## E-2

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

Application 5-87926 County Douglas Priority Date 8/12/2013
Township 265 Range 410 Section 16
Amount O.Olcfs Use Dom exp. WM Dist # 15 Devel Win
Applicant Name George & Jayre Grader
Receipt No. 109 586
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.
agreement for stored water must be included. (ORS 537,400) <i>NOTE:</i> 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 waternot under contract, is the source valid / Permit or Certificate issued Y / N  List Permit of Geristicate 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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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.
#Eapplicant 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 peyelonment (pg. 4 & 5) or a well log report.
Proposed use of water. If supplemental, list primary acreage. (Irrigation and Supp.1 Irrigation together, is 2 uses)
Supplementh data sheets enclosed (if needed)  Form M (Municipal or Quasi-Municipal)
Form M (Municipal or Quasi-Municipal)
Spring Description Sheet (if source is a spring)

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 t	he water system has not been designed).
Resource Protection Section (N A for Groundw	ater)
Project schedule (If system is already completed	I, indicate "existing").
Preliminary plans and specifications including of for all standard reservoir applications	dam height, width, crest width and surface area for each reservoir
having a darn height of more than 10 feet	ervoir application proposing to store more than 9.2 acre feet and
The Legal description includes a metes and bou	roperties involved where water is diverted, crossed, and used, ands, or other government survey description. A copy of the y can provide this information, or you may submit a lot book ment will not accept a copy of the tax bill.
= igcup  be certain that the Land-Use form lists all land	nd dated by the appropriate planning department officials. Please is involved and all uses proposed. Date of signature must be a original "wet" signature. Copies cannot be accepted.
The map must meet all the minimum requiremen	ts of OAR 690-310-0050.
Township, Range, Section	on Channel (IC DONA /DONA) and I have C DONA)
Hace of use, 1/4, 1/4=s and tax lot clearly i	dentified
Even map scale not less than 4" = 1 mile (e	
Location of <b>each</b> diversion point, well or dassively corner. Multiple wells shall be uniquel	• •
existing	, <u>,</u>
Reference corner on map North Directional Symbol	
Number of acres per 4/4, 1/4, if for irrigation	on, nursery, or agriculture
Other	
- Edition flows (Allendring ) and the Alessand ( ) and the Alessand (	
Fees: Amount of water requested	cfs/Doney
Base Fee \$ 800.	Total Exam Fees \$ \$1100.
Ist CFS AF \$ 300.	Permit Recording Fees \$ \$450.
Addtnl CFS/ AF/a	Mitigation Fee \$
Addtnl POD POA a =	Total Paid \$ \$ 1550.
Addınl Use 'a	Amount Due \$
Reviewed by: N Jeco	Date: 81312
Groups'wr'Customer Service Group'templates'star	And the second s

## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT # 109586

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

INVOICE	#	

CEIVED FRO	DM: (SCOTO)	s Stri	orler	APPLICATION	5-87926
:	PERMIT	01104			
	00			TRANSFER	
SH: C	CHECK:#	OTHER: (IDE	ENTIFY)	TOTAL REC'D	· /C
	X 5125			TOTAL REC'D	\$ 1550.0
1083	TREASURY	4170	WRD MISC CASH	ACCT	
0407	COPIES				\$
	_ OTHER:	(IDENTIFY)			\$
0243 I/S L	.ease 024	4 Muni Water	Mgmt. Plan	0245 Cons. Water	
			WRD OPERATING		
	MISCELLANEQU	_			
0407	COPY & TAPE FE	ES	46111		\$
0410	RESEARCH FEE	S	OIII		\$
0408	MISC REVENUE:	(IDENTIFY)			\$
TC162	DEPOSIT LIAB.				\$
0240	EXTENSION OF	TIME			\$
	WATER RIGHTS:		EVAN E	·-	RECORD FEE
0201	SURFACE WATE		EXAM FE	0202	\$450
0203	GROUND WATER		* IICO	0204	\$
0205	TRANSFER	1	\$		
0203				<u></u> _	LICENSE FEE
0010	WELL CONSTRU		\$	0219	\$
0218	WELL DRILL CON		Φ	0220	\$
	LANDOWNER'S I	PERMIT		0220	
	OTHER	(IDENTIF)	(1)		
0536	TREASURY	0437	WELL CONST. ST	ART FEE	
0211	WELL CONST ST	ART FEE	\$	CARD #	
0210	MONITORING W	ELLS	\$	CARD #	1
	OTHER	(IDENTIFY	()		
0607	TREASURY	0467	HYDRO ACTIVITY	LIC NUMBER	
0233	POWER LICENSI				\$
0231	HYDRO LICENSE	FEE (FW/WI	RD)		\$
	HYDRO APPLICA	TION			\$
	TREASURY		OTHER / RDX		
				_	
	DE	_ VENDOR	#	_	•
DESCRIP*	TION			_	\$

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