

E-2

# Standard Application Completeness Checklist

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

This is the checklist used by WRD staff

Yes  No

Application S-88055 County Polk Priority Date 6-Mar-15

Township 9S Range 4W Section 16, 17, 20, 21

Amount 120 af Use Irrigation WM Dist. # 16

Applicant Name Jack Platt

Receipt No. 115136 Caseworker Assigned:  Barbe  Kim  Kerri

Contact info: Applicant/Organization Name and Mailing Address

Signature (in ink) of all applicants or the applicant's authorized agent (include title or authority if for an organization or corporation).

Property ownership: Does the applicant own all the land for the proposed project? Y N  
If No:

- The affected landowner's name and mailing address must be listed
- 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.

For a SW Application: Source of water must be indicated.

If the source is stored water, is the stored water component filled out and does the applicant own the reservoir or include a non-expired agreement for stored water? (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, Exp. Secondary (E2).*

If for stored water not under contract, is the source authorized under a permit, certificate, or decree?  
Permit or Certificate issued? Y N Permit or Certificate # 41740

For a GW Application: Well Development Tables completed and/or a well log report included (if existing)

Proposed water use

Amount of water from each source in GPM, CFS, or AF

Period of use indicated

If for supplemental irrigation, primary acreage or underlying permit or certificate number listed  
(Primary and Supplemental Irrigation counts as 2 uses)

Water Management Section (Estimates if the water system has not been designed)

Resource Protection Section (N/A for Groundwater)

For all standard reservoir applications: Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir.

Project schedule (If system is already completed, indicate "existing.")

- Supplemental data sheets enclosed (if needed)
  - Form M (Municipal or Quasi-Municipal)
  - Spring Description Sheet (if source is a spring)
- 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.*
- 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 applicant may submit a lot book report prepared by a title company. Copies of tax bills are not acceptable.
- The proposed source **IS / IS NOT** (circle one) restricted or withdrawn from further appropriation.  
*NOTE: 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.*
- 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, ¼-¼'s and tax lot clearly identified
  - Even map scale not less than 4" = 1 mile (1" = 1320 ft.); examples: 1" = 100 ft., 1" = 200 ft.
  - 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 ¼-¼ if for irrigation, nursery, or agriculture
  - For a standard reservoir application to store ≥ 9.2 acre feet AND having a dam height ≥ 10 feet, map must be prepared by a CWRE

<input checked="" type="checkbox"/> <b>Fees:</b>			
Base Fee	\$ <u>450</u>	Permit Recording Fees	\$ <u>450</u>
1 <sup>st</sup> CFS @ \$300	\$ _____	Mitigation Fee	\$ _____
____ add'l CFS @ \$300 ea	\$ _____		
<u>20</u> AF up to 20 AF @ \$30 ea	\$ <u>600</u>	Rec Fee Total	\$ <u>450</u>
<u>100</u> add'l AF @ \$1 ea	\$ <u>100</u>	Rec Fee Paid	\$ <u>450</u>
____ add'l <input type="checkbox"/> pod/poa <input type="checkbox"/> use @ _____ ea	\$ _____		
____ add'l res @ \$125 ea	\$ _____		
Exam Fee Total	\$ <u>1150</u>		
Exam Fee Paid	\$ <u>1150</u>		
		Amount Returned	\$ <u>1600</u>

Reviewed by: Jeffrey Date: 6-Mar-15

STATE OF OREGON  
**WATER RESOURCES DEPARTMENT**

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

RECEIPT # **115136**

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

RECEIVED FROM: Platt's Oak Hill Dairy  
 BY: LLC

APPLICATION	S-88055
PERMIT	
TRANSFER	

CASH:  CHECK:#  12782 OTHER: (IDENTIFY) \_\_\_\_\_

TOTAL REC'D \$ 1,600.00

**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) _____	\$	
TC162	DEPOSIT LIAB. (IDENTIFY) _____	\$	
0240	EXTENSION OF TIME	\$	
<b>WATER RIGHTS:</b>			
0201	SURFACE WATER	EXAM FEE \$ <u>1150.00</u>	0202 RECORD FEE \$ <u>450.00</u>
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 (FWWRD)	\$
0231	HYDRO LICENSE FEE (FWWRD)	\$
_____	HYDRO APPLICATION	\$

**TREASURY OTHER / RDX**

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

**RECEIVED  
 OVER THE COUNTER**

RECEIPT: **115136** DATED: 3/16/15 BY: Maria Adams

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

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Application S-88055 County Polk Priority Date 6-Mar-15

Township 9S Range 4W Section 16, 17, 20 & 21

Amount 120 af Use Irrigation & Sup. Irrigation WM Dist. # 110

Applicant Name Jack Plat

Receipt No. 115130 Caseworker Assigned:  Barbe  Kim  Kerri

Contact info: Applicant/Organization Name and Mailing Address

Signature (in ink) of all applicants or the applicant's authorized agent (include title or authority if for an organization or corporation).

Property ownership: Does the applicant own all the land for the proposed project? (Y) N

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<u>100</u> add'l AF @ \$1 ea	\$ <u>100</u>	Rec Fee Paid	\$ <u>450</u>
____ add'l <input type="checkbox"/> pod/poa <input type="checkbox"/> use @ _____ ea	\$ _____		
____ add'l res @ \$125 ea	\$ _____		
Exam Fee Total	\$ <u>1150</u>	Total Fees	\$ <u>1600</u>
Exam Fee Paid	\$ <u>1150</u>	Paid	\$ <u>1600</u>
		Amount Due	\$ <u>0</u>

Reviewed by: Jeffrey

Date: 9-Oct-15