER

- The map must meet all the minimum requirements of OAR 690-310-0050.
- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Township, Range, Section  | <input type="checkbox"/> Location of main canals, ditches, pipelines or flumes   |  |
| <input checked="" type="checkbox"/> Place of use, 1/4, 1/4's and tax lot clearly identified   | <input checked="" type="checkbox"/> Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) | <u>SCALE NOT INDICATED.</u>                                |
| <input checked="" type="checkbox"/> Location of each diversion point well or dam by reference to a recognized public land survey corner | <input type="checkbox"/> North Directional Symbol  |  |
| <input checked="" type="checkbox"/> Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture                                | <input type="checkbox"/> Other   | <u>ALL MINIMUM DATA MUST BE DISPLAYED ON ONLY ONE MAP.</u> |
| <input checked="" type="checkbox"/> Reference corner on map   |  |  |
| <input checked="" type="checkbox"/> Each point of diversion coordinate  |  |  |

Fees: Amount of water requested PAGE 4 C. - NO FLOW RATE INDICATED.

Base Fee \$ _____	Total Exam Fee \$ _____
1st CFS/AF _____	Total Paid \$ _____
_____ Addn'l @ _____ = _____	Amount Due \$ _____
Reviewed by <u>HERB MOYGAR</u>	Date <u>12-19-2006</u>
<u>503-986-0804</u>	

ONE CFS \$500	TWO CFS \$600	3 CFS \$700	4 CFS \$800
------------------	------------------	----------------	----------------

350 ACRES @ MAX ALLOWED FLOW RATE WOULD BE 4.375 CFS. APPROX 1960 GPM  
COST \$900 EXAM FEE MINIMUM