E-2

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

Yes	(No)
Yes	(No)

This is the checklist used by WRD staff

Application G-18102 County Lake Priority Date 10-June
Township 355 Range 21E Section 30,31
Amount 1.6 cfs Use Trygation & Sp Irrigation WM Dist. # 12
Applicant Name Danis Flynn Ranch
Receipt No. 116159 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? 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 will be for the use of the stored water under the PROPOSED Reservoir application, Exp. Secondary (E)
☐ 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 Deriod of use indicated
(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 no	eded)		
☐ Form M (Municipal or Quasi-Mu	anicipal)		
☐ Spring Description Sheet (if some	ree is a spring)		
A completed Land-Use Form or receip Please be certain that the Land-Use for be within the past 12 months.			
A Legal Description of all the propertic description includes a metes and bounds sales contract or title insurance policy exprepared by a title company. Copies of the The proposed source IS/IS NOT (cir. NOTE: If it is withdrawn under ORS 53 accept the application and a negative Is	s or other governme an provide this info ax bills are not acc cle one) restricted of 18, then return appl	ent survey description. A rmation, or applicant may eptable. or withdrawn from furthe	copy of the deed, land y submit a lot book report r appropriation.
The map must meet all the minimum re	equirements of OAF	R 690-310-0050.	
Township, Range, Section			
Location of main canals, ditches	, pipelines or flume	s (if POA/POD is outsid	e of POU)
Place of use, ¼-¼'s and tax lot of			
Even map scale not less than 4"	= 1 mile (1"= 1320	ft.); examples: 1" = 100	ft., 1'' = 200 ft.
Location of each diversion point	t, well or dam by re	ference to a recognized p	public land survey corner.
Multiple wells shall be uniquely	labeled, and identi	fied on well logs if existi	ng.
Reference corner on map			
North Directional Symbol			
Number of acres per 14-14 if for	-	-	
For a standard reservoir applicat must be prepared by a CWRE	ion to store ≥ 9.2 a	iere feet AND having a d	am height ≥ 10 feet, map
must be prepared by a C wich.			
☐ Fees:			
Base Fee	51150	Permit Recording Fee	s 5 450
1' CFS @ <u>\$300</u>	5 300	Mitigation Fee	S
add'1 CFS @ <u>\$300 ea</u>	5 300	D E T	1450
AF up to 20 AF @ \$30 ea	\$ S	Rec Fee Total Rec Fee Paid	5 450 5 150
add'l AF @ <u>\$1 ea</u> add'l □pod/poa X iuse @ 3 o⊃		Rec Fee Faid	3 13 0
add 1 = pod/pod parts @ add 1 res @ <u>\$125 ea</u>	\$		*
Exam Fee Total	52050		
Exam Fee Paid	5		
		Amount Returned	52700
		(300 due for recte
Reviewed by: Jeffrey	Date	11-June-15	!
Actioned by.	Date	1, 30,00	

STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT# 116159 SALEM, OR 97301-4172 INVOICE #_ (503) 986-0900 / (503) 986-0904 (fax) **APPLICATION** RECEIVED FROM: Dennis MNN PERMIT BY: OTHER: (IDENTIFY) TRANSFER CASH: CHECK:# TOTAL REC'D \$2,200.00 X 1593 TREASURY 4170 WRD MISC CASH ACCT 1083 \$ 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

RECORD FEE WATER RIGHTS: **EXAM FEE** 0201 SURFACE WATER 0202 \$150.00 0203 **GROUND WATER** a,050.00 0204 **TRANSFER** 0205 LICENSE FEE EXAM FEE WELL CONSTRUCTION \$ 0219 0218 WELL DRILL CONSTRUCTOR \$ 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY)

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE \$ CARD # 0210 MONITORING WELLS \$ CARD #

 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: 116159 DATED: 6-10-15 BY: Man And

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