E. Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400)
This is the checklist used by WRD staff
Application 5-88143 County Douglas Priority Date 5-Nov-15
Township $285$ Range $\overline{5}$ Section $19, 20, 30$
Amount 313 af Use Irrigation WM Dist. # 15
Amount 313 af Use Irrigation WM Dist. # 15 Applicant Name Azaleg Rojo, LLC C/O AMPS
Receipt No. <u>117902</u> Caseworker Assigned: Darbe 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? $Y / (N)$
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.
<ul> <li>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)</li> <li>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).</li> </ul>
□ 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 <i>each</i> source in GPM, CFS, or AF
<ul> <li>If for supplemental irrigation, primary acreage or underlying permit or certificate number listed</li> <li>(<i>Primary and Supplemental Irrigation counts as 2 uses</i>)</li> </ul>
Water Management Section (Estimates if the water system has not been designed)
Resource Protection Section ( <i>N/A for Groundwater</i> )
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 <u>IS (IS NOT</u> (ercle 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, <sup>1</sup>/<sub>4</sub>-<sup>1</sup>/<sub>4</sub>'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  $\geq$  9.2 acre feet AND having a dam height  $\geq$  10 feet, map must be prepared by a CWRE

Fees:	
Base Fee \$ <u>45</u> Permit Recording F	Fees \$ 450
1 <sup>st</sup> CFS @ <u>\$300</u> \$ Mitigation Fee	\$
add'l CFS @ <u>\$300 ea</u> \$	
$\Delta \circ$ AF up to 20 AF @ $\$30 ea$ $\$ \lor ec$ Rec Fee Total	\$ 450
<b>29</b> 3 add'l AF @ <u>\$1 ea</u> \$ <u>29</u> 3 Rec Fee Paid	\$ 450
add'1 □ pod/poa □ use @ ea \$	
add'l res @ <u>\$125 ea</u> \$	
	1 1 2 (17
Exam Fee Total \$ <u>1343</u> Total Fees	\$ 1793
Exam Fee Paid \$ <u>1343</u> Paid	\$ 1793
Amount Due	\$
Reviewed by: Jeffrey Date: 5 - Nov - 1	

RECEIPT #	WATER RESOUR 117902 725 Summer SALEM, O	F OREGON CES DEPARTM St. N.E. Ste. A R 97301-4172 (503) 986-0904 (fax)	INVOICE # .				
RECEIVED FR	IOM: Azaka Roja,	LC:	APPLICATION	5-88143			
BY:	(10 Agis Ca	pital	PERMIT				
CASH:	CHECK OTHER: (IDENTIFY)		TRANSFER				
		TOTAL REC'D	\$1795.00				
1083	TREASURY 4170 WRD	MISC CASH AC	CT				
0407	COPIES			\$ :			
	OTHER: (IDENTIFY)			\$			
0243 I/S	Lease 0244 Muni Water Mgmt.	Plan 0245	Cons. Water	_			
4270 WRD OPERATING ACCT							
	MISCELLANEOUS	46111					
0407	COPY & TAPE FEES	10.11		\$			
0410	RESEARCH FEES			\$			
0408	MISC REVENUE: (IDENTIFY)			\$			
TC162	DEPOSIT LIAB. (IDENTIFY)			\$			
0240	EXTENSION OF TIME			\$			
	WATER RIGHTS:	EXAM FEE	1	RECORD FEE			
0201	SURFACE WATER	\$ 1343.00	0202	\$ 450.00			
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 WELI	. CONST. START	T FEE				
0211	WELL CONST START FEE	\$	CARD #				
0210	MONITORING WELLS	\$	CARD #				
	OTHER(IDENTIFY)	· · · · · · · · · · · · · · · · · · ·					
0607	TREASURY 0467 HYDE	RO ACTIVITY	LIC NUMBER				
0233	POWER LICENSE FEE (FW/WRD)			S.			
0231	HYDRO LICENSE FEE (FW/WRD)	10	and the way				
	HYDRO APPLICATION		EMED	Constant of the second			
	TREASURY OTH	ALL ALL	E COUN	TER			
		OVEN IT		and an			
FUND _	The second s		June 1 - A Harrison				
OBJ. CC				(e			
DESCRI	PTION			\$			
RECEIPT:	117902 DATED:	15 BY:	Enter	1. Your			
	Distribution – White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal						