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

		For use by WKD start only	1					
		n G-19259 County CROOK Priority Date _						
Tov	wnship	5 South Range 14 East Section 34 / 16 South	14 East 3					
Am	ount 🚺	.096 CFS Use NV	WM Dist. #					
App	plicant							
Rec	ceipt No	D. 137574 Caseworker Assigned: ☐ Kim Lisa						
×	Applic	cant/Organization Name and Mailing Address						
X	Signat	ure of <i>all</i> applicants (include title or authority of representative if applicant is a ation). *Applicant's agent may NOT sign application.	un organization or					
*		ty Ownership: Does the applicant own all the land for the proposed project?	XY DN					
	If N	The affected landowner's name(s) and mailing address(s) must be listed						
		A signed statement declaring the existence of either written authorization or a access to land crossed by the proposed ditch canal or other work <u>must</u> be subr						
A	(For a	SW Application: Source of water must be indicated.						
•								
		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 #						
X	For a	GW Application: Well Development Tables completed and/or a well log repor	t included (if existing)					
X	Divisio	on 33, Public Interest Information (Sensitive, Threatened, Endangered, Fish Sp	ecies)					
A	Propos	sed Water Use						
	4	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 certific	eate number listed					
	44/1	(Primary and Supplemental Irrigation counts as 2 uses)						
¥	Water	Management Section (Estimates if the water system has not been designed)						
X	Resour	rce Protection Section						
¥	Project	t schedule (If system is already completed, indicate "existing.")						

Po	Supple	emental data sheets enclosed (if needed)							
1-1		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, return application and fees.								
	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 <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							
	Fees:	Print out from Fee Calculator							
	Total I Fee Pa Amou								
D .	1	1 is a G							

s/groups\wr\customer service group\checklists\standard application checklist Last modified: 7/11/2018

Oregon Water Resources Department Groundwater Application

Main

Help

Return

Contact Us

Today's Date: Thursday, March 3, 2022

	\$1,570.00
0.056	\$410.00
1	
2	\$410.00
Subtotal:	\$2,390.00
	\$610.00
Recalculate	
-	\$3,000.00
	1 2 Subtotal:

STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT# 137574

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

INVOICE # ____

	M: Caroline Adrian	PERMIT TRANSFER	G-19259			
	71342	TOTAL REC'D	\$3,790.00			
1083	TREASURY	4170	WRD N	IISC CASH A	CCT	
	COPIES OTHER:	(IDENTIFY)			\$
0243 I/S L	ease 024	4 Muni Wat	ter Mgmt. Pla	an 02	45 Cons. Water	
		4270	WRD 0	PERATING A	ACCT	
0407 0410 0408 TC162 0240	MISCELLANEOU COPY & TAPE FE RESEARCH FEE MISC REVENUE: DEPOSIT LIAB. EXTENSION OF	S (IDENTIFY		46111	and the second	\$ \$ \$ \$
	WATER RIGHTS:			EXAM FEE		RECORD FEE
0201 0203 0205	SURFACE WATE GROUND WATER TRANSFER			\$ 3180.0	0202 0204	\$ 610,00
0218	WELL CONSTRU WELL DRILL CON LANDOWNER'S I	NSTRUCTO		\$	0219 0220	\$
0536	TREASURY	0437	WELL	CONST. STAI	RT FEE	
0211 0210	WELL CONST ST MONITORING WI OTHER			\$	CARD	
0607	TREASURY	0467	HYDRO	ACTIVITY	LIC NUMBER	
0233 0231						\$ \$
	TREASURY		OTHER	R/RDX		
	TION	VENDO)H #			\$

RECEIPT: 137574

DATE 2-28. 2022 Mindy Cadsen