

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 05-88057 County Clack Priority Date 13-Mar-15

Township 2S Range 3E Section 13

Amount 29af Use Multi WM Dist. # 20

Applicant Name Michael Townsend

Receipt No. 115189 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 # 88018, 88017

☒ 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, 1/4-1/4'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 1/4-1/4 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
- ☒ **Fees:**
- | | | | |
|---|----------------|-----------------------|----------------|
| Base Fee | \$ <u>450</u> | Permit Recording Fees | \$ <u>450</u> |
| 1 st 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>4</u> add'l AF @ \$1 ea | \$ <u>4</u> | Rec Fee Paid | \$ _____ |
| ____ add'l ☐ pod/poa ☐ use @ _____ ea | \$ _____ | | |
| ____ add'l res @ \$125 ea | \$ _____ | | |
| Exam Fee Total | \$ <u>1054</u> | | |
| Exam Fee Paid | \$ _____ | | |
| | | Amount Returned | \$ <u>1504</u> |

Reviewed by: JEFFREY

Date: 13-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 # **115189**

INVOICE # _____

RECEIVED FROM: Townsend Farms, Inc.

BY: _____

APPLICATION	S-88057
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # 6420 OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ 1,504.00

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

MISCELLANEOUS

0407 COPY & TAPE FEES	\$
0410 RESEARCH FEES	\$
0408 MISC REVENUE: (IDENTIFY)	\$
TC162 DEPOSIT LIAB. (IDENTIFY)	\$
0240 EXTENSION OF TIME	\$

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE \$ <u>1,054.00</u>	0202	RECORD FEE \$ <u>450.00</u>
0203 GROUND WATER	\$	0204	\$

0205 TRANSFER \$

WELL CONSTRUCTION

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 _____	\$ _____

**RECEIVED
OVER THE COUNTER**

RECEIPT: **115189**

DATED: 3/13/15 BY: Man Adm

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