

# Limited License "Completeness" Checklist

Minimum Requirements (OAR 690-340-030) (ORS 537.143)

LL-1533

Received Date: <u>6.13.2014</u>	Township: <u>41 S</u>
Public Notice Date: <u>6.24.2014</u>	Range: <u>10 W</u>
Earliest Issue Date: <u>7.9.2014</u>	Section: <u>6</u>
Source: <u>UN-NAMED STREAM</u>	POD Loc: <u>S 6 1/4, S 6 1/4</u>
Amount: <u>10 GPM</u>	
Duration: <u>7.1.2014 → 11.1.2018</u>	Watermaster: <u>MITCH LANNIC #19</u>
County: <u>CURRY</u>	ODFW: _____
Basin: _____	DEQ: _____

- Applicant/Organization Name, Mailing Address, Telephone Number, and Contact Person. Signature in ink. Original "wet" signature required.
- Source listed?
- If source is groundwater...are well log(s) or sufficient information for the Department to determine aquifer, well depth, well seal, open interval, etc. included? Was the intended aquifer identified?. If for multiple wells, each map location shall be clearly tied to a well log.
- Proposed Use of the water....is each proposed use identified?
- If source is stored water.... Is there a contract for delivery of stored water. Must have a copy
- If use is supplemental...is the primary water right listed?
- Amount of water from each source listed in GPM, CFS or AF? 10
- Acreage being proposed, if applicable.
- Duration of Limited License being requested by applicant.
- Project schedule... Date when water use will start and date when water use will be completed
- Is the application signed in ink by the applicant(s) or by the authorized agent with title or authority if an organization or corporation?
- Water Master Report... Is the local Water Masters report on water availability included?
- FEDERAL LANDS  
Land Use Form... Is the Land Use Form completed by local planning officials included? Signature must be within the last 12 months. Signature must be an original "wet" signature.

CONTINUED ON BACK

Does the **map meet requirements** of OAR 690-340-030? If map is larger than 11 x 17, four copies must be submitted.

Township, Range, Section

Location of each diversion point, well or dam

Reference corner on map

Each POD coordinate by reference to a recognized public land survey corner

Scale of the Map, not less than 2" = 1 mile

Other topographical features such as roads, streams, railroads, etc, which may be helpful in locating the diversion points in the field.

Fees enclosed?

Base Fee

Water Amount

\$250.00 including the first point of diversion  
\$25.00 for each additional point of diversion

$$\begin{array}{r} 250.00 \\ + \quad \phi \\ \hline 250.00 \end{array}$$
 total fee

FEE PAID

- 250.00

STILL OWED

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Completeness Check by: JKS

Date: 6/16/2014

S:\groups\wr\Customer Service Group\templates\limited-license-checklist 1/18/2011 JKS

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **112392**

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

INVOICE # \_\_\_\_\_

RECEIVED FROM: John A. Magliana, Jr  
BY: Atty and Counselor

APPLICATION	<u>LL-1533</u>
PERMIT	
TRANSFER	

CASH:  CHECK:#  1465 OTHER: (IDENTIFY)

TOTAL REC'D \$ 250.00

**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**

<b>MISCELLANEOUS</b>			
0407 COPY & TAPE FEES	\$		
0410 RESEARCH FEES	\$		
0408 MISC REVENUE: (IDENTIFY)	\$	<u>Limited License</u>	\$ <u>250.00</u>
TC162 DEPOSIT LIAB. (IDENTIFY)	\$		
0240 EXTENSION OF TIME	\$		
<b>WATER RIGHTS:</b>			
0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203 GROUND WATER	\$	0204	\$
0205 TRANSFER	\$		
<b>WELL CONSTRUCTION</b>			
0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
LANDOWNER'S PERMIT	\$	0220	\$
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**

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

RECEIPT: **112392** DATED: 6-13-14 BY: Clungate

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