## STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT# INVOICE # SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) **APPLICATION** RECEIVED FROM: PERMIT 3Y: TRANSFER CASH: CHECK:# OTHER: (IDENTIFY) TOTAL REC'D **TREASURY** 4170 WRD MISC CASH ACCT 1083 \$ 0407 COPIES \$ OTHER: (IDENTIFY) 0244 Muni Water Mgmt. Plan \_\_\_\_\_ 0245 Cons. Water 0243 I/S Lease 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** SURFACE WATER 0201 \$ 0202 0203 **GROUND WATER** 0204 \$ 0205 TRANSFER \$ 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# MONITORING WELLS CARD# 0210 \$ OTHER (IDENTIFY) 0467 HYDRO ACTIVITY 0607 TREASURY 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:

Distribution - White Cony - Customer Valley Cony - Fiscal Blue Cony - File Buff Cony - Fiscal

## **E-2** Standard Application Completeness Checklist

Yes No

For use with Groundwater and Surface Water Applications Only
Minimum Requirements (OAR 690-310-0040) (ORS 537.400)
For use by WRD staff only

Application 6-18800 County Marion Priority Date 03/11/19
Township 5 Range 2W Section 22723
Amount O.42 cfs Use Trigation WM Dist. # 16
Applicant Name CrossRoadsLand, LLC Go Blake Crosby
Receipt No. 29297 Caseworker Assigned:   Barbe Kim Lisa   Scott
Applicant/Organization Name and Mailing Address
Signature of <i>all</i> applicants (include title or authority of representative if applicant is an organization or corporation). *Applicant's agent may NOT sign application.
Property Ownership: Does the applicant own all the land for the proposed project?
If No:
The affected landowner's name(s) and mailing address(s) 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 <u>must</u> 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)(ORS 537.147).
☐ If for stored water not under contract, is the source authorized under a permit, certificate, or decree?
Permit or Certificate issued
For a GW Application: Well Development Tables completed and/or a well log report included (if existing)
Division 33, Public Interest Information (Sensitive, Threatened, Endangered, Fish Species)
Proposed Water Use
Amount of water from <i>each</i> source in GPM, CFS, or AF  Period of use indicated  If for supplemental irrigation, primary acreage or underlying permit or certificate number listed ( <i>Primary and Supplemental Irrigation counts as 2 uses</i> )
Water Management Section (Estimates if the water system has not been designed)
Resource Protection Section
Project schedule (If system is already completed, indicate "existing")

/	,
S FOLL	applemental data sheets enclosed (if needed)
141	☐ Form M (Municipal or Quasi-Municipal)
/	☐ Spring Description Sheet (if source is a spring)
' I	completed <b>Land-Use Form</b> or receipt signed and dated by the appropriate planning department officials. Lease be certain that the Land-Use form lists all lands involved and all uses proposed. Date of signature sust be within the past 12 months.
d s	<b>Legal Description</b> of all the properties involved where water is diverted, crossed, and used. The Legal scription includes a metes and bounds or other government survey description. A copy of the deed, land les contract or title insurance policy can provide this information, or applicant may submit a lot book report epared by a title company. Copies of tax bills are not acceptable.
	ne proposed source <u>IS / IS NOT</u> (circle one) restricted or withdrawn from further appropriation. <i>OTE:</i> If it is withdrawn under ORS 538, return application and fees.
7	ne <b>map</b> 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 <i>each</i> diversion point or well 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
□ F	ees: Print out from Fee Calculator
Γ	otal Fees \$
	e Paid \$
P	mount Due \$
Revie	wed by: Undy Ferrell Date 03/12/19  Mary Bjore 3-12-19
	Mary Bjore 3-12-19