

Limited License "Completeness" Checklist

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

LL-1532

Received Date: <u>6.13.2014</u>	Township: <u>S S S S</u>
Public Notice Date: <u>6.24.2014</u>	Range: <u>2 N 1 W 1 W</u>
Earliest Issue Date: <u>7.9.2014</u>	Section: <u>13 18 4</u>
Source: <u>3 WELLS</u>	POD Loc: <u>NN SE SW NN SW SW</u>
Amount: <u>6.67 cfs</u>	
Duration: <u>6.1.2014 → 6.1.2019</u>	Watermaster: <u>MIKE McLOON / JORG PLANN 16</u>
County: <u>MARION</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? 667
- 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?
- 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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Township, Range, Section | <input type="checkbox"/> Location of each diversion point, well or dam |
| <input checked="" type="checkbox"/> Reference corner on map | <input type="checkbox"/> Each POD coordinate by reference to a recognized public land survey corner |
| <input checked="" type="checkbox"/> Scale of the Map, not less than 2" = 1 mile | |
| <input checked="" type="checkbox"/> Other topographical features such as roads, streams, railroads, etc, which may be helpful in locating the diversion points in the field. | |

Fees enclosed?

<u>Base Fee</u>	<u>Water Amount</u>	
\$250.00 including the first point of diversion		<u>250</u>
\$25.00 for each additional point of diversion $\times 2$		+ <u>50</u>
		<u>300</u> total fee

FEE PAID	<u>- 300</u>
STILL OWED	<u>Ø</u>

Completeness Check by: JKS

Date: 6/16/2014

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

RECEIPT # **112391**

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

INVOICE # _____

RECEIVED FROM: City of Woodburn
BY: _____

APPLICATION	<u>LL-1532</u>
PERMIT	
TRANSFER	

CASH: CHECK:# 120556 OTHER: (IDENTIFY)

TOTAL REC'D	\$ <u>300.00</u>
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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	<u>46111</u>	\$
0410	RESEARCH FEES		\$
0408	MISC REVENUE: (IDENTIFY)	<u>Limited License</u>	\$ <u>300.00</u>
TC162	DEPOSIT LIAB. (IDENTIFY)		\$
0240	EXTENSION OF TIME		\$
WATER RIGHTS:		EXAM FEE	RECORD FEE
0201	SURFACE WATER	\$	0202 \$
0203	GROUND WATER	\$	0204 \$
0205	TRANSFER	\$	
WELL CONSTRUCTION		EXAM FEE	LICENSE FEE
0218	WELL DRILL CONSTRUCTOR	\$	0219 \$
	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: **112391** DATED: 6-15-14 BY: Chingate

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