## Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

Yes	(No)

This is the checklist used by WRD staff

Application G-18011 County Harney Priority Date 11-Mar-15
Township 335, 345 Range 34 Section 34, 35, 2, 3
Amount 4,8 cfs Use Sup. Irrigation WM Dist. # 10
Applicant Name Paul Davis -
Receipt No. 115169 Caseworker Assigned: Barbe Kim Kerri
Contact info: Applicant/Organization Name and Mailing Address
Signature (in ink) of <i>all</i> 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?  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 #
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.")

All Supplemental data sheets enclosed (if nee			
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Form M (Municipal or Quasi-Mun	icipal)		
Spring Description Sheet (if source	e is a spring)		
A completed Land-Use Form or receipt see Please be certain that the Land-Use form he within the past 12 months.	signed and dated lists all lands in	by the appropriate plann wolved and all uses propo	ing department officials. osed. Date of signature must
A <b>Legal Description</b> of all the properties description includes a metes and bounds o sales contract or title insurance policy can prepared by a title company. Copies of tax	r otner governm provide this info	ent survey description. A	C.1 1
The proposed source IS / IS NOT circle NOTE: If it is withdrawn under ORS 538, accept the application and a negative IR w	then return anni	or withdrawn from further ication and fees. If it is v	appropriation.
accept the application and a negative IR w	ill be issued.		,
The map must meet all the minimum requi	iromants of OAT	1.600.210.0050	
	nements of OAF	( 690-310-0050.	
「Township, Range, Section			
Cocation of main canals, ditches, pi	pelines or flume	s (if POA/POD is outside	of POU)
Place of use, 4-4's and tax lot clear	rly identified		
Even map scale not less than $4'' = 1$	mile (1"= 1320	ft.); examples: $1'' = 100 f$	t 1" = 200 ft
Location of each diversion point, we	ell or dam by ref	erence to a recognized as	blic land
/ Martiple wens shall be uniquely lab	eled, and identif	ied on well logs if existin	g.
Reference corner on map			C.
North Directional Symbol			
Number of acres per 1/4-1/4 if for irrig	ation, nursery, o	r agriculture	
For a standard reservoir application to	to store > 9.2 ac	re feet AND having a day	In-Calaba > 10.0
inust be prepared by a CWRE	_ / itc	re reer ATAD having a dar	ii neignt ≥ 10 teet, map
Fees:			
Base Fee	\$ 1150	Permit Recording Fees	c 450
1 <sup>st</sup> CFS @ <u>\$300</u>	\$ 300	Mitigation Fee	\$
3.8 add'1 CFS @ \$300 ea	\$ 1200	<i>E</i>	The second secon
AF up to 20 AF @ \$30 ea	5	Rec Fee Total	\$ 450
add'! AF @ <u>\$1 ea</u>	\$	Rec Fee Paid	\$ 450 \$ 450
add'l □pod/poa □use @ ea	\$		
add'l res @ \$125 ea	\$		
Exam Fee Total	21.00		
Exam Fee Paid	52650		
Param ree raid	\$ 2650		7100
		Amount Returned	s 3100
Reviewed by: SEFFREY	Date: _	11-Mar-15	

## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT # 115169

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

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

EIVED FRO	Inc. A	Davis Elvord a	Livestock	PERMIT TRANSFER	6-18011
н: с ]	CHECK:#	OTHER: (IDENTII	FY) [	TOTAL REC'D	\$ 3,100.00
1083	TREASURY	4170 WR	D MISC CASH A	CCT	
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0243 I/S L	ease 0244	4 Muni Water Mgn	nt. Plan 024	5 Cons. Water	
		4270 WR	D OPERATING A	CCT	
	MISCELLANEOUS	S	46111		
0407	COPY & TAPE FE	ES	16111		\$
0410	RESEARCH FEES	3			\$
0408	MISC REVENUE:	(IDENTIFY)		·	\$
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0240	EXTENSION OF T	IME			\$
	WATER RIGHTS:		EXAM FEE	3	RECORD FEE
0201	SURFACE WATER	₹	\$	0202	\$
0203	GROUND WATER		\$2,650.0	0204	\$450.00
0205	TRANSFER		\$		
	WELL CONSTRU	CTION	EXAM FEE		LICENSE FEE
0218	WELL DRILL CON		\$	0219	\$
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	OTHER	(IDENTIFY)			
0536	TREASURY	0437 WE	LL CONST. STAF	IT FEE	
0211	WELL CONST ST	ART FEE	\$	CARD #	
0210	MONITORING WE	LLS	\$	CARD#	
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	HYDRO APPLICA		_		\$
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DESCRIP	TION				\$

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