

# Standard Application Completeness Checklist

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

RECEIVED

JUN 21 2007

WATER RESOURCES DEPT  
SALEM, OREGON

Application G-16875 Township 7S  
Priority Date 6-21-2007 Range 2N  
Use(s) IRRIGATION Section 20  
Rate 400 GPM POD Loc NN NG  
County Marion POU Loc \_\_\_\_\_  
W.M. 66 Caseworker JEANA EASTMAN

- Applicant/Organization Name, Mailing Address and Telephone Number, application signed in ink.
- Source of water. If stored water, is the stored water component filed out, including a non-expired agreement for stored water must be included. (ORS 537.400)
- Property ownership indicated.
  - If applicant does not own all the land, the affected landowner's name and mailing address must be listed.
  - If applicant does not own all the land, a 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.
- Groundwater development section (Page 2, Section 3 and/or Page 3, Section 2) or a well log report.
- Proposed use of water. If supplemental, list primary water right acreage if applicable.
- Enclosed Supplemental Form for each proposed use.
  - Form I (Irrigation)                       Form M (Municipal or Quasi-Municipal)
  - Form R (Mining)                               Form Q (Commercial or Industrial)
  - Spring Description Sheet
- Amount of water from *each* source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF) 400 GPM
- Period of use
- Water management section (Please estimate if the water system has not been designed).
- Resource Protection Section (Page 6, Section 5).

- Project schedule (If system is already completed, indicate "existing").
- For reservoir applications storing more than 9.2 acre feet, and a dam height of more than 10 feet, preliminary plans and specifications for dam and impoundment are required.
- If the above is statement is checked, the map must be prepared by a CWRE.
- All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink.
- You must include a Legal description of the property involved that 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 you may submit a lot book report prepared by a title company. The Department will not accept a copy of the tax bill.
- A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. *Date of signature must be within the past 6 months.*
- The map must meet all the minimum requirements of OAR 690-310-0050.

- |                                                                                                                                         |                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Township, Range, Section                                                                            | <input type="checkbox"/> Location of main canals, ditches, pipelines or flumes                                         |
| <input checked="" type="checkbox"/> Place of use, 1/4, 1/4's and tax lot clearly identified                                             | <input checked="" type="checkbox"/> Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) |
| <input checked="" type="checkbox"/> Location of each diversion point well or dam by reference to a recognized public land survey corner | <input checked="" type="checkbox"/> North Directional Symbol                                                           |
| <input type="checkbox"/> Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture                                           | <input type="checkbox"/> Other _____                                                                                   |
| <input checked="" type="checkbox"/> Reference corner on map                                                                             |                                                                                                                        |
| <input checked="" type="checkbox"/> Each point of diversion coordinate                                                                  |                                                                                                                        |

Fees: Amount of water requested 400 GPM

Base Fee \$ 300<sup>00</sup>  
 1st CFS/AF 200<sup>00</sup>  
 \_\_\_\_\_ Addtn'l @ \_\_\_\_\_ = \_\_\_\_\_  
 Reviewed by KS

Total Exam Fee \$ 500<sup>00</sup> + 250<sup>00</sup> Perconesmb  
 Total Paid \$ 750<sup>00</sup>  
 Amount Due \$ 0  
 Date 6/21/2007